

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>07/01/2017</u> and ending <u>06/30/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2016</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2016</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/2016</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>VAN POOL TRANSPORTATION, LLC</u> <u>70 POST OFFICE PARK</u> <u>WILBRAHAM, MA 01095</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-3476840</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>413-438-5701</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>485410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-3476840</u>	2c Plan Sponsor's telephone number <u>413-438-5701</u>	2d Business code (see instructions) <u>485410</u>	
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2c Plan Sponsor's telephone number <u>413-438-5701</u>					
2d Business code (see instructions) <u>485410</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.	04/12/2019	CYNTHIA HOLLINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 695
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 694
a(2) Total number of active participants at the end of the plan year	6a(2) 736
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 58
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 794
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 794
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 567
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2A 2E 2J 2K 2F 2G 3D

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)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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 07/01/2017 and ending 06/30/2018		
A Name of plan VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VAN POOL TRANSPORTATION, LLC	D Employer Identification Number (EIN) 26-3476840	

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)

THE VANGUARD GROUP

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?
13 50	RECORDKEEPER	17734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWERDLIN NORTHEAST

13 WATER STREET
HOLLISTON, MA 01746

(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	RECORDKEEPER	15023	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALPHA PENSION GROUP

26-2219855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	1624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>07/01/2017</u> and ending <u>06/30/2018</u>		
A Name of plan <u>VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VAN POOL TRANSPORTATION, LLC</u>	D Employer Identification Number (EIN) <u>26-3476840</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)	730297	426596
(2) Participant contributions	1b(2)	0	17707
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	51657
(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)		
(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)	0	1134915
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	730297 1630875
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	730297 1630875

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	607108
	(B) Participants	2a(1)(B)	323708
	(C) Others (including rollovers)	2a(1)(C)	54026
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	984842
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	377
	(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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	377
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(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)		25535
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1010754

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	78916	
(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)		78916
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	31260	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		31260
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		110176

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		900578
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: KAHN, LITWIN, RENZA & CO., LTD

(2) EIN: 05-0409384

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)

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.)

**VAN POOL TRANSPORTATION
EMPLOYEE RETIREMENT PLAN**

**Financial Statements
and Supplementary Schedule**

June 30, 2018 and 2017

(With Independent Auditors' Report Thereon)

VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY SCHEDULE**

June 30, 2018 and 2017

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Note A: Schedules not included with this additional financial data have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Van Pool Transportation Employee Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Van Pool Transportation Employee Retirement Plan (the Plan), which comprise the Statements of Net Assets Available for Plan Benefits as of June 30, 2018 and 2017, and the related Statement of Changes in Net Assets Available for Plan Benefits for the year ended June 30, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2018 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 on the 2018 financial statements.

Basis for Disclaimer of Opinion on the 2018 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Ascensus, the recordkeeper of the Plan as an agent for Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2018 financial statements and supplementary schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of and for the year ended June 30, 2018, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2018 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2018 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements.

Other Matters – Report on Supplementary Schedule and Report on the 2017 Financial Statements

The supplementary Schedule of Assets (Held at End of Year) as of or for the year ended June 30, 2018, is required by the Department of Labor'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 of Disclaimer of Opinion on the 2018 Financial Statements paragraph, we do not express an opinion on the supplementary schedule referred to above.

We have audited the accompanying statements of net assets available for plan benefits of the Plan as of June 30, 2017, and in our report dated April 5, 2018, we expresses our opinion that such financial statement presents fairly, in all material respects, the financial status of the Plan as of June 30, 2017, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for the 2018 Financial Statements

The form and content of the information included in the 2018 financial statements and supplementary schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kahn, Litwin, Renya & Co, Ltd.

April 10, 2019

VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
June 30, 2018 and 2017



	<u>2018</u>	<u>2017</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ 1,134,915	\$ -
Money market fund	51,657	-
	<u>1,186,572</u>	<u>-</u>
Total investments		
Receivables:		
Participant contributions	17,707	-
Plan sponsor contributions	426,596	730,297
Total receivables	<u>444,303</u>	<u>730,297</u>
Net Assets Available for Plan Benefits	<u><u>\$ 1,630,875</u></u>	<u><u>\$ 730,297</u></u>

VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended June 30, 2018



Additions to Net Assets Attributed to:

Investment income:

Interest and dividends	\$ 5,112
Net appreciation in fair value of investments	20,800
	<u>25,912</u>

Contributions:

Participant	323,708
Plan sponsor	607,108
Rollovers	54,026
	<u>984,842</u>

Total additions	1,010,754
------------------------	------------------

Deductions from Net Assets Attributed to:

Benefits paid to participants	78,916
Administrative expenses	31,260
Total deductions	<u>110,176</u>

Net increase	900,578
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Net Assets Available for Plan Benefits:

Beginning of year	<u>730,297</u>
End of year	<u><u>\$ 1,630,875</u></u>

**VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

June 30, 2018 and 2017



1. Description of the Plan

The following description of the Van Pool Transportation Employee Retirement Plan (the Plan) is intended to provide only general information regarding the Plan. Participants should refer to the Plan Agreement or the Summary Plan Description for more information about the Plan.

General

The Plan is a participant directed defined contribution plan, covering all eligible employees and partners of Van Pool Transportation LLC (the Plan Sponsor) who have completed one year of service (900 hours) and who have attained the age of 21. Substantially all employees of the Plan Sponsor, except certain employees covered by a collective bargaining agreement and non-resident aliens, are considered eligible to participate in the plan, upon the completion of the eligibility requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Sponsor is also the administrator of the Plan. As the administrator, the Plan Sponsor has exclusive authority and responsibilities for all matters in connection with the operation and administration of the Plan. The Vanguard Group, Inc. (VGI) holds and manages certain Plan investments and Ascensus Trust Company provides certain services on behalf of VGI. Ascensus is the recordkeeper of the Plan, as an agent for Ascensus Trust Company. Ascensus Trust Company is the trustee of the Plan.

Participation in the Plan is voluntary. Employees are eligible to enter the plan on the first day of the first month of the plan year or first day of the seventh month of the plan year, coinciding with next entry date, following completion of eligibility requirements.

Contributions

Participants may elect to contribute up to 100% of their eligible pretax compensation not to exceed annual limitations as provided by the Internal Revenue Code (IRC). Participants may designate some or all of their elective deferrals as Roth deferrals. If a participant has attained the age of 50 by the end of the calendar year, the participant may make catch-up contributions up to annual limits provided by the IRC. Participants may also make rollover contributions from other qualified retirement plans. The provisions for participant elective deferrals and Roth contributions became effective September 1, 2017.

The Plan Sponsor makes safe-harbor matching contributions to the Plan in an amount equal to 100% of the first 3% of eligible compensation that a participant contributes to the Plan, and 50% of each participant's eligible compensation that a participant contributes to the Plan in excess of 3% but not in excess of 5% of the participant's compensation. The Plan Sponsor may make an additional discretionary matching contribution as a percentage of matched employee contributions. The safe-harbor matching contribution and discretionary matching contributions, became effective September 1, 2017. There was no discretionary matching contributions made to the Plan during the year ended June 30, 2018.

**VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

June 30, 2018 and 2017



The Plan Sponsor may also make discretionary profit sharing contributions to the Plan. These contributions are allocated to participant groups as determined by the Plan Sponsor. A participant must be age 21, completed at least 900 hours of service during the plan year and be employed on the last day of the plan year to be eligible for a discretionary profit sharing contribution. Discretionary profit sharing contributions of \$416,696 and \$730,297 were made for the Plan years ended June 30, 2018 and 2017, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions, any rollover contributions made by the participant, the Plan Sponsor safe-harbor matching contribution, any Plan Sponsor discretionary matching or profit sharing contributions and investment earnings/losses from the investment option(s) selected by the participants and investment expenses. The benefit to which a participant is entitled is based on the participant's vested account.

Vesting

Elective deferral, rollover and safe-harbor matching contributions and the earnings thereon are fully vested and non-forfeitable at all times.

A participant shall have a non-forfeitable and vested right to the value of the Plan Sponsor's discretionary matching and discretionary profit sharing contributions determined in accordance with the following schedule.

<u>Years of Vesting Service</u>	<u>Percentage</u>
Less than 3 years	0%
3 of more years	100%

Each participant shall be 100% vested in the Plan Sponsor's discretionary matching and discretionary profit sharing contribution portion of their account upon attaining normal retirement age of 65 while employed, death or disability.

Forfeitures

Participants in the Plan who leave the employment of the Plan Sponsor before completing three years of service forfeit the non-vested portion of the Plan Sponsor's discretionary matching and discretionary profit sharing contributions to their accounts. Forfeitures may be used to reduce future Plan Sponsor contributions or pay Plan expenses. At June 30, 2018 and 2017, respectively, there was no balance for forfeited non-vested accounts. Forfeitures of \$260 were used to pay Plan expenses during the year ended June 30, 2018.

Payment of Benefits

Upon retirement, death, disability or termination of service, a participant (or participant's beneficiary in the event of death) may receive a lump-sum equal to the value of the participant's vested account balance. If a participant has reached age 59½, distributions from the participant's account may be made, at the participant's election without requiring the participant to terminate employment.

**VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

June 30, 2018 and 2017



Upon termination of employment, a participant will receive an immediate cash-out of their vested account balance if less than \$1,000. If a participant's vested balance is greater than \$1,000 but less than or equal to \$5,000 and the participant does not elect to receive the distribution directly or have the distribution rolled over to an eligible plan or account, the Trustee may pay the distribution to an IRA established by the Trustee in the participant's name. If a participant's vested balance exceeds \$5,000, the participant may elect to leave their vested funds in the Plan and they will be distributed without consent upon attainment of age 65 by the participant.

Participants may withdraw from their rollover account (if applicable) at any time and for any reason, in accordance with procedures established by the Trustee. Hardship withdrawals from the Plan are not permitted.

Plan Termination

The Plan Sponsor expects to continue the Plan indefinitely. However, the Plan Sponsor reserves the right to amend the Plan at any time and in any manner that it deems advisable, provided that no amendment shall have the effect of diverting Plan assets for purposes other than for the exclusive benefit of the Plan participants and any Plan termination would be subject to the provisions of ERISA. If the Plan is terminated, the participants would become fully vested and entitled to receive all amounts credited to their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Contributions

Participant and Plan Sponsor safe-harbor matching contributions are recorded biweekly when the Plan Sponsor remits the payroll deductions for investment into the Plan. Plan Sponsor discretionary matching and discretionary profit sharing contributions are remitted annually, if applicable.

Payment of Benefits

Benefits are recorded when paid to participants or their designated beneficiaries.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 3).

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 or depreciation included in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

June 30, 2018 and 2017



Administrative Expenses

Expenses incurred in the administration of the Plan are paid by the Plan Sponsor unless the Plan Sponsor directs that such expenses shall be paid by the Plan. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Investment management and recordkeeping fees, if applicable, are paid by the Plan through revenue sharing as a reduction of investment income (net appreciation or depreciation) from the related investment fund.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options with a variety of investment objectives. 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 Statements of Net Assets Available for Plan Benefits.

Financial Instruments with a Concentration of Credit Risk

The Plan's investments are held by a single trustee. The Plan's exposure to credit risk is associated with the outside entity's non-performance of their fiduciary responsibilities relating to these amounts as specified in the agreements. Benefits provided by the Plan are not insured or guaranteed by the Pension Benefit Guaranty Corporation.

3. Fair Value of Measurements

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

Level 1 inputs are unadjusted quoted prices in active markets for identical assets the Plan has the ability to access.

Level 2 inputs are other than quoted prices in active markets that are observable either directly or indirectly for the asset. Such inputs are derived principally from or corroborated by observable market data for similar assets by correlation or other means, over substantially the full contractual term of the asset, if applicable.

Level 3 inputs are unobservable and significant to the fair value measurement. Such inputs generally rely on the Plan's own assumptions about the assumptions that market participants would use in pricing the asset.

**VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

June 30, 2018 and 2017



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

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

Money Market Fund: The carrying amounts of money market funds are deemed to be valued at the deposit amount plus accrued interest, as determined according to stated terms.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

As of June 30, 2018, the Plan's investments in the money market fund and mutual funds are reported at level 1 within the fair value hierarchy.

4. Income Tax Status

The Plan is a volume submitter plan which obtained its latest opinion letter dated December 12, 2015, in which the Internal Revenue Service (IRS) determined the Plan, as then designed, was operating in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the opinion letter in order to comply with the latest applicable tax laws and regulations. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 for any uncertain 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 June 30, 2018, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability 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.

VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2018 and 2017



5. Summary of Financial Data Certified by the Trustee

The following is a summary of financial information and data certified by the trustee, Ascensus:

Statement of Net Assets Available for Plan Benefits, except for participant and plan sponsor contributions receivable at June 30, 2018;

Investment income on the Statement of Changes in Net Assets Available for Plan Benefits for the year ended June 30, 2018; and

Investment information provided on the supplementary schedule, Schedule of Assets (Held at End of Year) at June 30, 2018.

6. Differences from Form 5500

Differences between the Annual Return/Report of the Employee Benefit Plan, Form 5500, and these financial statements are a result of different classifications between line items. Total Plan assets are in agreement.

7. Related Party Transactions

Certain Plan investments are held and managed by VGI and recordkeeping and administrative services are provided by Ascensus. Ascensus Trust Company is the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. The Plan made direct payment to VGI for investment management services of \$17,734 for the year ended June 30, 2018.

8. Subsequent Events

Subsequent to year end, the Plan Sponsor entered into a trust agreement with Empower Retirement (Empower) naming Empower as the Plan trustee effective February 15, 2019. In connection with the change in trustees, custody of the Plan assets will be transferred from Ascensus to Empower during 2019.

Management has evaluated subsequent events through April 10, 2019, which is the date these financial statements were available to be issued.

VAN POOL TRANSPORTATION EMPLOYEE RETIREMENT PLAN
ATTACHMENT TO SCHEDULE H, PART 4, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2018

Employer Identification Number: 26-3476840

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Rate of Interest, Collateral, Par, or Maturity Value	(e) Current value
	<u>Money Market Fund:</u>		
*	Vanguard	Federal Money Market	\$ 51,657
	<u>Mutual Funds:</u>		
	American Funds	American Balanced	\$ 15,538
	American Funds	Growth Fund of America	39,007
	American Funds	New Perspective	7,685
	DFA	U.S. Core Equity II Fund	2,214
	DFA	U.S. Large Cap Value Portfolio I	7,418
	DFA	U.S. Small Cap Portfolio I	11,396
	Hartford	MidCap	2,811
	JP Morgan	US Equity	11,104
	Neuberger Berman	Genesis Fund	307
	PGIM	High Yield	3,386
	PIMCO	Income Fund Institutional Class	2,510
*	Vanguard	500 Index Admiral	21,005
*	Vanguard	Developed Markets Index Admiral	5,122
*	Vanguard	Inflation-Protected Securities	1,334
*	Vanguard	Target Retirement 2015	92,021
*	Vanguard	Target Retirement 2020	173,836
*	Vanguard	Target Retirement 2025	186,903
*	Vanguard	Target Retirement 2030	179,401
*	Vanguard	Target Retirement 2035	81,427
*	Vanguard	Target Retirement 2040	36,488
*	Vanguard	Target Retirement 2045	72,059
*	Vanguard	Target Retirement 2050	19,459
*	Vanguard	Target Retirement 2055	21,742
*	Vanguard	Target Retirement 2060	9,455
*	Vanguard	Target Retirement Income	124,509
	Victory	Sycamore Established Value	3,128
	Voya	Intermediate Bond	2,232
	Wells Fargo	Special Small Cap Value	1,418
	Total Mutual Funds		<u>1,134,915</u>
	Total		<u>\$ 1,186,572</u>

* Indicates party-in-interest to the Plan.

Note: All investments are participant directed; therefore, the unit and cost columns have been omitted.

TRUST STATEMENT

Section D

Plan: 232315

Statement of Assets

Date Prepared: 02/01/2019

VAN POOL TRANSPORTATION EE RETIREMENT PLAN

For the period Ended: :06/30/2018

Investment Category

Investment Name	Shares/Units	Price	Cost/Book Value	Market Value	Portfolio Percentage
<u>CASH EQUIVALENTS</u>					
Vanguard Federal Money Market Inv	51,657.4900	1.0000	51,657.70	51,657.49	4.35 %
Total CASH EQUIVALENTS			\$51,657.70	\$51,657.49	4.35 %
<u>MUTUAL FUND</u>					
Hartford MidCap R6	73.0990	38.4600	2,670.68	2,811.39	0.24 %
PIMCO Income Instl	209.3110	11.9900	2,565.03	2,509.64	0.21 %
JPMorgan US Equity R6	670.5590	16.5600	10,950.18	11,104.46	0.94 %
PGIM High Yield CL R6	628.2680	5.3900	3,438.94	3,386.36	0.29 %
Vanguard 500 Index Adm	83.6930	250.9800	20,301.37	21,005.27	1.77 %
Voya Intermediate Bond R6	228.1980	9.7800	2,270.07	2,231.78	0.19 %
Neuberger Berman Genesis R6	5.0990	60.1200	293.82	306.55	0.03 %
DFA U.S. Small Cap Portfolio I	302.1230	37.7200	10,691.30	11,396.08	0.96 %
American Funds New Perspective R6	170.1270	45.1700	7,603.64	7,684.64	0.65 %
Vanguard Developed Mkts Index Adm	371.1620	13.8000	5,264.67	5,122.04	0.43 %
DFA U.S. Core Equity II Fund Instl	101.1290	21.8900	2,148.36	2,213.71	0.19 %
American Funds American Balanced R6	572.2960	27.1500	15,362.03	15,537.84	1.31 %
Vanguard Target Retirement 2015 Inv	6,002.7060	15.3300	91,323.00	92,021.48	7.76 %
Vanguard Target Retirement 2020 Inv	5,536.1710	31.4000	171,695.13	173,835.77	14.65 %
Vanguard Target Retirement 2025 Inv	10,097.4100	18.5100	184,505.48	186,903.06	15.73 %
Vanguard Target Retirement 2030 Inv	5,323.4750	33.7000	176,422.75	179,401.11	15.12 %
Vanguard Target Retirement 2035 Inv	3,926.0860	20.7400	79,791.61	81,427.02	6.86 %
Vanguard Target Retirement 2040 Inv	1,016.3730	35.9000	35,735.74	36,487.79	3.08 %
Vanguard Target Retirement 2045 Inv	3,191.2710	22.5800	70,663.06	72,058.90	6.07 %
Vanguard Target Retirement 2050 Inv	535.4630	36.3400	18,952.56	19,458.73	1.64 %
Vanguard Target Retirement 2055 Inv	552.1090	39.3800	21,319.87	21,742.05	1.83 %
Vanguard Target Retirement 2060 Inv	271.9350	34.7700	9,297.39	9,455.18	0.80 %
DFA U.S. Large Cap Value Portfolio I	195.3050	37.9800	7,510.55	7,417.68	0.63 %
Vanguard Inflation-Protected Sec Adm	52.6760	25.3300	1,333.69	1,334.28	0.11 %
American Funds Growth Fund of Amer R6	721.0250	54.1000	36,938.99	39,007.45	3.29 %
Vanguard Target Retirement Income Inv	9,277.8500	13.4200	124,214.18	124,508.75	10.49 %
Victory Sycamore Established Value R6	76.3960	40.9500	3,049.63	3,128.42	0.26 %
Wells Fargo Special Small Cap Value R6	38.3650	36.9500	1,352.59	1,417.59	0.12 %
Total MUTUAL FUND			\$1,117,666.31	\$1,134,915.01	95.65 %

Plan: 232315

Statement of Assets

Date Prepared: 02/01/2019

VAN POOL TRANSPORTATION EE RETIREMENT PLAN

For the period Ended: :06/30/2018

Investment Category

Investment Name	Shares/Units	Price	Cost/Book Value	Market Value	Portfolio Percentage
TOTAL ASSETS			\$1,169,324.01	\$1,186,572.50	100.00 %