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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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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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:                                                                      | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)                                                                                                                    |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input checked="" type="checkbox"/> an amended return/report<br><input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                                            |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                                                                            |                                                                     |
| <b>1a</b> Name of plan<br><u>ACCESS POINT, L. L. C. 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶                       | <div style="border: 1px solid black; width: 40px; margin: 0 auto; padding: 2px;">001</div> |                                                                     |
| <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>ACCESS POINT, L.L.C.</u><br><br><u>28800 ORCHARD LAKE ROAD</u><br><u>FARMINGTON HILLS, MI 48334</u> |                                                                | <b>1c</b> Effective date of plan<br><u>01/01/2001</u>                                      | <b>2b</b> Employer Identification Number (EIN)<br><u>38-3565270</u> |
| (Continuation of 2a)                                                                                                                                                                                                                                                                                                                                                    |                                                                | <b>2c</b> Plan Sponsor's telephone number<br><u>866-513-3861</u>                           | <b>2d</b> Business code (see instructions)<br><u>541600</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 | JAVIER RAMIREZ                                               |
|                  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of DFE</b>                           | 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> 2662                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 2251                                                                                                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 2233                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 431                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 2664                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 0                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                               | <b>6f</b> 2664                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 1337                                                                                                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 6                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                                                                         |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 2R

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

**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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>ACCESS POINT, L. L. C. 401(K) PLAN                                       | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ACCESS POINT, L.L.C.             | D Employer Identification Number (EIN)<br>38-3565270 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38 50            | TPA                                                                                               | 243399                                                                 | Yes <input type="checkbox"/> No <input checked="" 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)

ACCESS POINT, L.L.C.

38-3565270

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | PLAN ADMINISTRATOR                                                                                | 58977                                                                  | Yes <input type="checkbox"/> No <input checked="" 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)

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | PORTFOLIO MGMT                                                                                    | 47404                                                                  | Yes <input type="checkbox"/> No <input checked="" 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>ACCESS POINT, L. L. C. 401(K) PLAN</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>ACCESS POINT, L.L.C.</u>                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><u>38-3565270</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <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. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 134927                | 168999          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 239090                | 126856          |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 13940                 | 20637           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 530620                | 587803          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 32556977              | 37533409        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 581995                | 610625          |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 34057549 39048329 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <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>             | 34057549 39048329 |

**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> | 1559308   |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 3346517   |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 1542787   |
| (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>    | 6448612   |
| <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> |           |
|          | <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> | 23558     |
|          | <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> | 23558     |
| (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> | 783684    |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 783684    |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 4209379   |
| c Other income .....                                                                           | 2c     |            | 51449     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 11516682  |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 4263152 |         |
| (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) |         | 4263152 |
| f Corrective distributions (see instructions) .....                                 | 2f    |         | 43464   |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |         |         |
| (2) Contract administrator fees .....                                               | 2i(2) | 302376  |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 47404   |         |
| (4) Other .....                                                                     | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 349780  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 4656396 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 6860286 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  | 485998  |
| (2) From this plan .....                                 | 2l(2) |  | 2355504 |

**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: **BAKER TILLY**

(2) EIN: **39-0859910**

**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   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> | X   |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> | X   |    |         |

**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) |
|---------------------------------------------------|--------------|-------------|
| IMM INC 401K PLAN                                 | 47-2896162   | 001         |
| PLUMBERS SERVICE, INC. 401(K) PROFIT SHARING PLAN | 38-2605598   | 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.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ACCESS POINT, L. L. C. 401(K) PLAN                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ACCESS POINT, L.L.C.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>38-3565270                                            |
| 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):<br><br>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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

- 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): \_\_\_\_\_

**ACCESS POINT, LLC 401(K) PLAN**

Farmington Hills, Michigan

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE**

Including Independent Auditors' Report

As of December 31, 2017 and 2016  
and for the Year Ended December 31, 2017

# **ACCESS POINT, LLC 401(K) PLAN**

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As of December 31, 2017 and 2016 and for the Year Ended December 31, 2017

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## INDEPENDENT AUDITORS' REPORT

Plan Administrators  
Access Point, LLC 401(k) Plan  
Farmington Hills, Michigan

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

We have audited the accompanying financial statements of Access Point, LLC 401(k) Plan (the "plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

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

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

### ***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 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 Access Point, LLC 401(k) Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the year ended December 31, 2017 in accordance with accounting principles generally accepted in the United States of America.

***Other Matter - Report on Supplementary Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i, Schedule of Assets (Held at End of Year) is presented for purposes 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 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.

*Baker Tilly Virchow Krause, LLP*

Southfield, Michigan  
October 12, 2018

## ACCESS POINT, LLC 401(K) PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2017 and 2016

---

| <b>ASSETS</b>                            |                      |                      |  |
|------------------------------------------|----------------------|----------------------|--|
|                                          | <u>2017</u>          | <u>2016</u>          |  |
| <b>Assets</b>                            |                      |                      |  |
| Investments at fair value                | <u>\$ 38,144,034</u> | <u>\$ 33,138,974</u> |  |
| Receivables                              |                      |                      |  |
| Participants' contributions              | 147,493              | 253,030              |  |
| Employer contributions                   | 168,999              | 134,927              |  |
| Notes receivable from participants       | <u>587,803</u>       | <u>530,620</u>       |  |
| Total Receivables                        | <u>904,295</u>       | <u>918,577</u>       |  |
| <b>TOTAL ASSETS</b>                      | <u>39,048,329</u>    | <u>34,057,551</u>    |  |
| <b>LIABILITIES</b>                       |                      |                      |  |
| Amounts to be refunded to participants   | <u>99,672</u>        | <u>43,464</u>        |  |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 38,948,657</u> | <u>\$ 34,014,087</u> |  |

See accompanying notes to financial statements.

## ACCESS POINT, LLC 401(K) PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2017

---

#### ADDITIONS

|                                               |                  |
|-----------------------------------------------|------------------|
| Investment income                             |                  |
| Net appreciation in fair value of investments | \$ 4,260,828     |
| Interest and dividends                        | <u>783,684</u>   |
| Total Investment Income                       | <u>5,044,512</u> |

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest income on notes receivable from participants | <u>23,558</u> |
|-------------------------------------------------------|---------------|

|                           |                  |
|---------------------------|------------------|
| Contributions             |                  |
| Participant contributions | 3,346,517        |
| Employer contributions    | 1,559,308        |
| Rollovers                 | <u>1,542,787</u> |
| Total Contributions       | <u>6,448,612</u> |

|                 |                   |
|-----------------|-------------------|
| Total Additions | <u>11,516,682</u> |
|-----------------|-------------------|

#### DEDUCTIONS

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 4,362,826        |
| Administrative expenses       | <u>349,780</u>   |
| Total Deductions              | <u>4,712,606</u> |

|              |           |
|--------------|-----------|
| Net Increase | 6,804,076 |
|--------------|-----------|

|                           |             |
|---------------------------|-------------|
| Net Transfers out of Plan | (1,869,506) |
|---------------------------|-------------|

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year | <u>34,014,087</u> |
|-------------------------------------------------------|-------------------|

|                                                 |                      |
|-------------------------------------------------|----------------------|
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR | <u>\$ 38,948,657</u> |
|-------------------------------------------------|----------------------|

## ACCESS POINT, LLC 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2017 and 2016 and for the Year Ended December 31, 2017

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#### NOTE 1 - Description of the Plan

---

The following description of the Access Point, LLC 401(k) Plan (the "plan") provides only general information. Participants should refer to the plan document for a more complete description of the plan's provisions. The plan is a multiple-employer plan sponsored by Access Point, LLC and approximately 100 companies (collectively, the "company") as of December 31, 2017 and includes participating employers who have completed adoption agreements (the "Participating Employers").

##### *General*

The plan is a defined contribution plan established by the company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Eligibility is determined by each Participating Employer within their respective adoption agreement. The plan's Board of Trustees is responsible for oversight of the plan. The Investment Committee determines the appropriateness of the plan's investment offerings, monitors investment performance and reports to the Board of Trustees.

##### *Contributions*

Participants may make contributions through pretax deferrals and after-tax Roth contributions. The amount of the elective deferral is based on a certain percentage of the participant's compensation, as defined in each Participating Employers' adoption agreement. Employer contributions are solely at the discretion of the Participating Employers or their boards of directors. Such contributions, if any, shall be allocated to each participant's account of the respective company based on certain limitations defined in the Participating Employers' adoption agreement. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

##### *Participant Accounts*

Each participant's account is credited with the participant's contribution and earnings thereon and an allocation of (a) the company's contribution, (b) plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant vested account balance.

##### *Vesting*

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the company's contribution portion of their accounts is based on years of continuous service. Employer contributions vest based on the election of each Participating Employer within their respective adoption agreement.

##### *Notes Receivable from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 4.75 percent at December 31, 2017, which are commensurate with local prevailing rates at inception of loan. Principal and interest is paid ratably through payroll deductions. Terms range from one to ten years or greater for the purchase of a primary residence.

## ACCESS POINT, LLC 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2017 and 2016 and for the Year Ended December 31, 2017

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#### **NOTE 1 - Description of the Plan (cont.)**

---

##### *Payment of Benefits*

On termination of service due to death, disability, retirement, or other reasons, a participant may receive a lump-sum distribution equal to the value of the participant's vested interest in their account. In addition, some plans allow for hardship distributions if certain criteria are met. The plan agreements should be consulted for the details of these benefit provisions.

##### *Forfeited Accounts*

As of December 31, 2017 and 2016, forfeited nonvested accounts totaled \$12,583 and \$12,591, respectively. These accounts will be used to reduce future company contributions.

##### *Plan Transfers*

In connection with the Participating Employers adopting the plan, the Participating Employers may transfer assets from a plan previously sponsored by them to this plan. Total transfers into the plan amounted to \$485,998 from other qualified plans and total transfers out of the plan amounted to \$2,355,504 for the year ended December 31, 2017. Transfers out are due to the plan sponsor terminating its relationship with Participating Employers. Participants should refer to the plan agreement for more complete information.

---

#### **NOTE 2 - Summary of Significant Accounting Policies**

---

##### *Basis of Accounting*

The financial statements of the plan are prepared on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value.

##### *Use of Estimates*

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

## ACCESS POINT, LLC 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2017 and 2016 and for the Year Ended December 31, 2017

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#### **NOTE 2 - Summary of Significant Accounting Policies (cont.)**

---

##### *Investment Valuation and Income Recognition*

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. The plan's Investment Committee determines the plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. 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 includes the 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. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses have been recorded as of December 31, 2017 and 2016.

##### *Expenses*

Certain expenses of maintaining the plan are paid by the plan, unless otherwise paid by the company. Expenses that are paid by the company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

##### *Payment of Benefits*

Benefits are recorded when paid.

##### *Subsequent Events*

The plan has evaluated subsequent events for recognition or disclosure through October 12, 2018, the date the financial statements were available to be issued.

## ACCESS POINT, LLC 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2017 and 2016 and for the Year Ended December 31, 2017

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#### 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 under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets in active markets that the plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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

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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

*Self-directed brokerage accounts:* These accounts include common stocks and mutual funds, each of which is valued at the closing price reported on the active market where the securities are traded.

## ACCESS POINT, LLC 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2017 and 2016 and for the Year Ended December 31, 2017

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#### NOTE 3 - Fair Value Measurements (cont.)

---

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

|                                          | Assets at Fair Value as of December 31, 2017 |         |         |                      |
|------------------------------------------|----------------------------------------------|---------|---------|----------------------|
|                                          | Level 1                                      | Level 2 | Level 3 | Total                |
| Mutual funds                             | \$ 37,533,404                                | \$ -    | \$ -    | \$ 37,533,404        |
| Self brokerage accounts                  | 610,630                                      | -       | -       | 610,630              |
| Total Assets in the Fair Value Hierarchy |                                              |         |         | <u>\$ 38,144,034</u> |

|                                          | Assets at Fair Value as of December 31, 2016 |         |         |                      |
|------------------------------------------|----------------------------------------------|---------|---------|----------------------|
|                                          | Level 1                                      | Level 2 | Level 3 | Total                |
| Mutual funds                             | \$ 32,556,979                                | \$ -    | \$ -    | \$ 32,556,979        |
| Self-brokerage accounts                  | 581,995                                      | -       | -       | 581,995              |
| Total Assets in the Fair Value Hierarchy |                                              |         |         | <u>\$ 33,138,974</u> |

---

#### NOTE 4 - Administration of Plan Assets

---

The plan's assets are administered under a contract with Slavic Integrated Administration, Inc. d/b/a Slavic 401k.com, Inc. ("Slavic"), the recordkeeper of the plan. The recordkeeper is contracted to perform recordkeeping services for processing user entities' transactions. Slavic uses a third-party sub-service organization, Mid-Atlantic Trust Company ("MATC"), for trading-related services, investment valuation, trust and custody services. The plan contracts MATC to be the asset trustee and invest funds received from contributions, investment sales, interest, and dividend income.

---

#### NOTE 5 - Related Party and Party In Interest Transactions

---

Certain transactions of the plan's investments are managed by the recordkeeper and asset trustee as defined by the plan, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the plan for the investment manager services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the plan are performed by officers or employees of the company. No such officer or employee receives compensation from the plan.

## ACCESS POINT, LLC 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2017 and 2016 and for the Year Ended December 31, 2017

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#### NOTE 6 - Plan Termination

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Although it has not expressed any intent to do so, the company has the right to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their company contributions.

---

#### NOTE 7 - Tax Status

---

The IRS has determined and informed the company 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 and, therefore, believes that the plan is qualified and the related trust is tax exempt.

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

---

#### NOTE 8 - 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 changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

As of December 31, 2017 and 2016, the plan had investments of \$16,933,229 and \$14,753,451 that were concentrated in two funds.

---

#### NOTE 9 - Reconciliation of Financial Statements to Schedule H Form 5500

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The financial statements have been prepared using the accrual method of accounting while the plan's Form 5500 has been prepared on the modified cash-basis method of accounting. The reconciliation between the financial statements and Form 5500 are as follows:

|                                                                        | 2017                 | 2016                 |
|------------------------------------------------------------------------|----------------------|----------------------|
| Total net assets per Form 5500, Schedule H                             | \$ 39,048,329        | \$ 34,057,551        |
| Return of excess contributions not included in net assets on Form 5500 | (99,672)             | (43,464)             |
| Net Assets Available for Benefits per Financial Statements             | <u>\$ 38,948,657</u> | <u>\$ 34,014,087</u> |
| Net income per Form 5500, Schedule H                                   | \$ 6,860,284         | \$ 2,983,169         |
| Change in amounts to be refunded to participants                       | (56,208)             | 21,844               |
| Net Increase in Net Assets per Financial Statements                    | <u>\$ 6,804,076</u>  | <u>\$ 3,005,013</u>  |

## **SUPPLEMENTAL INFORMATION**

## ACCESS POINT, LLC 401(K) PLAN

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan 001

EIN 38-3565270

As of December 31, 2017

| (a)                 | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|---------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Investments:</b> |                                                                    |                                                                                                                  |             |                      |
|                     | Mutual Fund                                                        | American Funds Capital World G & I R6                                                                            | N/R         | \$ 587,414           |
|                     | Mutual Fund                                                        | American Funds EuroPacific R6                                                                                    | N/R         | 1,926,476            |
|                     | Mutual Fund                                                        | Blackrock Health Sciences                                                                                        | N/R         | 768,091              |
|                     | Mutual Fund                                                        | DFA Emerging Markets Core Equity                                                                                 | N/R         | 600,367              |
|                     | Mutual Fund                                                        | DFA US Large Cap Value Port Inst                                                                                 | N/R         | 426,922              |
|                     | Mutual Fund                                                        | Fidelity Select Technology                                                                                       | N/R         | 436,068              |
|                     | Mutual Fund                                                        | Fidelity Spartan 500 Index Adv                                                                                   | N/R         | 1,145,678            |
|                     | Mutual Fund                                                        | Franklin Utilities Fund Class R6                                                                                 | N/R         | 187,349              |
|                     | Mutual Fund                                                        | Fidelity Bond US Index                                                                                           | N/R         | 384,502              |
|                     | Mutual Fund                                                        | JPMorgan Discipline Equity                                                                                       | N/R         | 380,744              |
|                     |                                                                    | Janus Henderson VIT Enterprise Portfolio Int                                                                     |             |                      |
|                     | Mutual Fund                                                        | Class                                                                                                            | N/R         | 563,162              |
|                     | Mutual Fund                                                        | NYSE ARCA Tech 100 Index A                                                                                       | N/R         | 226,400              |
|                     | Mutual Fund                                                        | Principal Investors High Yield II                                                                                | N/R         | 126,100              |
|                     | Mutual Fund                                                        | Principal Large Cap Growth                                                                                       | N/R         | 634,305              |
|                     | Mutual Fund                                                        | T. Rowe New Era Fund                                                                                             | N/R         | 131,750              |
|                     | Mutual Fund                                                        | T. Rowe Price Emerging Markets Stock                                                                             | N/R         | 538,237              |
|                     | Mutual Fund                                                        | Vanguard Energy Admiral                                                                                          | N/R         | 154,143              |
|                     | Mutual Fund                                                        | Vanguard FTSE Social Index                                                                                       | N/R         | 169,799              |
|                     | Mutual Fund                                                        | Vanguard Industrial Index Admiral                                                                                | N/R         | 1,067,193            |
|                     | Mutual Fund                                                        | Vanguard Inflation Protected Securities                                                                          | N/R         | 173,680              |
|                     | Mutual Fund                                                        | Vanguard Intermediate Term Bond Index Ad                                                                         | N/R         | 396,092              |
|                     | Mutual Fund                                                        | iShares MSCI EAFE International                                                                                  | N/R         | 378,775              |
|                     | Mutual Fund                                                        | Vanguard Mid Cap Index Admiral                                                                                   | N/R         | 662,285              |
|                     | Mutual Fund                                                        | Vanguard MidCap Value Index Fund Adm                                                                             | N/R         | 185,321              |
|                     | Mutual Fund                                                        | Vanguard Money Market Prime                                                                                      | N/R         | 337,323              |
|                     | Mutual Fund                                                        | Vanguard REIT Index Admiral                                                                                      | N/R         | 367,375              |
|                     | Mutual Fund                                                        | Vanguard Retirement 2015                                                                                         | N/R         | 133,094              |
|                     | Mutual Fund                                                        | Vanguard Retirement 2055                                                                                         | N/R         | 108,357              |
|                     | Mutual Fund                                                        | Vanguard Retirement Income                                                                                       | N/R         | 28,047               |
|                     | Mutual Fund                                                        | Vanguard Short Term Federal Admiral                                                                              | N/R         | 5,315,255            |
|                     | Mutual Fund                                                        | Vanguard Short-Term Bond Index Admiral                                                                           | N/R         | 156,227              |
|                     | Mutual Fund                                                        | Vanguard Small Cap Growth Index Admiral                                                                          | N/R         | 421,600              |
|                     | Mutual Fund                                                        | Vanguard Small Cap Index Admiral                                                                                 | N/R         | 602,183              |

## ACCESS POINT, LLC 401(K) PLAN

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR) (cont.)

Plan 001

EIN 38-3565270

As of December 31, 2017

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Mutual Fund                                                        | Vanguard Small Cap Value Ind Fund Adm                                                                            | N/R         | 181,619              |
|     | Mutual Fund                                                        | Vanguard Target 2020                                                                                             | N/R         | 441,299              |
|     | Mutual Fund                                                        | Vanguard Target 2030                                                                                             | N/R         | 854,367              |
|     | Mutual Fund                                                        | Vanguard Target 2040                                                                                             | N/R         | 321,823              |
|     | Mutual Fund                                                        | Vanguard Target Retirement 2025                                                                                  | N/R         | 404,455              |
|     | Mutual Fund                                                        | Vanguard Target Retirement 2035                                                                                  | N/R         | 713,175              |
|     | Mutual Fund                                                        | Vanguard Target Retirement 2045                                                                                  | N/R         | 289,794              |
|     | Mutual Fund                                                        | Vanguard Target Retirement 2050                                                                                  | N/R         | 121,000              |
|     | Mutual Fund                                                        | Vanguard Target Retirement 2060                                                                                  | N/R         | 48,912               |
|     | Mutual Fund                                                        | Vanguard Federal Money Mark Fund Inv                                                                             | N/R         | 2,774,689            |
|     | Mutual Fund                                                        | Vanguard Total Stock Market Index Admiral                                                                        | N/R         | 11,617,974           |
|     | Mutual Fund                                                        | Wells Fargo Precious Metals                                                                                      | N/R         | 43,988               |
|     |                                                                    |                                                                                                                  |             | <u>37,533,409</u>    |
|     | Various                                                            | Self-Directed Brokerage Account Investments                                                                      |             | <u>610,630</u>       |
|     | <b>Notes Receivable from Participants:</b>                         |                                                                                                                  |             |                      |
|     |                                                                    | Maturities varying from 0 to 10 years and interest rates of 4.75%                                                |             |                      |
| *   | Participant Loans                                                  |                                                                                                                  | \$0         | <u>587,803</u>       |
|     |                                                                    |                                                                                                                  |             | <u>\$ 38,731,842</u> |

\* A party in interest as defined by ERISA  
N/R - Cost omitted for participant directed investments



## Multiple-Employer Plan Participating Employer Information

| ACCESS POINT, L.L.C. 401(k) PLAN     |            | PLAN # 001                           | EIN #: 38-3565270 |
|--------------------------------------|------------|--------------------------------------|-------------------|
| ( a ) Name of participating employer | ( b ) EIN  | ( c ) Percent of Total Contributions |                   |
| 100700                               | 46-3079999 | 0.01%                                |                   |
| 101129                               | 12-3456999 | 0.07%                                |                   |
| 100902                               | 46-3079999 | 0.90%                                |                   |
| 100700                               | 46-3079999 | 0.62%                                |                   |
| 100700                               | 46-3079999 | 3.61%                                |                   |
| 100700                               | 46-3079999 | 0.23%                                |                   |
| 100700                               | 46-3079999 | 0.23%                                |                   |
| 101117                               | 12-3456999 | 3.23%                                |                   |
| 100700                               | 46-3079999 | 0.44%                                |                   |
| 100700                               | 46-3079999 | 1.23%                                |                   |
| 100700                               | 46-3079999 | 0.54%                                |                   |
| 100911                               | 46-3079999 | 0.01%                                |                   |
| 100700                               | 46-3079999 | 1.81%                                |                   |
| 100700                               | 46-3079999 | 0.61%                                |                   |
| 100700                               | 46-3079999 | 2.09%                                |                   |
| 100964                               | 38-3481999 | 0.29%                                |                   |
| 000000                               | 38-3522999 | 4.49%                                |                   |
| 100807                               | 38-1790999 | 0.61%                                |                   |
| 100959                               | 86-1153999 | 0.77%                                |                   |
| 100746                               | 38-3507999 | 3.59%                                |                   |
| 100108                               | 38-3615999 | 0.80%                                |                   |
| 000250                               | 38-3183999 | 0.54%                                |                   |
| 101114                               | 38-3613999 | 0.01%                                |                   |
| 100985                               | 38-2982999 | 0.05%                                |                   |
| 000022                               | 38-2025999 | 0.54%                                |                   |
| 100925                               | 47-4766999 | 0.58%                                |                   |
| 100738                               | 38-3209999 | 0.01%                                |                   |
| 100739                               | 38-2846999 | 0.11%                                |                   |
| 000304                               | 37-3566999 | 0.15%                                |                   |
| 100676                               | 59-2497999 | 5.53%                                |                   |
| 100677                               | 27-0155999 | 0.15%                                |                   |
| 100695                               | 46-1910999 | 0.17%                                |                   |
| 100855                               | 46-5217999 | 0.12%                                |                   |
| 100740                               | 38-2701999 | 0.00%                                |                   |
| 101082                               | 38-3341999 | 0.11%                                |                   |
| 100612                               | 45-5091999 | 0.25%                                |                   |
| 100367                               | 38-2034999 | 0.45%                                |                   |
| 100878                               | 31-1758999 | 1.18%                                |                   |
| 100916                               | 27-3306999 | 2.93%                                |                   |
| 100660                               | 46-1467999 | 9.17%                                |                   |
| 100927                               | 27-2843999 | 0.45%                                |                   |
| 100625                               | 45-4039999 | 0.07%                                |                   |
| 000361                               | 38-3490999 | 0.06%                                |                   |
| 100116                               | 20-4410999 | 1.01%                                |                   |
| 100059                               | 38-3143999 | 0.11%                                |                   |
| 100923                               | 45-4103999 | 0.50%                                |                   |
| 100928                               | 38-3252999 | 9.23%                                |                   |
| 100790                               | 46-3358999 | 0.15%                                |                   |
| 100741                               | 38-3345999 | 0.07%                                |                   |
| 101061                               | 27-0547999 | 0.11%                                |                   |
| 101099                               | 38-2816999 | 0.22%                                |                   |
| 100033                               | 38-6105999 | 1.46%                                |                   |
| 100953                               | 61-1723999 | 0.25%                                |                   |

| ( a ) Name of participating employer | ( b ) EIN  | ( c ) Percent of Total Contributions |
|--------------------------------------|------------|--------------------------------------|
| 100090                               | 38-2951999 | 2.04%                                |
| 100829                               | 46-2170999 | 1.07%                                |
| 100955                               | 47-2896999 | 0.14%                                |
| 100615                               | 38-3518999 | 2.52%                                |
| 100475                               | 20-8419999 | 0.92%                                |
| 100007                               | 38-2880999 | 0.29%                                |
| 100853                               | 47-1665999 | 0.04%                                |
| 100253                               | 20-0566999 | 1.57%                                |
| 100839                               | 20-2127999 | 0.34%                                |
| 000015                               | 38-2804999 | 0.42%                                |
| 100815                               | 38-3391999 | 0.83%                                |
| 100617                               | 38-3144999 | 0.45%                                |
| 100721                               | 20-2704999 | 1.30%                                |
| 000233                               | 38-3576999 | 1.47%                                |
| 100905                               | 47-3473999 | 0.19%                                |
| 100412                               | 20-0631999 | 1.43%                                |
| 101017                               | 81-2446999 | 0.61%                                |
| 000129                               | 38-2605999 | 0.83%                                |
| 100909                               | 45-1562999 | 1.67%                                |
| 100952                               | 20-0674999 | 0.94%                                |
| 100858                               | 45-4772999 | 2.88%                                |
| 100058                               | 30-0033999 | 0.25%                                |
| 100924                               | 20-0326999 | 1.44%                                |
| 100901                               | 35-2407999 | 0.89%                                |
| 100122                               | 38-2585999 | 0.06%                                |
| 000288                               | 38-3051999 | 0.42%                                |
| 100776                               | 38-2915999 | 0.09%                                |
| 100034                               | 38-3531999 | 0.11%                                |
| 101096                               | 27-0859999 | 0.05%                                |
| 101020                               | 38-3201999 | 1.08%                                |
| 100742                               | 38-3033999 | 0.02%                                |
| 100813                               | 38-3329999 | 0.32%                                |
| 000330                               | 68-0552999 | 1.98%                                |
| 101008                               | 52-1325999 | 0.09%                                |
| 100689                               | 27-0396999 | 2.26%                                |
| 100652                               | 45-5595999 | 0.00%                                |
| 100782                               | 27-3257999 | 0.44%                                |
| 100621                               | 20-8084999 | 0.02%                                |
| 100371                               | 27-4546999 | 0.19%                                |
| 100266                               | 30-0157999 | 0.60%                                |
| 000017                               | 38-3292999 | 0.10%                                |
| 100189                               | 38-3452999 | 0.14%                                |
| 100436                               | 38-3076999 | 0.39%                                |
| 101076                               | 45-2498999 | 0.56%                                |
| 100694                               | 02-0657999 | 0.12%                                |
| 100353                               | 38-3675999 | 0.23%                                |
| 100880                               | 20-2263999 | 0.68%                                |
| 100365                               | 38-2469999 | 0.03%                                |
| 100957                               | 38-3937999 | 1.58%                                |
| 100277                               | 26-1492999 | 1.20%                                |
| 101030                               | 32-0046999 | 0.79%                                |

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

ACCESS POINT, L.L.C. 401(k) PLAN

PLAN # 001

EIN #: 38-3565270

| (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 |
|-----|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | BlackRock                                                  | BTMKX - iShares MSCI EAFE International Index K                                                              |          | 378,775           |
|     | DFA                                                        | DFCEX - DFA Emerging Markets Core Equity                                                                     |          | 600,367           |
|     | DFA                                                        | DFLVX - DFA US Large Cap Value Prtf Instl                                                                    |          | 426,922           |
|     | Wells Fargo                                                | EKWAX - Wells Fargo Precious Metals                                                                          |          | 43,988            |
|     | Fidelity Self-Directed Brokera                             | FISDB - Fidelity SDB                                                                                         |          | 610,625           |
|     | Fidelity                                                   | FSITX - Fidelity US Bond Index Premium                                                                       |          | 384,502           |
|     | Fidelity                                                   | FSPTX - Fidelity Select Technology                                                                           |          | 436,068           |
|     | Franklin/Templeton                                         | FUFRX - Franklin Utilities R6                                                                                |          | 187,349           |
|     | Fidelity                                                   | FUSVX - Fidelity 500 Index Premium                                                                           |          | 1,145,678         |
|     | Janus                                                      | JAAGX - Janus Henderson Enterprise Port _Inst_                                                               |          | 563,162           |
|     | JPMorgan                                                   | JPIEX - JPMorgan US Research Enhanced Equity L                                                               |          | 380,744           |
|     | Nationwide                                                 | NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In                                                             |          | 226,400           |
|     | Principal                                                  | PHYTX - Principal Investors High Yield II                                                                    |          | 126,100           |
|     | Principal                                                  | PLGIX - Principal Large Cap Growth                                                                           |          | 634,305           |
|     | T Rowe Price                                               | PRMSX - T _Rowe Price Emerging Markets Stock                                                                 |          | 538,237           |
|     | T Rowe Price                                               | PRNEX - T _Rowe Price New Era                                                                                |          | 131,750           |
|     | American Funds                                             | RERGX - American Funds EuroPacfc R6                                                                          |          | 1,926,477         |
|     | American Funds                                             | RWIGX - American Funds Capital World G & I R6                                                                |          | 587,414           |
|     | BlackRock                                                  | SHISX - BlackRock Health Sciences Svc                                                                        |          | 768,091           |
|     | Vanguard                                                   | VAIPX - Vanguard Inflation Protected Securities                                                              |          | 173,678           |
|     | Vanguard                                                   | VBILX - Vanguard Intermediate-Term Bond Index Ad                                                             |          | 396,092           |
|     | Vanguard                                                   | VBIRX - Vanguard Short-Term Bond Index Admiral                                                               |          | 156,226           |
|     | Vanguard                                                   | VFFVX - Vanguard Target Retirement 2055                                                                      |          | 108,357           |
|     | Vanguard                                                   | VFIFX - Vanguard Target Retirement 2050                                                                      |          | 121,000           |
|     | Vanguard                                                   | VFORX - Vanguard Target Retirement 2040                                                                      |          | 321,823           |
|     | Vanguard                                                   | VFTSX - Vanguard FTSE Social Index                                                                           |          | 169,799           |
|     | Vanguard                                                   | VGELX - Vanguard Energy Admiral                                                                              |          | 154,143           |
|     | Vanguard                                                   | VGSLX - Vanguard Real Estate Index Admiral                                                                   |          | 367,375           |
|     | Vanguard                                                   | VIMAX - Vanguard Mid Cap Index Admiral                                                                       |          | 662,285           |
|     | Vanguard                                                   | VINAX - Vanguard Industrial Index Admiral                                                                    |          | 1,067,194         |
|     | Vanguard                                                   | VMFXX - Vanguard Federal Money Market                                                                        |          | 2,774,689         |
|     | Vanguard                                                   | VMMXX - Vanguard Money Market Prime                                                                          |          | 337,323           |
|     | Vanguard                                                   | VMVAX - Vanguard Mid Cap Value Index Admiral                                                                 |          | 185,321           |
|     | Vanguard                                                   | VSGAX - Vanguard Small Cap Growth Index Adm                                                                  |          | 421,600           |
|     | Vanguard                                                   | VSGDX - Vanguard Short-Term Federal Admiral                                                                  |          | 5,315,255         |
|     | Vanguard                                                   | VSIAx - Vanguard Small Cap Value Index Adm                                                                   |          | 181,619           |
|     | Vanguard                                                   | VSMAX - Vanguard Small Cap Index Admiral                                                                     |          | 602,183           |
|     | Vanguard                                                   | VTAPX - Vanguard Short-Term Inf Prot Index Admir                                                             |          | 2                 |
|     | Vanguard                                                   | VTHRX - Vanguard Target Retirement 2030                                                                      |          | 854,367           |
|     | Vanguard                                                   | VTINX - Vanguard Target Retirement Income                                                                    |          | 28,047            |
|     | Vanguard                                                   | VTIVX - Vanguard Target Retirement 2045                                                                      |          | 289,794           |
|     | Vanguard                                                   | VTSAX - Vanguard Total Stock Market Index Admira                                                             |          | 11,617,974        |
|     | Vanguard                                                   | VTTHX - Vanguard Target Retirement 2035                                                                      |          | 713,175           |
|     | Vanguard                                                   | VTTSX - Vanguard Target Retirement 2060                                                                      |          | 48,912            |
|     | Vanguard                                                   | VTTVX - Vanguard Target Retirement 2025                                                                      |          | 404,455           |
|     | Vanguard                                                   | VTWNX - Vanguard Target Retirement 2020                                                                      |          | 441,299           |
|     | Vanguard                                                   | VTXVX - Vanguard Target Retirement 2015                                                                      |          | 133,094           |
|     | Loans                                                      | 4.25% - 4.75%                                                                                                |          | 587,803           |

# Form 5500

## Annual Return/Report of Employee Benefit Plan

OMB No. 1515-0046  
1210-0088

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Administration

Pension Benefits Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4085 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.

2017

This Form is Open to Public Inspection

### Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning

01/01/2017

and ending

12/31/2017

A This return/report is for:

☐ a multiemployer plan

☒ a single-employer plan (If you are checking this box, you must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is:

☐ a single-employer plan

☐ a DFE (specify) \_\_\_\_\_

C If the plan is a collectively-bargained plan, check here:

☐ the first return/report

☐ the final return/report

D Check box if filing under:

☒ Form 5558

☐ automatic extension

Special extension (enter description)

☐ the DFE program

### Part II Basic Plan Information—enter all requested information

1a Name of plan

ACCESS POINT, L. L. C. 401(K) PLAN

1b Three-digit plan number (PIN) \*

001

1c Effective date of plan

01/01/2001

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)  
ACCESS POINT, L.L.C.

2b Employer identification number (EIN)

38-3565270

2c Plan sponsor's telephone number

(866) 513-3861

2d Business code (see instructions)

541600

28800 Orchard Lake Road  
Farmington Hills

MI 48334

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, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                    |      |          |                                                              |               |
|-----------|------------------------------------|------|----------|--------------------------------------------------------------|---------------|
| SIGN HERE | Signature of plan administrator    | Date | 10-15-18 | Enter name of individual signing as plan administrator       | James Ramirez |
| SIGN HERE | Signature of employer/plan sponsor | Date |          | Enter name of individual signing as employer or plan sponsor |               |
| SIGN HERE | Signature of DFE                   | Date |          | Enter name of individual signing as DFE                      |               |

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

Form 5500 (2017)  
v. 170203