

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>SECURUS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan <u>09/01/2000</u>	
1b Three-digit plan number (PN) ▶	333				
1c Effective date of plan <u>09/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TILSON HR, INC.</u> <u>1530 AMERICAN WAY, SUITE 222</u> <u>GREENWOOD, IN 46147</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>35-1954179</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>317-885-3838</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>35-1954179</u>	2c Plan Sponsor's telephone number <u>317-885-3838</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>35-1954179</u>					
2c Plan Sponsor's telephone number <u>317-885-3838</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	BRENT R TILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	BRENT R TILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1721
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1281
a(2) Total number of active participants at the end of the plan year	6a(2) 1089
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 393
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1482
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 1482
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 883
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2J 2K 2R 2S 3B 3F 2F	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan SECURUS 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	176399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

107 NORTH STATE ROAD 135
SUITE 203
GREENWOOD, IN 46142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	61652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	40900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>SECURUS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TILSON HR, INC.</u>	D Employer Identification Number (EIN) <u>35-1954179</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	153455	199765
	(2) Participant contributions	1b(2)	95568	63343
	(3) Other.....	1b(3)	6818	6422
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	511066	519096
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	34579452	30825160
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	219296	232785

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	35565655	31846571

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35565655	31846571
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Part II Income and Expense Statement

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

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1154651	
(B) Participants	2a(1)(B)	2328660	
(C) Others (including rollovers)	2a(1)(C)	222468	
(2) Noncash contributions	2a(2)		3705779
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	20089	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20089
(2) Dividends: (A) Preferred stock		2b(2)(A)	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	725267	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		725267
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....		2b(5)(A)	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3822980
c Other income.....	2c		25605
d Total income. Add all income amounts in column (b) and enter total.....	2d		8299720

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2770997	
(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)		2770997
f Corrective distributions (see instructions)	2f		70386
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1717	
(2) Contract administrator fees	2i(2)	176399	
(3) Investment advisory and management fees	2i(3)	102552	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		280668
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3122051

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5177669
l Transfers of assets:			
(1) To this plan.....	2l(1)		1036349
(2) From this plan	2l(2)		9933102

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: CLIFTONLARSENALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WORKPLACE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	35-2060071	001
HUDSON INSTITUTE 401(K) PLAN	13-1945157	006
IDC-USA 40(K) PROFIT SHARING PLAN	61-1149549	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	45-2777523	333
CII,ESG,PEM, AND PSM 401K RETIREMENT SAVINGS PLAN	62-1247089	333
HUMAN CAPITAL CONCEPTS, LLC 401(K) SAVINGS PLAN	26-0177492	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan SECURUS 401(K) PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.		D Employer Identification Number (EIN) 35-1954179
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SECURUS 401(K) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED DECEMBER 31, 2017 AND 2016

**SECURUS 401(K) PLAN
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YEARS ENDED DECEMBER 31, 2017 AND 2016**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Securus 401(k) Plan
Greenwood, Indiana

Report on the Financial Statements

We have audited the accompanying financial statements of Securus 401(k) Plan, (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2017, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

CliftonLarsonAllen LLP

Indianapolis, Indiana
October 10, 2018

SECURUS 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 30,825,160	\$ 34,579,452
Sef-Directed Accounts	<u>232,785</u>	<u>219,296</u>
Total Investments	31,057,945	34,798,748
RECEIVABLES		
Co-Employers Contributions	199,765	153,455
Participant Contributions	69,765	102,385
Notes Receivable from Participants	<u>519,096</u>	<u>511,066</u>
Total Receivables	<u>788,626</u>	<u>766,906</u>
 Total Assets	 31,846,571	 35,565,654
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	<u>56,914</u>	<u>70,386</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 31,789,657</u></u>	<u><u>\$ 35,495,268</u></u>

See accompanying Notes to Financial Statements.

SECURUS 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Interest and Dividend Income	\$ 725,267	\$ 633,973
Net Appreciation (Depreciation) in Fair Value of Investments	<u>3,848,585</u>	<u>1,383,726</u>
Total Investment Income (Loss)	4,573,852	2,017,699
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	20,089	23,292
CONTRIBUTIONS		
Participant Salary	2,272,029	2,617,341
Participant Rollover	222,469	119,316
Co-Employers	<u>1,154,368</u>	<u>1,252,853</u>
Total Contributions	<u>3,648,866</u>	<u>3,989,510</u>
Total Additions	8,242,807	6,030,501
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	2,770,997	2,736,174
ADMINISTRATIVE EXPENSES	<u>280,668</u>	<u>332,516</u>
Total Deductions	<u>3,051,665</u>	<u>3,068,690</u>
NET INCREASE	5,191,142	2,961,811
ASSETS TRANSFERRED FROM CO-EMPLOYERS PLANS	1,036,349	424,197
ASSETS TRANSFERRED TO CO-EMPLOYERS PLANS	(9,933,102)	(4,809,715)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>35,495,268</u>	<u>36,918,975</u>
End of Year	<u><u>\$ 31,789,657</u></u>	<u><u>\$ 35,495,268</u></u>

See accompanying Notes to Financial Statements.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of Securus 401(k) Plan (the Plan) are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions based upon the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Administrative expenses for maintaining the Plan may be paid by the participating co-employers or the Plan, at the co-employers' discretion. Loan administration fees are charged directly to the participant's account and are included in administrative expenses.

Subsequent Events

Management evaluated subsequent events through October 10, 2018, the date the financial statements were available to be issued. Subsequent to December 31, 2017, and prior to October 10, 2018, approximately \$5.7 million of Plan assets were transferred to co-employers plans.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**

NOTE 2 DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was organized effective September 1, 2000, as a multiple-employer defined contribution retirement savings plan covering all eligible employees of participating co-employers. Tilson HR, Inc. (the Plan Sponsor) makes the Plan available under a co-employment arrangement with those companies (Co-employers) that elect to participate in the Plan. Each participating Co-employer has established participation requirements for its affected employees, independently of other Co-employers participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Plan participants may authorize the Co-employers to contribute to the Plan up to 100% of their annual compensation, subject to the maximum annual amount permitted under the Internal Revenue Code (IRC). Participants who attain age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions from amounts representing distributions from other qualified plans.

The Plan includes an auto-enrollment provision that can be elected by each Co-employer. If elected by the Co-employers, newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their contribution rate set at 3% of eligible compensation and their contributions are invested in a designated fund until an investment election is made by the participant.

Matching contributions may be made based on criteria established by each Co-employer's Board of Directors before the beginning of each Plan year. Additional amounts may also be contributed at the option of each Co-employer's Board of Directors at the end of each Plan year and allocated to participants' accounts based upon annual compensation within each Co-employer's participant group.

Participants direct the investment of their contributions, as well as those made by the Co-employers, into various investment options offered by the Plan.

Amounts payable to participants for contributions in excess of amounts allowed under the IRC are recorded as a liability with a corresponding reduction in contributions. The Plan distributed the excess contributions at December 31 to the applicable participants prior to March 15.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and Co-employers' contributions, as well as allocations of Plan earnings. Participant accounts may also be charged with an allocation of certain administrative expenses of the Plan. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Co-employers' contribution portion of their account is based on years of continuous service. A participant is generally 100% vested after six years of credited service. Vesting schedules are determined by each Co-employer for its participant group.

Notes Receivable from Participants

Participants may borrow from their account a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The terms of the notes range up to five years except notes issued to purchase a principal residence, for which the terms generally cannot exceed 15 years. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits

Upon the occurrence of a distributable event due to separation from service by termination, death, disability, or retirement, as defined by the Plan agreement, a participant may elect to receive a lump sum cash distribution equal to the value of the participant's vested interest in his or her account. Hardship and in-service withdrawals, as defined in the Plan agreement, are also permitted from a participant's account. The Plan allows in-service distributions at any time for participants who are 100% vested and age 59½. Benefits are recorded by the Plan when paid.

Forfeitures

At December 31, 2017 and 2016, forfeited nonvested accounts of terminated participants totaled \$37,363 and \$4,918, respectively. These accounts will be used to reduce future Co-employers contributions or pay Plan expenses. For the years ended December 31, 2017 and 2016, forfeited nonvested accounts of \$4,565 and \$6,643, respectively, were used to pay Co-employer contributions and Plan expenses.

Termination

Although they have not expressed any intent to do so, the Plan Sponsor or Co-employers have the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants will become 100% vested in their accounts.

SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

NOTE 3 FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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.

Following is a description of the valuation methodologies used by the Plan for investment assets that are measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Mutual Funds: Investments in the mutual funds are 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 Securities and Exchange Commission. These funds are required to publish their daily net asset (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Accounts: Consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

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

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 30,825,160	\$ -	\$ -	\$ 30,825,160
Self-Directed Brokerage Accounts	232,785	-	-	232,785
Total investments at Fair Value	<u>\$ 31,057,945</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 31,057,945</u>

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 34,579,452	\$ -	\$ -	\$ 34,579,452
Self-Directed Brokerage Accounts	219,296	-	-	219,296
Total investments at Fair Value	<u>\$ 34,798,748</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 34,798,748</u>

NOTE 4 TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE 5 RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Slavic Mutual Fund Management Corp. (Slavic), the Plan's portfolio manager. Therefore, transactions in these investments qualify as exempt party-in-interest transactions under ERISA. Administrative fees paid by the Plan to the portfolio manager totaled \$192,909 and \$221,635 in 2017 and 2016, respectively.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**

NOTE 5 RELATED PARTY TRANSACTIONS (CONTINUED)

The Plan Sponsor oversees certain accounting, administrative, and investment management services provided by third parties to the Plan for which it received \$26,107 in 2017 and \$69,666 in 2016, which was subsequently remitted to the third parties. Such amounts are included in administrative expenses in the accompanying statements of changes in net assets available for benefits.

Notes receivable from participants are permitted party-in-interest transactions.

NOTE 6 NONEXEMPT TRANSACTIONS

Payments by the Plan to the Plan Sponsor in excess of the costs associated with accounting, administrative, and investment management services provided by third parties to the Plan are considered to be nonexempt party-in-interest transactions. During the year ended December 31, 2016, the Plan Sponsor identified such overpayments in the amount of \$64,771 and returned the funds to the Plan. The prohibited transaction was reported on the Plan's 2016 Form 5500. As of December 31, 2017, the Plan has corrected the prohibited transactions by depositing the lost earnings, filing the required Form 5330 with the IRS, and paying the appropriate excise tax.

NOTE 7 RISKS AND UNCERTAINTIES

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

NOTE 8 ASSETS TRANSFERRED FROM/TO CO-EMPLOYERS PLANS

The Plan Sponsor is a Professional Employer Organization (PEO) who provides comprehensive human resource services to its clients. One of these client offerings is the option to participate in the Plan. As a result, these clients, who are considered co-employers of the Plan, elect to have their 401(k) assets transferred in or out of the Plan. These transactions are normal operations of the Plan.

SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per Form 5500 at December 31:

	2017	2016
Net Assets Available for Benefits per Financial Statements	\$ 31,789,657	\$ 35,495,268
Excess Contributions due to Participants at End of Year	56,914	70,386
Net Assets per Form 5500	<u>\$ 31,846,571</u>	<u>\$ 35,565,654</u>

The following is a reconciliation of net increase per the financial statements to net income per Form 5500 for the years ended December 31:

	2017	2016
Net Increase per Financial Statements	\$ 5,191,142	\$ 2,961,811
Excess Contributions due to Participants at Beginning of year	(70,386)	(40,975)
Excess Contributions due to Participants at End of Year	56,914	70,386
Net income per Form 5500	<u>\$ 5,177,670</u>	<u>\$ 2,991,222</u>

SECURUS 401(K) PLAN
E.I.N. 35-1954179 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTAL INFORMATION)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	Cost	Current Value
	Mutual Funds:			
	American Century	American Century Mid Cap Value	**	\$ 5,369
	DFA	DFA Emerging Markets Core Equity	**	629,045
	DFA	DFA Inflation Protected SEC Port	**	22,608
	Wells Fargo	Wells Fargo Precious Metals	**	351,071
*	Fidelity Advisor Technology	Fidelity 500 Index Premium Class	**	828,603
*	Fidelity Advisor Technology	Fidelity Advisor Technology	**	426,210
*	Fidelity Advisor Technology	Fidelity Advisor Materials I	**	96,193
*	Fidelity Advisor Technology	Fidelity Advisor Emerging Markets I	**	46,497
	Franklin/Templeton	Franklin Utilities R6	**	210,206
	JPMorgan	JPMorgan Core Plus Bond Fund R6	**	232,175
	JPMorgan	JPMorgan US Research Enhanced EQ	**	417,360
	Oppenheimer Funds	Oppenheimer Developing Markets Y	**	49,531
	Prudential	Prudential High Yield Z	**	136,751
	Principal	Principal Large Cap Growth	**	301,354
	American Funds	American Funds EuroPacifc R6	**	1,451,721
	BlackRock	BlackRock Health Sciences Ops I	**	789,511
	Vanguard	Vanguard Inflation Protected Securities	**	40,229
	Vanguard	Vanguard Select Value	**	281,037
	Vanguard	Vanguard Short-Term Bond Index Admiral	**	362,097
	Vanguard	Vanguard Total Bond Market Index Admiral	**	322,983
	Vanguard	Vanguard Equity Income Admiral	**	671,721
	Vanguard	Vanguard Target Retirement 2055	**	37,124
	Vanguard	Vanguard Target Retirement 2050	**	300,265
	Vanguard	Vanguard Target Retirement 2040	**	265,025
	Vanguard	Vanguard Energy Admiral	**	139,731
	Vanguard	Vanguard REIT Index Admiral	**	203,003
	Vanguard	Vanguard Mid Cap Index Admiral	**	289,850
	Vanguard	Vanguard Industrial Index Admiral	**	727,486
	Vanguard	Vanguard Federal Money Market	**	2,941,857
	Vanguard	Vanguard Mid Cap Growth	**	338,786
	Vanguard	Vanguard Small Cap Growth Index Adm	**	438,529
	Vanguard	Vanguard Short-Term Federal Admiral	**	3,760,926
	Vanguard	Vanguard Small Cap Value Index Adm	**	313,830
	Vanguard	Vanguard Small Cap Index Admiral	**	445,689
	Vanguard	Vanguard Target Retirement 2030	**	1,200,031
	Vanguard	Vanguard Total Int'l Stock Index Admiral	**	296,431
	Vanguard	Vanguard Target Retirement Income	**	463
	Vanguard	Vanguard Target Retirement 2045	**	191,840
	Vanguard	Vanguard Total Stock Market Index Admiral	**	7,759,606
	Vanguard	Vanguard Target Retirement 2035	**	1,695,764
	Vanguard	Vanguard Target Retirement 2060	**	44,437
	Vanguard	Vanguard Target Retirement 2025	**	748,038
	Vanguard	Vanguard Target Retirement 2020	**	1,014,176
	Total Mutual Funds			30,825,160

SECURUS 401(K) PLAN
E.I.N. 35-1954179 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2017
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTAL INFORMATION)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	Cost	Current Value
	<u>Self-Directed Brokerage Accounts:</u>			
	Common Stock	Alcoa, Inc.	**	\$ 3,555
	Common Stock	Apple, Inc.	**	33,846
	Common Stock	Arconic Inc.	**	5,450
	Common Stock	Blackberry LTD	**	5,585
	Common Stock	Cytokinetics, Inc.	**	676
	Common Stock	Facebook Inc.	**	17,646
	Common Stock	Intel Corp.	**	9,232
	Common Stock	Nabors Industries, Ltd.	**	1,025
	Common Stock	Nokia Corp.	**	466
	Common Stock	Teck Resources, Ltd.	**	7,851
	Common Stock	Gulf Coast Ultra DP UTS	**	11
	Mutual Funds	Schwab Money Market Fund	**	147,361
	Mutual Funds	Fidelity Government Cash Reserves	**	81
	Total Self-Directed Brokerage Accounts			232,785
*	Notes Receivable from Participants			
	Interest at 4.25%-5.25%, with maturities through February 2041		-	519,096
				<u><u>\$ 31,577,041</u></u>

* *Party-in-interest, but not prohibited transactions*

** *Cost omitted for participant-directed investment*

Multiple-Employer Plan Participating Employer Information

SECURUS 401(K) PLAN		Plan #333	EIN #: 35-1954179
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
A.B. YOUNG COMPANY INC	35-1649583	1.13%	
Actegy Health Inc.	99-0382638	0.27%	
ADVANCED UROLOGY LLC	35-2148527	0.01%	
Alderson Commercial Group, Inc.	26-0885200	0.05%	
Alpha Gamma Delta Fraternity	22-1550561	0.83%	
Alpha Gamma Delta Property Management, LLC	45-3130340	0.95%	
American Association of Orthopedic Executives	36-2110592	1.18%	
Approved Credit Solutionc LLC/Dialing Innovations LLC	20-5469593	0.01%	
Aspire CPAs, PC	35-1841044	1.68%	
BD Managed Services	27-0222289	2.06%	
BOHLSSEN GROUP	27-2307778	1.90%	
CARMEL DADS' CLUB	23-7173843	0.15%	
CHARITABLE RESOURCE FOUNDATION	35-1955579	0.09%	
COX SARGEANT and BURNS P.C.	35-2077919	1.34%	
CPM CONSTRUCTION PLANNING and MGMT. INC.	35-1488211	1.68%	
Creed Medical, Inc.	35-2136269	4.16%	
CSTG, Inc.	35-2103306	12.02%	
Delta Zeta National Housing Corporation	31-1353726	0.36%	
Distance Learning Systems Indiana/Coastal Education Inst.	35-2076793	1.26%	
DR IRWIN MALAMENT DPM	35-1551686	0.79%	
Flagship Enterprise Center, Inc.	04-3732583	1.89%	
FREW PROCESS GROUP	45-4150508	0.84%	
Fuzic Inc.	81-2223245	0.33%	
GASCO LLC	45-4148528	0.70%	
GREENWOOD CHAMBER OF COMMERCE	35-1606081	0.29%	
Hoosier Cancer Research Network, Inc.	26-0303542	8.37%	
Hoosiers for Quality Education / Choice Trust	26-1280876	1.02%	
HUDSON INSTITUTE INC	13-1945157	0.09%	
HUMANIZING TECHNOLOGIES INC	94-3351229	0.43%	
HUNTERSVILLE ROAD INVESTORS LP	35-1895812	1.33%	
IMAGINESTICS LLC	32-0038417	1.20%	
INDEPENDENT DISTRIBUTORS COOPERATIVE	61-1149649	3.20%	
INDEPENDENT WELDING DIST COOP INC.	23-7098450	7.19%	
Indy Glass Center, Inc.	35-1757449	2.89%	
Johnson Operations dba Productive Resources	61-1399876	2.41%	
Kidscommons Columbus' Community Children's Museum	35-2033887	0.37%	
Lhasa Limited, Inc.	30-0713945	0.03%	
Mark Demerly, AIA, P.C.	35-2080590	0.48%	
Marketpath, Inc.	35-2131101	0.54%	
Monarch Management & Realty, Inc./Avondale Assoc./Fox Fire	35-1294928	0.34%	
NML - CAROTHERS	31-3643339	1.00%	
Office Pride, Inc.	35-1853764	0.37%	
Official Sports International	22-2538122	1.04%	
Ophthalmic Plastic Surgery	35-1519721	0.02%	
Optimum Water Solutions, Inc.	47-1183105	0.74%	
Perpetual Technologies, Inc.	35-2020981	0.08%	
Petroleum Parts, Inc.	32-0029059	4.77%	
PROFESSIONAL GARAGE DOOR SYSTEMS INC.	35-1504027	2.74%	
Quality Environmental Professionals, Inc.	35-1973394	0.59%	
Red's Classic Barber Shop Company	20-4145359	0.01%	
ROBINSON WOLENTY and YOUNG LLP	35-1935114	1.23%	
Sigma Kappa National Housing Corporation	35-1913456	0.32%	
SKYLINE PROPERTY GROUP LLC/SPG CONTRACT SERVICES	27-3517298	0.46%	
Soladoc, LLC	46-4207130	0.04%	
Solutions Healthcare Management Group, LLC	45-4305795	2.30%	
St. Francis Imaging Center, LLC	20-4607426	0.77%	
Strand Diagnostics, LLC	35-2433643	2.38%	
SURVEYTECH PC	26-0079622	1.18%	
Suzanne Evans Coaching, LLC dba Help More People	35-2356897	3.07%	
TechPoint Foundation for Youth	35-2155455	0.41%	
Tilson HR	35-1954179	6.69%	
Vision Quest Eyecare, P.C.	35-2024526	2.63%	
WINTERWOOD MORTGAGE GROUP LLC	35-0901024	1.37%	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

SECURUS 401(K) PLAN

PLAN #333

EIN #: 35-1954179

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Century	ACMVX - American Century Mid Cap Value		5,369
	American Funds	RERGX - American Funds EuroPacifc R6		1,451,721
	BlackRock	SHSSX - BlackRock Health Sciences Ops I		789,511
	DFA	DFCEX - DFA Emerging Markets Core Equity		629,045
	DFA	DIPSX - DFA Inflation Protected SEC Port		22,608
	Fidelity	FATIX - Fidelity Advisor Technology		426,209
	Fidelity	FMFEX - Fidelity Advisor Materials I		96,193
	Fidelity	FMKIX - Fidelity Advisor Emerging Markets Inc_ I		46,497
	Fidelity	FUSVX - Fidelity 500 Index Premium		828,603
	Franklin/Templeton	FUFRX - Franklin Utilities R6		210,206
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		232,175
	JPMorgan	JPIEX - JPMorgan US Research Enhanced Equity L		417,360
	Oppenheimer Funds	ODVYX - Oppenheimer Developing Markets Y		49,531
	Principal	PLGIX - Principal Large Cap Growth		301,354
	Prudential	PHYZX - Prudential High Yield Z		136,751
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		40,229
	Vanguard	VASVX - Vanguard Select Value		281,037
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		362,097
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		322,983
	Vanguard	VEIRX - Vanguard Equity Income Admiral		671,721
	Vanguard	VFFVX - Vanguard Target Retirement 2055		37,124
	Vanguard	VFIFX - Vanguard Target Retirement 2050		300,265
	Vanguard	VFORX - Vanguard Target Retirement 2040		265,025
	Vanguard	VGELX - Vanguard Energy Admiral		139,731
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		203,003
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		289,850
	Vanguard	VINAX - Vanguard Industrial Index Admiral		727,486
	Vanguard	VMFXX - Vanguard Federal Money Market		2,941,857
	Vanguard	VMGRX - Vanguard Mid Cap Growth		338,786
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		438,529
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		3,760,926
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		313,830
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		445,689
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,200,031
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		296,431
	Vanguard	VTINX - Vanguard Target Retirement Income		463
	Vanguard	VTIVX - Vanguard Target Retirement 2045		191,840
	Vanguard	VTSAK - Vanguard Total Stock Market Index Admira		7,759,606
	Vanguard	VTTHX - Vanguard Target Retirement 2035		1,695,764
	Vanguard	VTTSX - Vanguard Target Retirement 2060		44,437
	Vanguard	VTTVX - Vanguard Target Retirement 2025		748,038
	Vanguard	VTWNX - Vanguard Target Retirement 2020		1,014,176
	Wells Fargo	EKWAX - Wells Fargo Precious Metals		351,071
	Schwab	Schwab SDB		232,785
	Participant Loans	4.25% - 5.25%		519,096