

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

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>01/01/1998</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COADVANTAGE CORPORATION</u> <u>3350 BUSCHWOOD PARK DRIVE</u> <u>SUITE 200</u> <u>TAMPA, FL 33618</u>	2b	Employer Identification Number (EIN) <u>27-3007025</u>
		2c	Plan Sponsor's telephone number <u>813-935-2000</u>
		2d	Business code (see instructions) <u>561300</u>

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

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

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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE COADVANTAGE 401K PLAN COMMITTEE 3350 BUSCHWOOD PARK DRIVE STE 200 TAMPA, FL 33618	3b Administrator's EIN 27-3007025 3c Administrator's telephone number 407-422-8448
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 22416
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 22498 6a(2) 23106 6b 32 6c 1017 6d 24155 6e 4 6f 24159 6g 9443 6h 145
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2A 2F 2G 2K 3D 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025

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

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 61723	24159	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 34199183

c Additions: (1) Contributions deposited during the year	7c(1)	2383610	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	932597	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)	805625	

▶ **HOLDING ACCOUNT INTEREST, LN DISTRI**

(6) Total additions **7c(6)** 4121832

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 38321015

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6046667	
(2) Administration charge made by carrier	7e(2)	156997	
(3) Transferred to separate account	7e(3)	35367	
(4) Other (specify below)	7e(4)	385241	

▶ **LN DISTRIB, LN TRF TO TRUSTEE, LOAN**

(5) Total deductions **7e(5)** 6624272

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 31696743

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 60 63 64 68 72	CONTRACT ADMINISTRATOR	1487254	Yes ☒ No ☐	Yes ☒ No ☐	10675	Yes ☒ No ☐

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

COADVANTAGE RESOURCES, INC.

59-3434670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	PROFESSIONAL SERVICES	155898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSMUTUAL LIFE INSURANCE COMPANY

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	RECORDKEEPER	30831	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COADVANTAGE

27-3007025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	PLAN ADMINISTRATOR	25213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH CONSULTING SERVICES

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	ADVISOR	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINSTON & STRAWN, LLP

36-1975990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	PROFESSIONAL SERVICES	24195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MCDERMOTT WILL & EMERY LLP

36-1453176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	PROFESSIONAL SERVICES	17184	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VESTAL & WILERS, CPAS, PA

59-3198021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHN REZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	AUDITOR	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PINNACLE FINANCIAL SERVICES, INC.

59-2438373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	THIRD PARTY ADMINISTRATOR	5025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COADVANTAGE RESOURCES INC.

59-3434670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN SPONSOR	0	Yes ☒ No ☐	Yes ☐ No ☒	233005	Yes ☐ No ☒

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

MERRILL LYNCH PIERCE, FENNER AND SM

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	75000	Yes ☐ No ☒

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

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

VESTAL & WILER, CPAS, PA

59-3198021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	0	Yes ☒ No ☐	Yes ☐ No ☒	8000	Yes ☐ No ☒

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

MCDERMOTT WILL & EMERY LLP

36-1453176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	EXTERNAL ERISA COUNSEL	0	Yes ☒ No ☐	Yes ☐ No ☒	5201	Yes ☐ No ☒

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

AMERICAN FUNDS

94-6050854

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

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

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

AMERICAN FUNDS

95-1411037

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

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

ARTISAN

39-1811840

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

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

DODGE & COX

25-6219106

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

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

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

DODGE & COX

94-6067274

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

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

FRANKLINTEMPLETON

13-3151768

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

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

FRANKLINTEMPLETON

59-6865210

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

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

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

HARBOR

34-1953393

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

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

HARRIS

04-3276558

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

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

INVESCO

51-0097258

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

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

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

LEGG MASON

95-2705767

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

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

LORD ABBETT

13-3731507

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

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

MORGAN STANLEY

36-3145972

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

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

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

PIMCO FUNDS

95-2632339

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

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

PIONEER

04-3453709

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

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

PUTNAM

04-3251560

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

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

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

VANGUARD

20-0147814

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

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

VANGUARD

20-4683839

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

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

VANGUARD

20-4683964

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

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

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

VANGUARD

20-4683985

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

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

VANGUARD

20-4684039

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

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

VANGUARD

20-4684087

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

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

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

VANGUARD

23-1711688

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

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

VANGUARD

23-1945930

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

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

VANGUARD

23-1999755

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

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

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

VANGUARD

23-2311358

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

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

VANGUARD

23-2787277

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

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

VANGUARD

51-0106626

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

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

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

VANGUARD

52-0794097

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	15	10675
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC 61723 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREM U.S. GOVT MNY MKT FD BARINGS 04-3212059	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND 04-3276558	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTERNATIONAL FUND 04-3276558	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(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.	
SEL GR OPPORTUNITIES FD SANDSJSP 04-3512589	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(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.	
SELECT MID CAP GR FD TRPFRONTIER 04-3512596	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(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.	
FRANKLIN BIOTECHNOLOGY DISCOVERY FD 13-3151768	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
DODGE & COX STOCK FUND 25-6219106	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COADVANTAGE RESOURCES INC.	14	233005
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH PIERCE, FENNER AND SM	16	75000
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VESTAL & WILER, CPAS, PA	10	8000
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MCDERMOTT WILL & EMERY LLP	29	5201
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS BALANCED FUND 94-6050854	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW WORLD FUND 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARTISAN	52	0
(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.	
ARTISAN INTERNATIONAL FUND 39-1811840	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0
(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.	
DODGE & COX STOCK FUND 25-6219106	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0
(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.	
DODGE & COX GLOBAL STOCK	BASIS POINTS * PLAN ASSETS	
94-6067274		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLINTEMPLETON	52	0
(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.	
FRANKLIN BIOTECHNOLOGY DISCOVERY FD	BASIS POINTS * PLAN ASSETS	
13-3151768		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLINTEMPLETON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND FUND	BASIS POINTS * PLAN ASSETS	
59-6865210		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOR	52	0
(d) Enter name and EIN (address) of source of indirect compensation HARBOR MID CAP VALUE FUND 34-1953393		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 HARRIS		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation OAKMARK FUND 04-3276558		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 HARRIS		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation OAKMARK INTERNATIONAL FUND 04-3276558		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0
(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.	
INVESCO EQUITY AND INCOME FUND 51-0097258	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON	52	0
(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.	
WESTERN ASSET CORE PLUS BOND FUND 95-2705767	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT	52	0
(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.	
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY	52	0
(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.	
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN FUND 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIONEER	52	0
(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.	
PIONEER STRATEGIC INCOME FUND 04-3453709	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PUTNAM	52	0
(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.	
PUTNAM SMALL CAP VALUE FUND 04-3251560	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETIREMENT INCM FD 20-0147814	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLOSED VANGUARD TARGET RETIREM 20-4683839	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2020 20-4683964	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETIREMENT 2020 FD 20-4683964	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2030 20-4683985	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TARGET RETIREMENT 2030 FD 20-4683985		BASIS POINTS * PLAN ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2040 20-4684039		BASIS POINTS * PLAN ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TARGET RETIREMENT 2040 FD 20-4684039		BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2050 20-4684087	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETIREMENT 2050 FD 20-4684087	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD WELLESLEY INCOME FUND 23-1711688	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTITUTIONAL INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD 500 INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD MID CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
VANGUARD INSTL TARGET RET 2015	BASIS POINTS * PLAN ASSETS	
23-2311358		
(a) Enter service provider name as it appears on line 2		
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
VANGUARD INSTL TARGET RET 2025	BASIS POINTS * PLAN ASSETS	
23-2311358		
(a) Enter service provider name as it appears on line 2		
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
VANGUARD INSTL TARGET RET 2035	BASIS POINTS * PLAN ASSETS	
23-2311358		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2045 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2055 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2060 23-2311358	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET INC FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETIREMENT 2015 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETIREMENT 2025 FD 23-2311358	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
VANGUARD TARGET RETIREMENT 2035 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
VANGUARD TARGET RETIREMENT 2045 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
VANGUARD TARGET RETIREMENT 2055 FD 23-2311358	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETIREMENT 2060 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD STRATEGIC EQUITY FUND 23-2787277	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD STRATEGIC SMALL-CAP EQ FD 23-2787277	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD EXPLORER FUND	BASIS POINTS * PLAN ASSETS	
51-0106626		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SMALL CAP INDEX FUND	BASIS POINTS * PLAN ASSETS	
52-0794097		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	VESTAL & WILER	b EIN:	59-3198021
c Position:	AUDITOR		
d Address:	201 EAST PINE STREET SUITE 801 ORLANDO, FL 32801	e Telephone:	407-843-4433

Explanation: THERE WERE NO MATERIAL DISPUTES OR MATTERS OF DISAGREEMENT CONCERNING THE TERMINATION.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COADVANTAGE CORPORATION</u>	D Employer Identification Number (EIN) <u>27-3007025</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6612454	6365791
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	284999495	352907603
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	34199183	31707239
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	325811132	390980633

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	325811132	390980633
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13352380	
(B) Participants	2a(1)(B)	36248810	
(C) Others (including rollovers)	2a(1)(C)	7898983	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		57500173
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	304390	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		304390
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	15669788	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15669788
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		37469682
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		110944033

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	41564678	
(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)		41564678
f Corrective distributions (see instructions)	2f		351756
g Certain deemed distributions of participant loans (see instructions).....	2g		111972
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	146275	
(3) Investment advisory and management fees	2i(3)	1653533	
(4) Other	2i(4)	300	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1800108
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		43828514

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		67115519
l Transfers of assets:			
(1) To this plan.....	2l(1)		52792227
(2) From this plan	2l(2)		54738245

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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)
ADP	59-2452823	001
CUNA	39-0230590	001
EMPOWER	84-0467907	001
FIDELITY	04-3523567	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GLACIER BANCORP	81-0519541	001
INSPERITY	76-0178498	001
MASSMUTUAL	04-1590850	001
PAYCHEX	16-1124166	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PINNACLE	43-1929483	001
SLAVIC	01-0620969	001
TRANSAMERICA	36-6071399	001
VOYA	52-1317217	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION		D Employer Identification Number (EIN) 27-3007025
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**COADVANTAGE CORPORATION
RETIREMENT SAVINGS PLAN**

**Financial Statements
and
Supplemental Schedule**

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

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 12
Supplemental Schedule	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13



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Independent Auditor's Report

To Plan Administrator
CoAdvantage Corporation Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CoAdvantage Corporation Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the 2017 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee, and Massachusetts Mutual Life Insurance Company, the custodian, of the Plan, except for comparing the information with the related information included in the 2017 financial statements. We have been informed by the plan administrator that the trustee and the custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2017 and for the year then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.



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Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2017 financial statements.

Other Matter - Supplemental Schedule

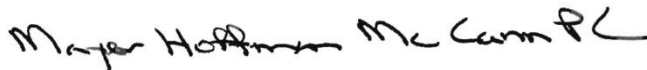
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of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

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

The form and content of the information included in the 2017 financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter - 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by Massachusetts Mutual Life Insurance Company, Reliance Trust Company, and Transamerica Financial Life Insurance Company. Their report, dated October 26, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



October 15, 2018
Clearwater, Florida

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN**Statements of Net Assets Available for Benefits****December 31, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
Assets:		
Investments:		
Guaranteed interest account, at contract value	\$ 31,707,239	34,199,183
Mutual funds, at fair value	351,635,591	283,727,483
Insurance company general account, at fair value	<u>18,890</u>	<u>18,890</u>
Total investments	383,361,720	317,945,556
Receivables:		
Participant contributions	1,079,385	1,018,308
Employer contributions	354,205	640,209
Notes receivable from participants	<u>6,365,791</u>	<u>6,612,454</u>
Total receivables	<u>7,799,381</u>	<u>8,270,971</u>
Liabilities:		
Excess contributions payable	<u>494,486</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 390,666,615</u></u>	<u><u>326,216,527</u></u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2017

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 37,153,247
Interest and dividends	15,981,156
Interest income on notes receivable from participants	<u>309,457</u>

Net investment income	<u>53,443,860</u>
-----------------------	-------------------

Contributions:

Participant	35,815,401
Employer	13,066,376
Rollover	7,562,736
Other	<u>336,247</u>

Total contributions	<u>56,780,760</u>
---------------------	-------------------

Total additions	<u>110,224,620</u>
-----------------	--------------------

Deductions from net assets attributed to:

Benefits paid to participants	42,028,406
Administrative expenses	<u>1,800,108</u>

Total deductions	<u>43,828,514</u>
------------------	-------------------

Net increase	66,396,106
--------------	------------

Transfers in	52,792,227
--------------	------------

Transfers out	(54,738,245)
---------------	--------------

Net assets available for benefits:

Beginning of year	<u>326,216,527</u>
-------------------	--------------------

End of year	<u><u>\$ 390,666,615</u></u>
-------------	------------------------------

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) **Description of the Plan**

The following description of the CoAdvantage Corporation Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

(a) **General**

The Plan is a multiple employer defined contribution plan covering eligible employees of CoAdvantage Corporation (the “Principal Participating Employer”) and Adopting Employers. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Investment Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan’s investment offerings and monitoring investment performance.

The Plan uses Massachusetts Mutual Life Insurance Company (“MassMutual”) for recordkeeping and custodian services of its group annuity contract. MassMutual has entered into a trust arrangement with Reliance Trust Company (“RTC”) to act as trustee. The Plan also has one investment with Transamerica Life Insurance Company (“Transamerica”).

(b) **Contributions**

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollover”). Participants direct the investment of their contributions into various investment options offered by the Plan. Each Adopting Employer elects the level of safe harbor, matching and/or profit-sharing contributions. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations. Roth deferrals are allowed under the Plan, if elected by Adopting Employers.

(c) **Participant Accounts**

Each participant’s account is credited with the participant’s contributions and their Adopting Employer’s matching contributions, as well as allocations of their Adopting Employer’s profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(d) Vesting

Participants are immediately vested in their contributions and their Adopting Employer's Safe Harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant generally does not begin to vest until year two (20%) and increases ratably until fully vested in year six. However, vesting schedules vary based on the Adopting Employer's elections. Participants also become fully vested upon retirement age (65), death or becoming disabled.

(e) 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% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined daily, is generally set at the prime rate plus 1.00%. Principal and interest is paid ratably through regular payroll deductions.

(f) Payment of Benefits

Upon termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may take in-service withdrawals upon attainment of age 59 ½ or for immediate and heavy financial hardship needs, as defined in the plan document.

(g) Forfeited Accounts

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Adopting Employers' future matching contributions. Approximately \$338,000 of forfeited nonvested accounts were utilized during the year ended December 31, 2017 to pay plan expenses and reduce Adopting Employer contributions. At December 31, 2017 and 2016, forfeited nonvested accounts available for use totaled approximately \$788,000 and \$618,000, respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition

Investments in mutual funds and the insurance company general account 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 and insurance companies. See Note 4 for discussion of fair value measurements.

The guaranteed interest account is a SAGIC investment option offered by MassMutual. It is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Under the terms of the SAGIC group annuity contract, participant may direct permitted withdrawal and/or transfer transactions of all or a portion of their balance in the SAGIC investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. The guaranteed interest account investment qualifies as a fully benefit responsive investment.

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

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) 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. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

(f) Expenses

Certain expenses of maintaining the Plan are paid by the Adopting Employers and 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.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Information Certified by the Trustee and the Custodian (Unaudited)**

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

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

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

(4) **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). Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- 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:
- a) quoted prices for similar assets or liabilities in active markets;
 - b) quoted prices for identical or similar assets or liabilities in inactive markets;
 - c) inputs other than quoted prices that are observable for the asset or liability;
 - d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3: Inputs that are unobservable inputs for the asset or liability.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) Fair Value Measurements - Continued

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.

Insurance company general account: This type of investment is considered a deposit liability with no defined maturity and is fairly stated at contract value and is classified as level 2.

Mutual funds: These investments are valued at quoted market prices in an active market and represent the net asset value of shares held by the Plan and are classified as level 1.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Assets Measured at Fair Value at December 31, 2017	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 351,635,591	351,635,591	-	-
Insurance company general account	18,890	-	18,890	-
	<u>\$ 351,654,481</u>	<u>351,635,591</u>	<u>18,890</u>	<u>-</u>

Description	Assets Measured at Fair Value at December 31, 2016	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 283,727,483	283,727,483	-	-
Insurance company general account	18,890	-	18,890	-
	<u>\$ 283,746,373</u>	<u>283,727,483</u>	<u>18,890</u>	<u>-</u>

(5) Related Party and Party-in-Interest Transactions

Certain Plan investments are administered by MassMutual and Transamerica; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for contract administration services paid to MassMutual were approximately \$1,518,000 for the year ended December 31, 2017. In addition, MassMutual receives revenue from service providers for services MassMutual provide to the funds. This revenue is used to offset certain amounts owed to MassMutual for its administrative services.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(5) **Related Party and Party-in-Interest Transactions - Continued**

If the revenue received by MassMutual from such service providers exceeds the amount owed, MassMutual remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2017, excess amounts of approximately \$273,000 were received from Transamerica by the Plan and are included in other income. The Principal Participating Employer may make a payment to MassMutual for administrative expenses not covered by revenue sharing.

During 2017, the Plan also paid the Principal Participating Employer approximately \$181,000 for administrative services. The Plan also paid approximately \$93,000 to other service providers for investment, legal, auditing and third party administration services.

(6) **Plan Termination**

Although it has not expressed any intent to do so, the Principal Participating Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the Adopting Employers' contribution portion of their account.

(7) **Tax Status**

The Plan adopted the Massachusetts Mutual Life Insurance Company PS/401(k) Volume Submitter Plan sponsored by MassMutual. MassMutual, obtained a favorable opinion letter dated March 31, 2014; however, such letter is only applicable to MassMutual. The Plan administrator has adopted all plan provisions within the volume submitter document and believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management has discovered various administrative deficiencies and has initiated a comprehensive review of Plan operations in order to correct these deficiencies and comply with ERISA and the IRC. At the date these financial statements are available to be issued, the effects of these deficiencies cannot be estimated; however Plan management does not expect these deficiencies to have a material impact on the Plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(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.

(9) Reconciliation of Financial Statements to Form 5500

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

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements	\$ 390,666,615	326,216,527
Less: assets held by Transamerica recorded on the financial statements	(18,890)	(18,890)
Less: contributions receivable	(1,433,590)	(1,658,517)
Plus: excess contributions payable	494,486	-
Plus: assets held by Transamerica recorded on Form 5500	<u>1,272,012</u>	<u>1,272,012</u>
Net assets available for benefits per Form 5500	<u>\$ 390,980,633</u>	<u>325,811,132</u>

The following is a reconciliation of the net increase in net assets per the financial statements to net income per Form 5500 for the year ended December 31, 2017:

Net increase in net assets per the financial statements	\$ 66,396,106
Plus: contributions receivable - beginning of year	1,658,517
Less: contributions receivable - end of year	(1,433,590)
Plus: excess contributions payable - end of year	<u>494,486</u>
Net income per Form 5500	<u>\$ 67,115,519</u>

(10) Transfers In and Out

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

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

(11) Excess Contributions Payable

The Plan's statements of net assets available for benefits at December 31, 2017 and 2016 includes \$494,486 and \$0, respectively of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(12) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements October 15, 2018, the date the financial statements were available to be issued.

During July 2018, assets of the Progressive Employer Management Company Retirement Savings Plan were transferred into the Plan.

SUPPLEMENTAL SCHEDULE

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 27-3007025

Plan Number: 333

December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value (if applicable)	(e) Current value
*	MassMutual Fixed Interest Fund	Guaranteed Interest Account	\$ 31,707,239
*	Transamerica Stable Value Advantage	Insurance Company General Account	18,890
	American Funds Balanced	Mutual Fund	18,254,021
	American Funds New World	Mutual Fund	4,821,222
*	MassMutual Cashout Fund	Mutual Fund	350,864
	Dodge & Cox Global Stock	Mutual Fund	5,757,968
	Dodge & Cox Stock Fund	Mutual Fund	15,086,448
	Harbor Mid Cap Value	Mutual Fund	5,548,268
*	MassMutual Holding account	Mutual Fund	77,919
	Invesco Equity and Income	Mutual Fund	31,711,989
	Lord Abbett High Yield	Mutual Fund	4,426,746
	Morgan Stanley International Advantage	Mutual Fund	8,543,489
	Oakmark	Mutual Fund	8,570,393
	Oakmark International	Mutual Fund	7,202,918
	PIMCO Real Return	Mutual Fund	2,954,179
	Pioneer Strategic Income	Mutual Fund	3,262,879
	Premier US Government Money Market	Mutual Fund	1,328,052
	Putnam Small Cap Value	Mutual Fund	4,492,693
	Select Sands/Jackson Growth Opportunities	Mutual Fund	23,199,485
	Select T. Rowe Price/Frontier Mid Cap Growth II	Mutual Fund	8,148,669
	Templeton Global Bond	Mutual Fund	885,028
	Vanguard Explorer	Mutual Fund	5,557,397
	Vanguard Institutional Index	Mutual Fund	30,828,341
	Vanguard Mid Cap Index	Mutual Fund	5,969,159
	Vanguard Small Cap Index	Mutual Fund	6,289,807
	Vanguard Strategic Equity	Mutual Fund	3,699,890
	Vanguard Strategic Small Cap Equity	Mutual Fund	2,660,075
	Vanguard Target Retirement 2015	Mutual Fund	4,589,577
	Vanguard Target Retirement 2020	Mutual Fund	16,373,488
	Vanguard Target Retirement 2025	Mutual Fund	17,955,171
	Vanguard Target Retirement 2030	Mutual Fund	22,724,386
	Vanguard Target Retirement 2035	Mutual Fund	16,564,633
	Vanguard Target Retirement 2040	Mutual Fund	17,991,582
	Vanguard Target Retirement 2045	Mutual Fund	10,142,434
	Vanguard Target Retirement 2050	Mutual Fund	8,109,225
	Vanguard Target Retirement 2055	Mutual Fund	3,910,274
	Vanguard Target Retirement 2060	Mutual Fund	936,728
	Vanguard Target Retirement Income	Mutual Fund	3,912,288
	Vanguard Wellesley Income	Mutual Fund	5,103,286
	Western Asset Core Bond	Mutual Fund	13,694,620
			383,361,720
*	Participant loans	4.25% - 5.50%	6,365,791
			<u>\$ 389,727,511</u>

* Party-in-interest

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-214	00-0000214	0.82%
Subscriber-1	00-0000001	-0.03%
Subscriber-2	00-0000002	0.01%
Subscriber-3	00-0000003	0.03%
Subscriber-4	00-0000004	0.10%
Subscriber-6	00-0000006	0.08%
Subscriber-7	00-0000007	1.46%
Subscriber-8	00-0000008	0.06%
Subscriber-9	00-0000009	0.00%
Subscriber-10	00-0000010	0.06%
Subscriber-11	00-0000011	0.11%
Subscriber-12	00-0000012	0.00%
Subscriber-13	00-0000013	0.01%
Subscriber-14	00-0000014	0.00%
Subscriber-15	00-0000015	0.00%
Subscriber-16	00-0000016	0.00%
Subscriber-17	00-0000017	0.00%
Subscriber-18	00-0000018	0.01%
Subscriber-19	00-0000019	0.10%
Subscriber-21	00-0000021	0.01%
Subscriber-22	00-0000022	0.00%
Subscriber-23	00-0000023	0.00%
Subscriber-24	00-0000024	0.00%
Subscriber-25	00-0000025	0.00%
Subscriber-26	00-0000026	0.00%
Subscriber-27	00-0000027	0.04%
Subscriber-28	00-0000028	0.01%
Subscriber-29	00-0000029	0.02%
Subscriber-31	00-0000031	0.27%
Subscriber-32	00-0000032	0.00%
Subscriber-33	00-0000033	0.00%
Subscriber-34	00-0000034	0.08%
Subscriber-35	00-0000035	0.03%
Subscriber-36	00-0000036	0.08%
Subscriber-37	00-0000037	0.00%
Subscriber-38	00-0000038	0.12%
Subscriber-40	00-0000040	0.24%
Subscriber-41	00-0000041	0.01%
Subscriber-42	00-0000042	0.03%
Subscriber-44	00-0000044	0.00%
Subscriber-45	00-0000045	0.02%
Subscriber-46	00-0000046	0.02%
Subscriber-47	00-0000047	0.10%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-48	00-0000048	0.03%
Subscriber-49	00-0000049	0.00%
Subscriber-50	00-0000050	0.07%
Subscriber-51	00-0000051	0.00%
Subscriber-53	00-0000053	0.00%
Subscriber-54	00-0000054	0.14%
Subscriber-55	00-0000055	0.01%
Subscriber-56	00-0000056	0.22%
Subscriber-58	00-0000058	0.09%
Subscriber-59	00-0000059	0.06%
Subscriber-60	00-0000060	0.05%
Subscriber-61	00-0000000	0.00%
Subscriber-62	00-0000062	0.08%
Subscriber-63	00-0000063	0.00%
Subscriber-64	00-0000064	0.00%
Subscriber-66	00-0000066	0.24%
Subscriber-67	00-0000067	0.49%
Subscriber-68	00-0000068	0.13%
Subscriber-69	00-0000069	0.26%
Subscriber-70	00-0000070	0.02%
Subscriber-71	00-0000071	0.00%
Subscriber-72	00-0000072	0.09%
Subscriber-73	00-0000073	0.00%
Subscriber-74	00-0000074	0.00%
Subscriber-76	00-0000076	0.05%
Subscriber-77	00-0000000	0.00%
Subscriber-78	00-0000078	0.01%
Subscriber-79	00-0000079	0.02%
Subscriber-80	00-0000080	0.00%
Subscriber-81	00-0000081	0.00%
Subscriber-82	00-0000082	0.16%
Subscriber-83	00-0000083	0.00%
Subscriber-84	00-0000084	0.03%
Subscriber-85	00-0000085	0.00%
Subscriber-86	00-0000086	0.00%
Subscriber-87	00-0000087	0.05%
Subscriber-88	00-0000088	0.05%
Subscriber-89	00-0000089	0.02%
Subscriber-90	00-0000090	0.03%
Subscriber-91	00-0000091	0.09%
Subscriber-92	00-0000092	0.01%
Subscriber-93	00-0000093	0.08%
Subscriber-94	00-0000094	0.05%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-95	00-0000095	0.17%
Subscriber-96	00-0000096	0.05%
Subscriber-97	00-0000097	0.00%
Subscriber-98	00-0000098	0.10%
Subscriber-99	00-0000099	0.06%
Subscriber-100	00-0000100	0.00%
Subscriber-101	00-0000101	0.17%
Subscriber-102	00-0000102	0.06%
Subscriber-103	00-0000103	0.03%
Subscriber-104	00-0000104	0.00%
Subscriber-105	00-0000105	0.00%
Subscriber-106	00-0000106	0.15%
Subscriber-107	00-0000107	0.16%
Subscriber-108	00-0000108	0.03%
Subscriber-109	00-0000109	0.00%
Subscriber-110	00-0000110	0.00%
Subscriber-112	00-0000112	0.16%
Subscriber-113	00-0000113	0.02%
Subscriber-114	00-0000114	0.00%
Subscriber-115	00-0000115	0.04%
Subscriber-116	00-0000116	0.01%
Subscriber-117	00-0000117	0.01%
Subscriber-118	00-0000118	0.05%
Subscriber-120	00-0000120	0.00%
Subscriber-121	00-0000121	0.03%
Subscriber-122	00-0000000	0.00%
Subscriber-123	00-0000123	0.01%
Subscriber-124	00-0000124	0.04%
Subscriber-125	00-0000125	0.17%
Subscriber-126	00-0000126	0.00%
Subscriber-127	00-0000127	0.00%
Subscriber-128	00-0000128	0.01%
Subscriber-129	00-0000129	0.02%
Subscriber-132	00-0000132	0.05%
Subscriber-133	00-0000133	0.12%
Subscriber-134	00-0000134	0.00%
Subscriber-135	00-0000135	0.03%
Subscriber-136	00-0000136	0.10%
Subscriber-137	00-0000137	0.10%
Subscriber-140	00-0000140	0.00%
Subscriber-141	00-0000141	0.01%
Subscriber-143	00-0000143	0.05%
Subscriber-144	00-0000144	0.01%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-145	00-0000145	0.11%
Subscriber-146	00-0000146	0.06%
Subscriber-147	00-0000147	0.06%
Subscriber-148	00-0000148	3.76%
Subscriber-149	00-0000149	0.00%
Subscriber-153	00-0000153	0.02%
Subscriber-154	00-0000154	0.02%
Subscriber-155	00-0000155	0.03%
Subscriber-156	00-0000156	0.00%
Subscriber-157	00-0000157	0.03%
Subscriber-159	00-0000159	0.02%
Subscriber-160	00-0000160	0.10%
Subscriber-161	00-0000161	0.01%
Subscriber-162	00-0000162	0.06%
Subscriber-163	00-0000163	0.00%
Subscriber-164	00-0000164	0.00%
Subscriber-165	00-0000165	0.02%
Subscriber-166	00-0000166	0.04%
Subscriber-167	00-0000167	0.13%
Subscriber-170	00-0000170	0.28%
Subscriber-171	00-0000171	0.04%
Subscriber-172	00-0000172	0.05%
Subscriber-173	00-0000173	0.04%
Subscriber-174	00-0000174	0.00%
Subscriber-175	00-0000175	0.00%
Subscriber-176	00-0000176	0.06%
Subscriber-177	00-0000177	0.22%
Subscriber-178	00-0000178	0.00%
Subscriber-179	00-0000179	0.11%
Subscriber-180	00-0000180	0.05%
Subscriber-181	00-0000181	0.00%
Subscriber-182	00-0000182	0.17%
Subscriber-183	00-0000183	0.07%
Subscriber-184	00-0000184	0.02%
Subscriber-185	00-0000185	0.00%
Subscriber-186	00-0000186	0.07%
Subscriber-187	00-0000187	0.04%
Subscriber-188	00-0000188	0.04%
Subscriber-189	00-0000189	0.10%
Subscriber-190	00-0000190	0.10%
Subscriber-191	00-0000191	0.01%
Subscriber-192	00-0000192	0.03%
Subscriber-194	00-0000194	0.03%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-195	00-0000195	0.02%
Subscriber-196	00-0000196	0.04%
Subscriber-197	00-0000197	0.16%
Subscriber-198	00-0000198	0.11%
Subscriber-200	00-0000200	0.29%
Subscriber-201	00-0000201	0.00%
Subscriber-202	00-0000202	0.03%
Subscriber-203	00-0000203	0.01%
Subscriber-204	00-0000204	0.09%
Subscriber-205	00-0000205	0.00%
Subscriber-206	00-0000206	0.00%
Subscriber-207	00-0000207	0.12%
Subscriber-208	00-0000208	0.04%
Subscriber-209	00-0000209	0.06%
Subscriber-210	00-0000210	0.05%
Subscriber-212	00-0000212	0.01%
Subscriber-213	00-0000213	0.00%
Subscriber-215	00-0000215	0.09%
Subscriber-216	00-0000216	0.00%
Subscriber-217	00-0000217	0.05%
Subscriber-218	00-0000218	0.00%
Subscriber-219	00-0000219	0.01%
Subscriber-220	00-0000220	1.80%
Subscriber-221	00-0000221	0.02%
Subscriber-222	00-0000222	0.00%
Subscriber-223	00-0000223	0.00%
Subscriber-224	00-0000224	0.00%
Subscriber-225	00-0000225	0.00%
Subscriber-226	00-0000226	0.01%
Subscriber-227	00-0000227	0.03%
Subscriber-228	00-0000228	0.01%
Subscriber-229	00-0000229	0.06%
Subscriber-230	00-0000230	0.05%
Subscriber-231	00-0000231	0.00%
Subscriber-232	00-0000232	0.00%
Subscriber-233	00-0000233	0.00%
Subscriber-234	00-0000234	0.07%
Subscriber-235	00-0000235	0.00%
Subscriber-236	00-0000236	0.05%
Subscriber-237	00-0000237	0.06%
Subscriber-238	00-0000238	0.02%
Subscriber-239	00-0000239	0.01%
Subscriber-240	00-0000240	0.36%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-241	00-0000241	0.17%
Subscriber-242	00-0000242	0.27%
Subscriber-243	00-0000243	0.00%
Subscriber-244	00-0000244	0.05%
Subscriber-245	00-0000245	0.19%
Subscriber-246	00-0000246	0.12%
Subscriber-247	00-0000247	0.12%
Subscriber-248	00-0000248	0.05%
Subscriber-249	00-0000249	0.01%
Subscriber-250	00-0000250	0.13%
Subscriber-251	00-0000251	0.00%
Subscriber-252	00-0000252	0.02%
Subscriber-253	00-0000253	1.06%
Subscriber-254	00-0000254	0.09%
Subscriber-255	00-0000255	0.00%
Subscriber-256	00-0000256	0.06%
Subscriber-257	00-0000257	1.59%
Subscriber-258	00-0000258	0.01%
Subscriber-259	00-0000259	0.01%
Subscriber-260	00-0000260	0.00%
Subscriber-261	00-0000261	0.67%
Subscriber-262	00-0000262	0.07%
Subscriber-263	00-0000263	0.03%
Subscriber-264	00-0000264	0.01%
Subscriber-265	00-0000265	0.12%
Subscriber-266	00-0000266	0.26%
Subscriber-267	00-0000267	0.00%
Subscriber-268	00-0000268	0.01%
Subscriber-269	00-0000269	0.03%
Subscriber-270	00-0000270	0.00%
Subscriber-271	00-0000271	0.40%
Subscriber-272	00-0000272	0.00%
Subscriber-275	00-0000275	0.02%
Subscriber-276	00-0000276	0.08%
Subscriber-277	00-0000277	0.00%
Subscriber-278	00-0000278	0.15%
Subscriber-279	00-0000279	0.08%
Subscriber-280	00-0000280	0.18%
Subscriber-281	00-0000281	0.12%
Subscriber-282	00-0000282	0.03%
Subscriber-283	00-0000283	0.02%
Subscriber-284	00-0000284	0.00%
Subscriber-285	00-0000285	0.29%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-286	00-0000286	0.05%
Subscriber-287	00-0000287	0.02%
Subscriber-289	00-0000289	0.00%
Subscriber-290	00-0000290	0.03%
Subscriber-291	00-0000291	0.00%
Subscriber-292	00-0000292	0.05%
Subscriber-296	00-0000296	0.02%
Subscriber-297	00-0000297	0.00%
Subscriber-298	00-0000298	0.00%
Subscriber-299	00-0000299	0.01%
Subscriber-300	00-0000300	0.28%
Subscriber-301	00-0000301	0.03%
Subscriber-302	00-0000302	0.06%
Subscriber-303	00-0000303	0.00%
Subscriber-304	00-0000304	0.15%
Subscriber-305	00-0000305	0.01%
Subscriber-306	00-0000306	0.22%
Subscriber-307	00-0000307	0.01%
Subscriber-308	00-0000308	0.08%
Subscriber-311	00-0000311	0.00%
Subscriber-312	00-0000312	0.42%
Subscriber-313	00-0000313	0.00%
Subscriber-314	00-0000314	0.00%
Subscriber-315	00-0000315	0.68%
Subscriber-316	00-0000316	0.09%
Subscriber-317	00-0000317	1.09%
Subscriber-318	00-0000318	0.10%
Subscriber-319	00-0000319	0.00%
Subscriber-320	00-0000320	0.04%
Subscriber-321	00-0000321	0.00%
Subscriber-322	00-0000322	0.20%
Subscriber-323	00-0000323	0.08%
Subscriber-324	00-0000324	0.19%
Subscriber-325	00-0000325	0.01%
Subscriber-326	00-0000326	0.00%
Subscriber-327	00-0000327	0.40%
Subscriber-328	00-0000328	0.03%
Subscriber-329	00-0000329	0.00%
Subscriber-330	00-0000330	0.12%
Subscriber-331	00-0000331	0.00%
Subscriber-332	00-0000332	0.00%
Subscriber-333	00-0000333	0.00%
Subscriber-334	00-0000334	0.14%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-335	00-0000000	0.00%
Subscriber-336	00-0000336	0.15%
Subscriber-337	00-0000337	0.19%
Subscriber-338	00-0000338	0.03%
Subscriber-339	00-0000339	0.08%
Subscriber-340	00-0000340	0.00%
Subscriber-341	00-0000341	0.06%
Subscriber-343	00-0000343	0.03%
Subscriber-344	00-0000344	0.01%
Subscriber-345	00-0000345	0.00%
Subscriber-346	00-0000346	0.02%
Subscriber-347	00-0000347	0.01%
Subscriber-348	00-0000348	0.01%
Subscriber-349	00-0000349	0.03%
Subscriber-350	00-0000350	0.05%
Subscriber-351	00-0000351	0.02%
Subscriber-352	00-0000352	0.01%
Subscriber-353	00-0000353	0.00%
Subscriber-354	00-0000354	0.17%
Subscriber-355	00-0000355	0.08%
Subscriber-357	00-0000357	0.47%
Subscriber-358	00-0000358	0.00%
Subscriber-359	00-0000359	0.05%
Subscriber-360	00-0000360	0.16%
Subscriber-361	00-0000361	0.10%
Subscriber-362	00-0000362	0.16%
Subscriber-363	00-0000363	0.01%
Subscriber-364	00-0000364	0.01%
Subscriber-365	00-0000365	0.04%
Subscriber-366	00-0000366	0.00%
Subscriber-367	00-0000367	0.00%
Subscriber-368	00-0000368	0.04%
Subscriber-369	00-0000369	0.08%
Subscriber-370	00-0000370	0.23%
Subscriber-371	00-0000371	0.09%
Subscriber-372	00-0000372	0.18%
Subscriber-373	00-0000373	0.00%
Subscriber-374	00-0000374	0.02%
Subscriber-375	00-0000375	0.10%
Subscriber-376	00-0000376	0.08%
Subscriber-377	00-0000377	0.04%
Subscriber-378	00-0000378	0.06%
Subscriber-379	00-0000379	0.20%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-380	00-0000380	0.00%
Subscriber-381	00-0000381	0.03%
Subscriber-382	00-0000382	0.03%
Subscriber-383	00-0000383	0.07%
Subscriber-384	00-0000384	0.02%
Subscriber-385	00-0000385	0.04%
Subscriber-386	00-0000386	0.01%
Subscriber-387	00-0000387	0.00%
Subscriber-388	00-0000388	0.06%
Subscriber-389	00-0000389	0.00%
Subscriber-390	00-0000390	0.02%
Subscriber-391	00-0000391	0.00%
Subscriber-392	00-0000392	0.03%
Subscriber-393	00-0000393	0.02%
Subscriber-394	00-0000394	0.30%
Subscriber-395	00-0000395	0.04%
Subscriber-396	00-0000396	0.00%
Subscriber-397	00-0000397	0.03%
Subscriber-398	00-0000398	0.11%
Subscriber-399	00-0000399	0.08%
Subscriber-400	00-0000400	0.02%
Subscriber-401	00-0000401	0.02%
Subscriber-402	00-0000402	0.01%
Subscriber-403	00-0000403	0.01%
Subscriber-404	00-0000404	0.03%
Subscriber-405	00-0000405	0.01%
Subscriber-406	00-0000406	0.00%
Subscriber-407	00-0000407	0.02%
Subscriber-408	00-0000408	0.30%
Subscriber-409	00-0000409	0.20%
Subscriber-410	00-0000410	0.00%
Subscriber-411	00-0000411	0.07%
Subscriber-412	00-0000412	0.15%
Subscriber-413	00-0000413	0.12%
Subscriber-414	00-0000414	0.00%
Subscriber-415	00-0000415	0.04%
Subscriber-416	00-0000416	0.00%
Subscriber-417	00-0000417	0.09%
Subscriber-418	00-0000418	0.00%
Subscriber-419	00-0000419	0.02%
Subscriber-420	00-0000420	0.13%
Subscriber-421	00-0000421	0.04%
Subscriber-422	00-0000422	0.04%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-423	00-0000423	0.00%
Subscriber-424	00-0000424	0.14%
Subscriber-425	00-0000425	0.03%
Subscriber-426	00-0000426	0.00%
Subscriber-427	00-0000427	0.10%
Subscriber-428	00-0000428	0.00%
Subscriber-429	00-0000429	0.00%
Subscriber-430	00-0000430	0.01%
Subscriber-431	00-0000431	0.06%
Subscriber-432	00-0000432	0.43%
Subscriber-433	00-0000433	0.10%
Subscriber-434	00-0000434	0.02%
Subscriber-435	00-0000435	0.07%
Subscriber-436	00-0000436	0.02%
Subscriber-437	00-0000437	0.22%
Subscriber-438	00-0000438	0.07%
Subscriber-439	00-0000439	0.00%
Subscriber-440	00-0000440	0.03%
Subscriber-441	00-0000441	0.01%
Subscriber-442	00-0000442	0.19%
Subscriber-443	00-0000443	0.01%
Subscriber-444	00-0000444	0.00%
Subscriber-445	00-0000445	0.11%
Subscriber-446	00-0000446	0.07%
Subscriber-448	00-0000448	0.01%
Subscriber-449	00-0000449	0.21%
Subscriber-451	00-0000000	0.00%
Subscriber-452	00-0000452	0.13%
Subscriber-453	00-0000453	2.04%
Subscriber-454	00-0000454	0.00%
Subscriber-455	00-0000000	0.00%
Subscriber-456	00-0000456	0.05%
Subscriber-457	00-0000457	0.03%
Subscriber-458	00-0000458	0.05%
Subscriber-459	00-0000459	1.55%
Subscriber-460	00-0000460	0.12%
Subscriber-461	00-0000461	0.48%
Subscriber-463	00-0000463	0.07%
Subscriber-464	00-0000464	0.01%
Subscriber-465	00-0000465	0.12%
Subscriber-466	00-0000466	0.18%
Subscriber-467	00-0000467	0.05%
Subscriber-468	00-0000468	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-469	00-0000469	0.19%
Subscriber-470	00-0000470	0.11%
Subscriber-471	00-0000471	0.15%
Subscriber-472	00-0000472	0.15%
Subscriber-473	00-0000000	0.00%
Subscriber-474	00-0000474	0.03%
Subscriber-475	00-0000475	0.12%
Subscriber-476	00-0000476	0.08%
Subscriber-477	00-0000000	0.00%
Subscriber-478	00-0000478	0.00%
Subscriber-479	00-0000479	0.09%
Subscriber-480	00-0000480	0.11%
Subscriber-481	00-0000481	3.64%
Subscriber-482	00-0000482	0.02%
Subscriber-483	00-0000483	0.08%
Subscriber-484	00-0000484	0.02%
Subscriber-485	00-0000485	0.49%
Subscriber-486	00-0000486	0.13%
Subscriber-487	00-0000000	0.00%
Subscriber-488	00-0000488	0.17%
Subscriber-489	00-0000489	0.01%
Subscriber-490	00-0000490	0.10%
Subscriber-491	00-0000491	0.00%
Subscriber-492	00-0000492	0.03%
Subscriber-493	00-0000493	1.13%
Subscriber-494	00-0000494	0.04%
Subscriber-495	00-0000495	0.02%
Subscriber-497	00-0000497	0.00%
Subscriber-498	00-0000498	0.05%
Subscriber-499	00-0000499	0.00%
Subscriber-500	00-0000000	0.00%
Subscriber-501	00-0000501	0.05%
Subscriber-502	00-0000502	0.07%
Subscriber-503	00-0000503	0.00%
Subscriber-504	00-0000504	0.09%
Subscriber-505	00-0000505	0.00%
Subscriber-506	00-0000506	0.08%
Subscriber-507	00-0000507	0.23%
Subscriber-509	00-0000000	0.00%
Subscriber-510	00-0000510	0.01%
Subscriber-511	00-0000511	0.00%
Subscriber-512	00-0000512	0.04%
Subscriber-513	00-0000513	0.10%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-514	00-0000514	0.14%
Subscriber-515	00-0000515	0.22%
Subscriber-516	00-0000516	0.00%
Subscriber-517	00-0000517	0.07%
Subscriber-518	00-0000518	0.46%
Subscriber-519	00-0000519	0.01%
Subscriber-520	00-0000520	0.33%
Subscriber-521	00-0000521	0.03%
Subscriber-522	00-0000522	0.02%
Subscriber-523	00-0000523	0.01%
Subscriber-524	00-0000524	0.09%
Subscriber-525	00-0000525	0.26%
Subscriber-526	00-0000000	0.00%
Subscriber-527	00-0000527	1.90%
Subscriber-528	00-0000528	0.85%
Subscriber-529	00-0000529	0.50%
Subscriber-530	00-0000530	0.07%
Subscriber-531	00-0000000	0.00%
Subscriber-532	00-0000532	1.34%
Subscriber-533	00-0000533	0.03%
Subscriber-534	00-0000534	0.08%
Subscriber-535	00-0000535	0.11%
Subscriber-536	00-0000536	0.01%
Subscriber-537	00-0000537	0.19%
Subscriber-538	00-0000000	0.00%
Subscriber-539	00-0000539	0.03%
Subscriber-540	00-0000540	0.01%
Subscriber-541	00-0000541	0.07%
Subscriber-542	00-0000542	0.11%
Subscriber-543	00-0000543	0.00%
Subscriber-544	00-0000544	0.10%
Subscriber-545	00-0000545	0.30%
Subscriber-546	00-0000546	0.10%
Subscriber-547	00-0000000	0.00%
Subscriber-548	00-0000548	0.05%
Subscriber-549	00-0000549	0.00%
Subscriber-550	00-0000550	0.12%
Subscriber-551	00-0000551	0.00%
Subscriber-552	00-0000552	0.10%
Subscriber-553	00-0000553	0.34%
Subscriber-554	00-0000554	0.00%
Subscriber-555	00-0000000	0.00%
Subscriber-556	00-0000556	0.02%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-557	00-0000557	0.02%
Subscriber-558	00-0000558	0.00%
Subscriber-559	00-0000559	0.03%
Subscriber-560	00-0000560	0.05%
Subscriber-561	00-0000561	0.10%
Subscriber-562	00-0000562	0.01%
Subscriber-564	00-0000564	0.09%
Subscriber-565	00-0000565	0.04%
Subscriber-566	00-0000566	0.13%
Subscriber-567	20-8124576	0.00%
Subscriber-568	00-0000568	0.06%
Subscriber-569	00-0000569	0.83%
Subscriber-570	00-0000570	0.01%
Subscriber-571	00-0000000	0.00%
Subscriber-572	00-0000572	0.02%
Subscriber-573	00-0000000	0.00%
Subscriber-574	00-0000574	0.01%
Subscriber-575	00-0000575	0.08%
Subscriber-576	00-0000576	0.09%
Subscriber-577	00-0000577	0.07%
Subscriber-578	00-0000578	0.03%
Subscriber-579	00-0000579	0.05%
Subscriber-580	00-0000580	0.00%
Subscriber-581	00-0000581	0.00%
Subscriber-582	00-0000582	0.09%
Subscriber-583	00-0000583	0.16%
Subscriber-584	00-0000584	0.01%
Subscriber-585	00-0000585	0.08%
Subscriber-586	00-0000586	0.00%
Subscriber-587	00-0000587	0.02%
Subscriber-588	00-0000588	0.16%
Subscriber-589	00-0000589	0.12%
Subscriber-590	00-0000590	0.00%
Subscriber-591	00-0000591	0.05%
Subscriber-592	00-0000592	0.03%
Subscriber-593	00-0000593	0.01%
Subscriber-594	00-0000594	0.01%
Subscriber-595	00-0000595	0.01%
Subscriber-596	00-0000596	0.02%
Subscriber-597	00-0000597	0.00%
Subscriber-598	00-0000598	0.07%
Subscriber-599	00-0000599	0.01%
Subscriber-600	00-0000600	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-601	00-0000601	0.02%
Subscriber-602	00-0000602	0.03%
Subscriber-603	00-0000603	0.09%
Subscriber-604	00-0000604	0.08%
Subscriber-605	00-0000605	0.03%
Subscriber-606	00-0000606	0.01%
Subscriber-607	00-0000607	0.09%
Subscriber-608	00-0000608	0.02%
Subscriber-609	00-0000609	0.28%
Subscriber-610	00-0000610	0.00%
Subscriber-611	00-0000611	0.59%
Subscriber-612	00-0000000	0.00%
Subscriber-613	00-0000613	0.05%
Subscriber-614	00-0000614	0.87%
Subscriber-615	00-0000615	0.05%
Subscriber-616	00-0000616	0.84%
Subscriber-617	00-0000617	0.13%
Subscriber-618	00-0000618	0.18%
Subscriber-619	00-0000619	0.01%
Subscriber-620	00-0000620	0.00%
Subscriber-621	00-0000621	0.11%
Subscriber-622	00-0000622	0.06%
Subscriber-623	00-0000623	0.15%
Subscriber-624	00-0000624	0.01%
Subscriber-625	00-0000625	0.06%
Subscriber-626	00-0000626	0.19%
Subscriber-627	00-0000627	0.11%
Subscriber-628	00-0000628	0.00%
Subscriber-629	00-0000629	0.14%
Subscriber-630	00-0000630	0.28%
Subscriber-631	00-0000631	0.25%
Subscriber-632	00-0000632	0.03%
Subscriber-633	00-0000633	0.05%
Subscriber-634	00-0000634	0.09%
Subscriber-635	00-0000635	0.20%
Subscriber-636	00-0000636	0.03%
Subscriber-637	00-0000637	0.25%
Subscriber-638	00-0000000	0.00%
Subscriber-639	00-0000639	0.00%
Subscriber-640	00-0000640	0.05%
Subscriber-641	00-0000641	0.23%
Subscriber-642	00-0000642	0.13%
Subscriber-643	00-0000643	0.06%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-644	00-0000644	0.00%
Subscriber-645	00-0000645	0.04%
Subscriber-646	00-0000646	0.27%
Subscriber-647	00-0000647	0.00%
Subscriber-648	00-0000648	0.02%
Subscriber-649	00-0000649	0.06%
Subscriber-650	00-0000650	0.00%
Subscriber-651	00-0000651	0.08%
Subscriber-652	00-0000652	0.01%
Subscriber-653	00-0000653	0.07%
Subscriber-654	00-0000654	0.10%
Subscriber-655	00-0000655	0.12%
Subscriber-656	00-0000656	0.08%
Subscriber-657	00-0000657	0.16%
Subscriber-658	00-0000658	0.11%
Subscriber-659	00-0000659	0.01%
Subscriber-660	00-0000000	0.00%
Subscriber-661	00-0000661	0.02%
Subscriber-662	00-0000662	0.17%
Subscriber-663	00-0000663	0.09%
Subscriber-664	00-0000664	0.08%
Subscriber-665	00-0000665	1.41%
Subscriber-666	00-0000666	0.19%
Subscriber-667	00-0000667	0.02%
Subscriber-668	00-0000668	1.03%
Subscriber-669	00-0000669	0.16%
Subscriber-670	00-0000670	0.06%
Subscriber-671	00-0000671	0.01%
Subscriber-672	00-0000672	0.01%
Subscriber-673	00-0000000	0.00%
Subscriber-674	00-0000000	0.00%
Subscriber-675	00-0000675	0.72%
Subscriber-676	00-0000676	0.00%
Subscriber-677	00-0000677	0.13%
Subscriber-678	00-0000678	0.22%
Subscriber-679	00-0000679	1.47%
Subscriber-680	00-0000680	0.39%
Subscriber-681	00-0000681	0.01%
Subscriber-682	00-0000682	0.50%
Subscriber-683	00-0000683	1.04%
Subscriber-684	00-0000684	0.04%
Subscriber-685	00-0000685	3.12%
Subscriber-686	00-0000686	0.26%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-687	00-0000687	0.02%
Subscriber-688	00-0000688	0.02%
Subscriber-689	00-0000689	3.05%
Subscriber-690	00-0000690	0.04%
Subscriber-691	00-0000691	0.94%
Subscriber-692	00-0000692	0.00%
Subscriber-693	00-0000693	0.00%
Subscriber-694	00-0000694	0.22%
Subscriber-695	00-0000695	0.04%
Subscriber-696	00-0000696	0.17%
Subscriber-697	00-0000697	1.26%
Subscriber-698	00-0000698	1.48%
Subscriber-699	00-0000699	1.08%
Subscriber-700	00-0000700	0.01%
Subscriber-701	00-0000701	0.05%
Subscriber-702	00-0000702	0.00%
Subscriber-703	00-0000703	1.34%
Subscriber-704	00-0000704	0.08%
Subscriber-705	00-0000705	0.00%
Subscriber-706	00-0000706	0.00%
Subscriber-707	00-0000707	0.28%
Subscriber-708	00-0000708	0.64%
Subscriber-709	00-0000709	0.00%
Subscriber-710	00-0000710	0.24%
Subscriber-711	00-0000711	1.15%
Subscriber-712	00-0000712	1.15%
Subscriber-713	00-0000713	0.08%
Subscriber-714	00-0000714	0.01%
Subscriber-715	00-0000715	0.13%
Subscriber-716	00-0000716	1.74%
Subscriber-717	00-0000717	0.62%
Subscriber-718	00-0000718	0.85%
Subscriber-719	00-0000719	0.12%
Subscriber-720	00-0000720	0.02%
Subscriber-721	00-0000721	0.10%
Subscriber-722	00-0000722	0.01%
Subscriber-723	00-0000723	0.81%
Subscriber-724	00-0000724	0.29%
Subscriber-725	00-0000725	0.47%
Subscriber-726	00-0000726	0.00%
Subscriber-727	00-0000727	0.00%
Subscriber-728	00-0000728	0.01%
Subscriber-729	00-0000729	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-730	00-0000730	0.00%
Subscriber-731	00-0000731	0.00%
Subscriber-732	00-0000732	0.00%
Subscriber-733	00-0000733	0.00%
Subscriber-734	00-0000734	0.04%
Subscriber-735	00-0000735	0.05%
Subscriber-736	00-0000736	0.24%
Subscriber-737	00-0000737	0.10%
Subscriber-738	00-0000738	0.00%
Subscriber-739	00-0000739	0.00%
Subscriber-740	00-0000740	0.04%
Subscriber-741	00-0000000	0.00%
Subscriber-742	00-0000000	0.00%
Subscriber-743	00-0000000	0.00%
Subscriber-744	00-0000744	0.04%
Subscriber-745	00-0000745	0.00%
Subscriber-746	00-0000000	0.01%
Subscriber-747	00-0000747	0.00%
Subscriber-748	00-0000748	0.00%
Subscriber-749	00-0000749	0.03%
Subscriber-750	00-0000750	0.00%
Subscriber-751	00-0000751	0.00%
Subscriber-752	00-0000752	0.00%
Subscriber-753	00-0000753	0.00%
Subscriber-754	00-0000754	0.00%
Subscriber-755	00-0000755	0.00%
Subscriber-756	00-0000756	0.00%
Subscriber-757	00-0000757	0.00%
Subscriber-758	00-0000758	0.00%
Subscriber-759	00-0000759	0.00%
Subscriber-760	00-0000760	0.00%
Subscriber-761	00-0000761	0.00%
Subscriber-762	00-0000762	0.00%
Subscriber-763	00-0000763	0.00%
Subscriber-764	00-0000764	0.00%
Subscriber-765	00-0000765	0.00%
Subscriber-766	00-0000766	0.00%
Subscriber-767	00-0000767	0.00%
Subscriber-768	00-0000768	0.00%
Subscriber-769	00-0000769	0.00%
Subscriber-770	00-0000770	0.00%
Subscriber-771	00-0000771	0.00%
Subscriber-772	00-0000772	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-773	00-0000773	0.00%
Subscriber-774	00-0000774	0.00%
Subscriber-775	00-0000775	0.00%
Subscriber-776	00-0000776	0.00%
Subscriber-777	00-0000777	0.00%
Subscriber-778	00-0000778	0.00%
Subscriber-779	00-0000779	0.00%
Subscriber-780	00-0000780	0.00%
Subscriber-781	00-0000781	0.00%
Subscriber-782	00-0000782	0.00%
Subscriber-783	00-0000783	0.00%
Subscriber-784	00-0000784	0.00%
Subscriber-785	00-0000785	0.00%
Subscriber-786	00-0000786	0.00%
Subscriber-787	00-0000787	0.00%
Subscriber-788	00-0000788	0.00%
Subscriber-789	00-0000000	0.00%
Subscriber-790	00-0000790	0.00%
Subscriber-791	00-0000791	0.00%
Subscriber-792	00-0000792	0.00%
Subscriber-793	00-0000793	0.00%
Subscriber-794	00-0000794	0.00%
Subscriber-795	00-0000795	0.00%
Subscriber-796	00-0000796	0.00%
Subscriber-797	00-0000797	0.00%
Subscriber-798	00-0000000	0.00%
Subscriber-799	00-0000799	0.00%
Subscriber-800	00-0000800	0.00%
Subscriber-801	00-0000801	0.00%
Subscriber-802	00-0000802	0.00%
Subscriber-803	00-0000803	0.00%
Subscriber-804	00-0000804	0.00%
Subscriber-805	00-0000000	0.00%
Subscriber-808	00-0000808	0.00%
Subscriber-809	00-0000809	0.00%
Subscriber-810	00-0000000	0.00%
Subscriber-811	00-0000000	0.00%
Subscriber-812	00-0000812	0.00%
Subscriber-813	00-0000813	0.00%
Subscriber-814	00-0000814	0.00%
Subscriber-815	00-0000815	0.00%
Subscriber-816	00-0000816	0.00%
Subscriber-817	00-0000817	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-818	00-0000818	0.00%
Subscriber-819	00-0000819	0.00%
Subscriber-820	00-0000820	0.00%
Subscriber-821	00-0000821	0.00%
Subscriber-822	00-0000822	0.00%
Subscriber-823	00-0000823	0.00%
Subscriber-824	00-0000824	0.00%
Subscriber-825	00-0000825	0.00%
Subscriber-826	00-0000826	0.00%
Subscriber-827	00-0000827	0.00%
Subscriber-828	00-0000828	0.00%
Subscriber-829	00-0000829	0.00%
Subscriber-830	00-0000830	0.00%
Subscriber-831	00-0000831	0.00%
Subscriber-832	00-0000832	0.00%
Subscriber-833	00-0000833	0.00%
Subscriber-834	00-0000834	0.00%
Subscriber-835	00-0000835	0.00%
Subscriber-836	00-0000836	0.00%
Subscriber-837	00-0000837	0.00%
Subscriber-838	00-0000838	0.00%
Subscriber-839	00-0000839	0.00%
Subscriber-840	00-0000840	0.00%
Subscriber-841	00-0000841	0.00%
Subscriber-842	00-0000842	0.00%
Subscriber-843	00-0000843	0.00%
Subscriber-844	00-0000844	0.00%
Subscriber-845	00-0000845	0.00%
Subscriber-846	00-0000846	0.00%
Subscriber-847	00-0000847	0.00%
Subscriber-848	00-0000848	0.00%
Subscriber-849	00-0000000	0.00%
Subscriber-850	00-0000000	0.00%
Subscriber-851	00-0000851	0.00%
Subscriber-852	00-0000852	0.00%
Subscriber-853	00-0000853	0.00%
Subscriber-854	00-0000854	0.00%
Subscriber-855	00-0000855	0.00%
Subscriber-856	00-0000856	0.00%
Subscriber-857	00-0000857	0.00%
Subscriber-858	00-0000000	0.00%
Subscriber-859	00-0000000	0.00%
Subscriber-860	00-0000860	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-861	00-0000861	0.00%
Subscriber-862	00-0000000	0.00%
Subscriber-863	00-0000863	0.00%
Subscriber-864	00-0000864	0.00%
Subscriber-865	00-0000865	0.00%
Subscriber-866	00-0000866	0.00%
Subscriber-867	00-0000867	0.00%
Subscriber-868	00-0000868	0.00%
Subscriber-869	00-0000869	0.00%
Subscriber-870	00-0000870	0.00%
Subscriber-871	00-0000871	0.00%
Subscriber-872	00-0000872	0.00%
Subscriber-873	00-0000873	0.00%
Subscriber-874	00-0000874	0.00%
Subscriber-875	00-0000875	0.00%
Subscriber-876	00-0000876	0.00%
Subscriber-877	00-0000877	0.00%
Subscriber-878	00-0000878	0.00%
Subscriber-879	00-0000000	0.00%
Subscriber-880	00-0000880	0.00%
Subscriber-881	00-0000881	0.00%
Subscriber-882	00-0000882	0.00%
Subscriber-883	00-0000883	0.00%
Subscriber-884	00-0000000	0.00%
Subscriber-885	00-0000885	0.00%
Subscriber-886	00-0000000	0.00%
Subscriber-887	00-0000887	0.00%
Subscriber-888	00-0000888	0.00%
Subscriber-889	00-0000889	0.00%
Subscriber-890	00-0000890	0.00%
Subscriber-891	00-0000891	0.00%
Subscriber-892	00-0000892	0.00%
Subscriber-893	00-0000893	0.00%
Subscriber-894	00-0000894	0.00%
Subscriber-895	00-0000000	0.00%
Subscriber-896	00-0000000	0.00%
Subscriber-897	00-0000897	0.00%
Subscriber-898	00-0000000	0.00%
Subscriber-899	00-0000000	0.00%
Subscriber-900	00-0000900	0.00%
Subscriber-901	00-0000901	0.00%
Subscriber-902	00-0000902	0.00%
Subscriber-903	00-0000000	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
 C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
 D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-904	00-0000000	0.00%
Subscriber-905	00-0000000	0.00%
Subscriber-906	00-0000906	0.00%
Subscriber-907	00-0000907	0.00%
Subscriber-908	00-0000908	0.00%
Subscriber-909	00-0000909	0.00%
Subscriber-910	00-0000910	0.00%
Subscriber-911	00-0000000	0.00%
Subscriber-912	00-0000912	0.00%
Subscriber-913	00-0000000	0.00%
Subscriber-914	00-0000000	0.00%
Subscriber-915	00-0000000	0.00%
Subscriber-916	00-0000000	0.00%
Subscriber-917	00-0000000	0.00%
Subscriber-918	00-0000000	0.00%
Subscriber-919	00-0000000	0.00%
Subscriber-920	00-0000000	0.00%
Subscriber-921	00-0000000	0.00%
Subscriber-922	00-0000000	0.00%
Subscriber-923	00-0000923	0.00%
Subscriber-924	00-0000000	0.00%
Subscriber-925	00-0000000	0.00%
Subscriber-926	00-0000000	0.00%
Subscriber-2	00-0000002	0.01%
Subscriber-387	00-0000387	0.00%
Subscriber-181	00-0000181	0.00%
Subscriber-333	00-0000333	0.00%
Subscriber-551	00-0000551	0.00%
Subscriber-258	00-0000258	0.01%
Subscriber-28	00-0000028	0.01%
Subscriber-478	00-0000478	0.00%
Subscriber-64	00-0000064	0.00%
Subscriber-175	00-0000175	0.00%
Subscriber-13	00-0000013	0.01%
Subscriber-14	00-0000014	0.00%
Subscriber-15	00-0000015	0.00%
Subscriber-16	00-0000016	0.00%
Subscriber-17	00-0000017	0.00%
Subscriber-12	00-0000012	0.00%
Subscriber-458	00-0000458	0.05%
Subscriber-85	00-0000085	0.00%
Subscriber-497	00-0000497	0.00%
Subscriber-110	00-0000110	0.00%

A. Name Of Plan
CoAdvantage Corporation Retirement Savings Plan
C. Plan Year
1/1/2017 - 12/31/2017

B. Three-Digit
Plan Number 333
D. Employer Identification Number
27-3007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Subscriber-33	00-0000033	0.00%
Subscriber-256	00-0000256	0.06%
Subscriber-196	00-0000196	0.04%
Subscriber-299	00-0000299	0.01%
Subscriber-305	00-0000305	0.01%
Subscriber-201	00-0000201	0.00%
Subscriber-468	00-0000468	0.00%
Subscriber-207	00-0000207	0.12%
Subscriber-516	00-0000516	0.00%
Subscriber-525	00-0000525	0.26%
Subscriber-656	00-0000656	0.08%
Subscriber-254	00-0000254	0.09%
Subscriber-255	00-0000255	0.00%
Subscriber-425	00-0000425	0.03%
Subscriber-583	00-0000583	0.16%
Subscriber-266	00-0000266	0.26%
Subscriber-510	00-0000510	0.01%
Subscriber-590	00-0000590	0.00%
Subscriber-589	00-0000589	0.12%
Subscriber-302	00-0000302	0.06%
Subscriber-556	00-0000556	0.02%
Subscriber-177	00-0000177	0.22%
Subscriber-471	00-0000471	0.15%
Subscriber-457	00-0000457	0.03%
Subscriber-550	00-0000550	0.12%
Subscriber-557	00-0000557	0.02%
Subscriber-278	00-0000278	0.15%
Subscriber-622	00-0000622	0.06%
Subscriber-338	00-0000338	0.03%
Subscriber-265	00-0000265	0.12%
Subscriber-327	00-0000327	0.40%
Subscriber-651	00-0000651	0.08%
Subscriber-666	00-0000666	0.19%

**COADVANTAGE CORPORATION
RETIREMENT SAVINGS PLAN**

**Financial Statements
and
Supplemental Schedule**

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

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 12
Supplemental Schedule	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13



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Independent Auditor's Report

To Plan Administrator
CoAdvantage Corporation Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CoAdvantage Corporation Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the 2017 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee, and Massachusetts Mutual Life Insurance Company, the custodian, of the Plan, except for comparing the information with the related information included in the 2017 financial statements. We have been informed by the plan administrator that the trustee and the custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2017 and for the year then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.



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Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2017 financial statements.

Other Matter - Supplemental Schedule

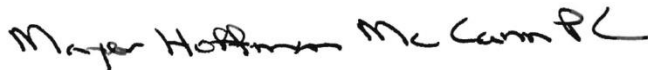
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of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

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

The form and content of the information included in the 2017 financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter - 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by Massachusetts Mutual Life Insurance Company, Reliance Trust Company, and Transamerica Financial Life Insurance Company. Their report, dated October 26, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



October 15, 2018
Clearwater, Florida

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN**Statements of Net Assets Available for Benefits****December 31, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
Assets:		
Investments:		
Guaranteed interest account, at contract value	\$ 31,707,239	34,199,183
Mutual funds, at fair value	351,635,591	283,727,483
Insurance company general account, at fair value	<u>18,890</u>	<u>18,890</u>
Total investments	383,361,720	317,945,556
Receivables:		
Participant contributions	1,079,385	1,018,308
Employer contributions	354,205	640,209
Notes receivable from participants	<u>6,365,791</u>	<u>6,612,454</u>
Total receivables	<u>7,799,381</u>	<u>8,270,971</u>
Liabilities:		
Excess contributions payable	<u>494,486</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 390,666,615</u></u>	<u><u>326,216,527</u></u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2017

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 37,153,247
Interest and dividends	15,981,156
Interest income on notes receivable from participants	<u>309,457</u>

Net investment income	<u>53,443,860</u>
-----------------------	-------------------

Contributions:

Participant	35,815,401
Employer	13,066,376
Rollover	7,562,736
Other	<u>336,247</u>

Total contributions	<u>56,780,760</u>
---------------------	-------------------

Total additions	<u>110,224,620</u>
-----------------	--------------------

Deductions from net assets attributed to:

Benefits paid to participants	42,028,406
Administrative expenses	<u>1,800,108</u>

Total deductions	<u>43,828,514</u>
------------------	-------------------

Net increase	66,396,106
--------------	------------

Transfers in	52,792,227
--------------	------------

Transfers out	(54,738,245)
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Net assets available for benefits:

Beginning of year	<u>326,216,527</u>
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End of year	<u><u>\$ 390,666,615</u></u>
-------------	------------------------------

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) **Description of the Plan**

The following description of the CoAdvantage Corporation Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

(a) **General**

The Plan is a multiple employer defined contribution plan covering eligible employees of CoAdvantage Corporation (the “Principal Participating Employer”) and Adopting Employers. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Investment Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan’s investment offerings and monitoring investment performance.

The Plan uses Massachusetts Mutual Life Insurance Company (“MassMutual”) for recordkeeping and custodian services of its group annuity contract. MassMutual has entered into a trust arrangement with Reliance Trust Company (“RTC”) to act as trustee. The Plan also has one investment with Transamerica Life Insurance Company (“Transamerica”).

(b) **Contributions**

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollover”). Participants direct the investment of their contributions into various investment options offered by the Plan. Each Adopting Employer elects the level of safe harbor, matching and/or profit-sharing contributions. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations. Roth deferrals are allowed under the Plan, if elected by Adopting Employers.

(c) **Participant Accounts**

Each participant’s account is credited with the participant’s contributions and their Adopting Employer’s matching contributions, as well as allocations of their Adopting Employer’s profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(d) Vesting

Participants are immediately vested in their contributions and their Adopting Employer's Safe Harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant generally does not begin to vest until year two (20%) and increases ratably until fully vested in year six. However, vesting schedules vary based on the Adopting Employer's elections. Participants also become fully vested upon retirement age (65), death or becoming disabled.

(e) 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% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined daily, is generally set at the prime rate plus 1.00%. Principal and interest is paid ratably through regular payroll deductions.

(f) Payment of Benefits

Upon termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may take in-service withdrawals upon attainment of age 59 ½ or for immediate and heavy financial hardship needs, as defined in the plan document.

(g) Forfeited Accounts

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Adopting Employers' future matching contributions. Approximately \$338,000 of forfeited nonvested accounts were utilized during the year ended December 31, 2017 to pay plan expenses and reduce Adopting Employer contributions. At December 31, 2017 and 2016, forfeited nonvested accounts available for use totaled approximately \$788,000 and \$618,000, respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition

Investments in mutual funds and the insurance company general account 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 and insurance companies. See Note 4 for discussion of fair value measurements.

The guaranteed interest account is a SAGIC investment option offered by MassMutual. It is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Under the terms of the SAGIC group annuity contract, participant may direct permitted withdrawal and/or transfer transactions of all or a portion of their balance in the SAGIC investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. The guaranteed interest account investment qualifies as a fully benefit responsive investment.

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

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) 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. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

(f) Expenses

Certain expenses of maintaining the Plan are paid by the Adopting Employers and 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.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Information Certified by the Trustee and the Custodian (Unaudited)**

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

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

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

(4) **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). Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- 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:
- a) quoted prices for similar assets or liabilities in active markets;
 - b) quoted prices for identical or similar assets or liabilities in inactive markets;
 - c) inputs other than quoted prices that are observable for the asset or liability;
 - d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3: Inputs that are unobservable inputs for the asset or liability.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) Fair Value Measurements - Continued

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.

Insurance company general account: This type of investment is considered a deposit liability with no defined maturity and is fairly stated at contract value and is classified as level 2.

Mutual funds: These investments are valued at quoted market prices in an active market and represent the net asset value of shares held by the Plan and are classified as level 1.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Assets Measured at Fair Value at December 31, 2017	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 351,635,591	351,635,591	-	-
Insurance company general account	18,890	-	18,890	-
	<u>\$ 351,654,481</u>	<u>351,635,591</u>	<u>18,890</u>	<u>-</u>

Description	Assets Measured at Fair Value at December 31, 2016	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 283,727,483	283,727,483	-	-
Insurance company general account	18,890	-	18,890	-
	<u>\$ 283,746,373</u>	<u>283,727,483</u>	<u>18,890</u>	<u>-</u>

(5) Related Party and Party-in-Interest Transactions

Certain Plan investments are administered by MassMutual and Transamerica; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for contract administration services paid to MassMutual were approximately \$1,518,000 for the year ended December 31, 2017. In addition, MassMutual receives revenue from service providers for services MassMutual provide to the funds. This revenue is used to offset certain amounts owed to MassMutual for its administrative services.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(5) **Related Party and Party-in-Interest Transactions - Continued**

If the revenue received by MassMutual from such service providers exceeds the amount owed, MassMutual remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2017, excess amounts of approximately \$273,000 were received from Transamerica by the Plan and are included in other income. The Principal Participating Employer may make a payment to MassMutual for administrative expenses not covered by revenue sharing.

During 2017, the Plan also paid the Principal Participating Employer approximately \$181,000 for administrative services. The Plan also paid approximately \$93,000 to other service providers for investment, legal, auditing and third party administration services.

(6) **Plan Termination**

Although it has not expressed any intent to do so, the Principal Participating Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the Adopting Employers' contribution portion of their account.

(7) **Tax Status**

The Plan adopted the Massachusetts Mutual Life Insurance Company PS/401(k) Volume Submitter Plan sponsored by MassMutual. MassMutual, obtained a favorable opinion letter dated March 31, 2014; however, such letter is only applicable to MassMutual. The Plan administrator has adopted all plan provisions within the volume submitter document and believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management has discovered various administrative deficiencies and has initiated a comprehensive review of Plan operations in order to correct these deficiencies and comply with ERISA and the IRC. At the date these financial statements are available to be issued, the effects of these deficiencies cannot be estimated; however Plan management does not expect these deficiencies to have a material impact on the Plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(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.

(9) Reconciliation of Financial Statements to Form 5500

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

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements	\$ 390,666,615	326,216,527
Less: assets held by Transamerica recorded on the financial statements	(18,890)	(18,890)
Less: contributions receivable	(1,433,590)	(1,658,517)
Plus: excess contributions payable	494,486	-
Plus: assets held by Transamerica recorded on Form 5500	<u>1,272,012</u>	<u>1,272,012</u>
Net assets available for benefits per Form 5500	<u>\$ 390,980,633</u>	<u>325,811,132</u>

The following is a reconciliation of the net increase in net assets per the financial statements to net income per Form 5500 for the year ended December 31, 2017:

Net increase in net assets per the financial statements	\$ 66,396,106
Plus: contributions receivable - beginning of year	1,658,517
Less: contributions receivable - end of year	(1,433,590)
Plus: excess contributions payable - end of year	<u>494,486</u>
Net income per Form 5500	<u>\$ 67,115,519</u>

(10) Transfers In and Out

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

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

(11) Excess Contributions Payable

The Plan's statements of net assets available for benefits at December 31, 2017 and 2016 includes \$494,486 and \$0, respectively of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(12) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements October 15, 2018, the date the financial statements were available to be issued.

During July 2018, assets of the Progressive Employer Management Company Retirement Savings Plan were transferred into the Plan.

SUPPLEMENTAL SCHEDULE

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 27-3007025

Plan Number: 333

December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value (if applicable)	(e) Current value
*	MassMutual Fixed Interest Fund	Guaranteed Interest Account	\$ 31,707,239
*	Transamerica Stable Value Advantage	Insurance Company General Account	18,890
	American Funds Balanced	Mutual Fund	18,254,021
	American Funds New World	Mutual Fund	4,821,222
*	MassMutual Cashout Fund	Mutual Fund	350,864
	Dodge & Cox Global Stock	Mutual Fund	5,757,968
	Dodge & Cox Stock Fund	Mutual Fund	15,086,448
	Harbor Mid Cap Value	Mutual Fund	5,548,268
*	MassMutual Holding account	Mutual Fund	77,919
	Invesco Equity and Income	Mutual Fund	31,711,989
	Lord Abbett High Yield	Mutual Fund	4,426,746
	Morgan Stanley International Advantage	Mutual Fund	8,543,489
	Oakmark	Mutual Fund	8,570,393
	Oakmark International	Mutual Fund	7,202,918
	PIMCO Real Return	Mutual Fund	2,954,179
	Pioneer Strategic Income	Mutual Fund	3,262,879
	Premier US Government Money Market	Mutual Fund	1,328,052
	Putnam Small Cap Value	Mutual Fund	4,492,693
	Select Sands/Jackson Growth Opportunities	Mutual Fund	23,199,485
	Select T. Rowe Price/Frontier Mid Cap Growth II	Mutual Fund	8,148,669
	Templeton Global Bond	Mutual Fund	885,028
	Vanguard Explorer	Mutual Fund	5,557,397
	Vanguard Institutional Index	Mutual Fund	30,828,341
	Vanguard Mid Cap Index	Mutual Fund	5,969,159
	Vanguard Small Cap Index	Mutual Fund	6,289,807
	Vanguard Strategic Equity	Mutual Fund	3,699,890
	Vanguard Strategic Small Cap Equity	Mutual Fund	2,660,075
	Vanguard Target Retirement 2015	Mutual Fund	4,589,577
	Vanguard Target Retirement 2020	Mutual Fund	16,373,488
	Vanguard Target Retirement 2025	Mutual Fund	17,955,171
	Vanguard Target Retirement 2030	Mutual Fund	22,724,386
	Vanguard Target Retirement 2035	Mutual Fund	16,564,633
	Vanguard Target Retirement 2040	Mutual Fund	17,991,582
	Vanguard Target Retirement 2045	Mutual Fund	10,142,434
	Vanguard Target Retirement 2050	Mutual Fund	8,109,225
	Vanguard Target Retirement 2055	Mutual Fund	3,910,274
	Vanguard Target Retirement 2060	Mutual Fund	936,728
	Vanguard Target Retirement Income	Mutual Fund	3,912,288
	Vanguard Wellesley Income	Mutual Fund	5,103,286
	Western Asset Core Bond	Mutual Fund	13,694,620
			383,361,720
*	Participant loans	4.25% - 5.50%	6,365,791
			<u>\$ 389,727,511</u>

* Party-in-interest