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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAGNETAR CAPITAL LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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)
MAGNETAR CAPITAL LLC

1603 ORRINGTON AVENUE, 13TH FLOOR
EVANSTON, IL 60201

2b Employer Identification Number (EIN)
20-2079434

2c Plan Sponsor's telephone number
847-905-4660

2d Business code (see instructions)
523900

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.	08/23/2019	MICHAEL MESSIER
	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

3a Plan administrator's name and address [X] 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**	334
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)**	240
a(2) Total number of active participants at the end of the plan year	**6a(2)**	242
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	95
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	337
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	337
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	316
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2F 2G 2K 2J 2T 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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MAGNETAR CAPITAL LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETAR CAPITAL LLC

D Employer Identification Number (EIN)
20-2079434

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] 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

NATIONWIDE INSURANCE
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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)

MML INVESTORS SERVICES LLC

P O BOX 8089
BOSTON, MA 02266

(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 27	NONE	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONWIDE INSURANCE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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 64	TRUST RECORDKEEPER	13597	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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:	**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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MAGNETAR CAPITAL LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETAR CAPITAL LLC

D Employer Identification Number (EIN)
20-2079434

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)	147040	169217
(2) Participant contributions	1b(2)	0	52943
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3655139	4121921
(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)	282592	265441
(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)	38335220	38972067
(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	42419991	43581589
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	42419991	43581589

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)	1704037	
	(B) Participants	2a(1)(B)	3293601	
	(C) Others (including rollovers)	2a(1)(C)	694700	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5692338
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	53690	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	9663	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		63353
	(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)	659270	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		659270
	(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)		-3242309
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3172652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1941194	
(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)		1941194
f Corrective distributions (see instructions)	2f		3915
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	15945	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	50000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		65945
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2011054
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1161598
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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:

		Yes	No	Amount
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.)	4a		X	
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.)	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.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
MAGNETAR CAPITAL LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETAR CAPITAL LLC

D Employer Identification Number (EIN)
20-2079434

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): 31-1592130

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**

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):

Magnetar Capital, LLC

401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule

December 31, 2018 and 2017 and Year Ended December 31, 2018

With Report of Independent Auditors

Magnetar Capital, LLC
401(k) Profit Sharing Plan
Financial Statements and Supplemental Schedule
December 31, 2018 and 2017 and Year Ended December 31, 2018
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Ernst & Young LLP
155 North Wacker Drive
Chicago, IL 60606-1787

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ey.com

Building a better working world

Report of Independent Auditors

To the Plan Administrator of

Magnetar Capital, LLC 401(k) Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Magnetar Capital, LLC 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2018 and 2017, and for the year ended December 31, 2018 stating that the investment information provided to the plan administrator is complete and accurate.

Building a better working world

Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2018 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

August 19, 2019

Magnetar Capital, LLC
401(k) Profit Sharing Plan
Statement of Net Assets Available for Benefits
December 31, 2018 and 2017

	December 31, 2018	December 31, 2017
Assets		
Investments at fair value (notes 4 & 5)	$ 43,093,988	$ 41,990,359
Receivables:		
Participant notes receivable	265,441	282,592
Participant contributions receivable	52,943	-
Employer contributions receivable	169,217	147,040
Net assets available for benefits	$ 43,581,589	$ 42,419,991

The accompanying notes are an integral part of these financial statements.

Magnetar Capital, LLC
401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions:		
Investment income		
Net depreciation in fair value of investments	$	(3,242,309)
Interest and dividend income		712,960
		(2,529,349)
Interest income on notes receivable		9,663
Contributions		
Employer		1,704,037
Participant		3,293,601
Rollover		694,700
Total contributions		5,692,338
Total additions		3,172,652
Deductions:		
Benefit payments		1,945,109
Administrative expenses		65,945
Total deductions		2,011,054
Net increase		1,161,598
Net assets available for benefits		
Beginning of year		42,419,991
End of year	$	43,581,589

The accompanying notes are an integral part of these financial statements.

1. Description of the Plan

The following description of the Magnetar Capital LLC (the "Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Company is the plan sponsor.

General

The Plan is a defined-contribution plan, established January 1, 2006 and amended from time to time, for all employees except union employees, nonresident aliens, leased employees and independent contractors. The Plan was adopted by the management of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Custodian and Recordkeeper of the Plan is Nationwide Trust Company, FSB, and Nationwide Financial Services, Inc., respectively, and the Plan Administrator of the Plan is the Company.

Contributions

After an employee, age 21 or over, completes 90 days of service, they are eligible to be a participant in the Plan on the first day of the first month following the completion of the 90 day service requirement. Each year, participants may make basic contributions of 1% to 100% of eligible pretax compensation, as defined in the Plan. Participants age 50 or over are eligible to make catch-up contributions of 1% to 100% of eligible pretax compensation. In addition, participants may also make special deferrals with respect to bonuses up to 100% of the bonus. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans (rollover contributions). Participants may designate some or all of their contributions as post-tax Roth contributions.

The Company contributes on behalf of the participant a matching contribution of $1.00 for each $1.00 contributed by the participant, up to a maximum contribution by the participant of either (i) 4% of the participant's eligible compensation or (ii) the applicable annual IRS limit, whichever is less. At its discretion, the Company may make an additional matching contribution for eligible participants. All contributions are made in cash and are deposited quarterly.

All contributions are subject to annual Internal Revenue Service (IRS) limits.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of the Plan's earnings (losses) related to their investment allocations. Any other Plan earnings (losses) are allocated to the participant based on a pro-rata allocation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Starting January 1, 2008, participants are immediately 100% vested in any participant or employer contributions due to the transition to a Safe Harbor Plan in 2008. For all employer contributions prior to January 1, 2008, participants are vested in the matching portion of their account balance as follows: participants are vested 25% after the first year, 50% after the second year, and 100% after the third year.

Investment Options

Investment alternatives for participant contributions consist of selected mutual fund options available through Nationwide Financial.

Participants may change their investment options on any business day.

Benefit Payments
In the event of retirement (as defined), death, permanent disability, or termination of employment, the balance in the participant's account will be distributed to the participant or the participant's beneficiary in a single lump-sum cash payment, or as a partial withdrawal only with respect to a required minimum distribution under Code Section 409(a)(9). Should a terminated participant's vested account balance equal less than $1,000, the respective participant's vested account balance can be automatically distributed without participant consent. In-service withdrawals are available to participants for immediate and heavy financial need (as defined). The Plan also allows for age 59 1/2 withdrawals (as defined).

Administrative Expenses
The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. Administrative expenses paid by the Plan include recordkeeping and trustee fees. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. Expenses that are paid by the Company are excluded from these financial statements.

Notes Receivable from Participants
A participant may borrow an amount up to the lesser of $50,000 or 50% of their vested account balance. Each participant is only allowed one loan at a time, and the minimum loan is $1,000. Such loans, which are payable over a term specified by the Plan, bear interest at 5.50% as of December 31, 2018 and bore interest at 4.50% as of December 31, 2017, as established in accordance with the Plan. Interest income is recorded as earned. The loans are secured by the participant's account balance in the Plan.

Plan Termination
Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, eligible participants are entitled to the distribution of their account balance.

2. Summary of Significant Accounting Policies

New Accounting Pronouncements

There are no new relevant accounting pronouncements to disclose.

Basis of Accounting
The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 5 for further discussion of fair value measurements.

Net appreciation (depreciation) in the fair value of investments consists of gains and losses on investments bought and sold during the year as well as held during the year.

Management fees and operating expenses charged by the advisor of the registered investment funds are included in the net asset value of each fund. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation or an increase in net depreciation in fair value of investments for such registered investment funds.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions
Participant contributions are made through payroll deductions and are recorded when the contributions are withheld.

Payment of Benefits
Benefit payments are recorded when paid.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Fees are charged against individual borrower's plan assets. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. At December 31, 2018 and 2017, there were no participant loans in default. No allowance for credit losses has been recorded as of December 31, 2018 and 2017.

Forfeitures
All forfeitures may be used to reduce employer contributions to the Plan. During the 2018 plan year, $20 was used to offset employer contributions. At December 31, 2018 the balance of unallocated forfeitures is $0.

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, 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 benefits.

4. Information Certified by the Custodian

The investment assets of the Plan at December 31, 2018 and 2017 were held, and all transactions therein were executed, by Nationwide Trust Company (the "Custodian"), under the terms of the trust agreement.

In accordance with the provisions of 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Custodian has certified as complete and accurate all investment and notes receivable from participants information included in the accompanying financial statements and the Schedule H, line 4i- Schedule of Assets (Held at End of Year). Information included in the accompanying financial statements relating to investments and notes receivable from participants and the corresponding income was prepared by, or derived from, information prepared by the Custodian of the Plan and furnished to the Company. The Company has obtained a certification from the Custodian as of December 31, 2018 and December 31, 2017 and for the year ended December 31, 2018 that such information is complete and accurate. Such information includes investments at fair value, notes receivable from participants, interest and dividend income, interest income on notes receivable from

participants, and net appreciation in fair value of investments as shown on the accompanying statement of net assets available for benefits and statement of changes in net assets available for benefits, respectively.

5. Fair Value Measurements

The accounting guidance for fair value measurements and disclosures of financial instruments establishes 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly; and

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

An investment's level within the fair value hierarchy is based on the lowest level of any input, individually or in the aggregate that is significant to the fair value measurement.

As of December 31, 2018 compared with December 31, 2017, Plan investments measured at fair value were as follows:

	Investments at Fair Value as of December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	$ 4,121,921	$ -	$ -	$ 4,121,921
Mutual funds	38,972,067	-	-	38,972,067
Total investments at fair value	$ 43,093,988	$ -	$ -	$ 43,093,988

	Investments at Fair Value as of December 31, 2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	$ 3,655,139	$ -	$ -	$ 3,655,139
Mutual funds	38,335,220	-	-	38,335,220
Total investments at fair value	$ 41,990,359	$ -	$ -	$ 41,990,359

The shares of registered mutual funds and money market funds are valued at quoted market prices on an open exchange or net asset value as computed by the applicable fund company, which represent the fair value of shares held by the Plan at year end, and are classified as Level 1 investments.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. There were no transfers between levels in 2018.

6. Income Tax Status

The underlying volume submitter plan has received an advisory letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the form of the plan is qualified under Section 401 of the Internal Revenue Code (the Code) and, therefore, the related trust is tax-exempt. The plan administrator has determined that it is eligible to, and has chosen to, rely on the current IRS volume submitter advisory letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2018 and 2017, 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; the Company is not aware of any audits in progress for any tax periods.

7. Related Party Transactions

Certain Plan investments are shares of registered investment funds managed by the Custodian. The Custodian may receive revenue from those investment funds which they manage. Additionally, certain participants have loans outstanding to the Plan. Transactions involving these investments and notes receivable from participants qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

8. Subsequent Events

Management has evaluated subsequent events for the Plan through August 19, 2019 the date the financial statements were available to be issued, and has concluded that there are no recognized or non-recognized subsequent events relevant for financial statement recognition or disclosure except for the following:

Effective July 1, 2019, the Plan engaged Fidelity Management Trust Company as the Custodian and Recordkeeper.

SUPPLEMENTAL SCHEDULE

Magnetar Capital, LLC
401(k) Profit Sharing Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2018

Identity of Issuer/Description of Issue	Description of Investment	Current Value
AB High Income A	Mutual Fund	$ 6,059
Alger Capital Appreciation Institutional I	Mutual Fund	12,087
Alger Spectra Institutional	Mutual Fund	9,055
Alliance Bernstein Global Bond Fund	Mutual Fund	33,114
Alliance Bernstein Growth I	Mutual Fund	14,476
Alps Clough China I	Mutual Fund	58,034
American Century Heritage Inv A	Mutual Fund	7,954
American Century Inflation Adjusted Bond Fund Adv	Mutual Fund	662,363
American Century Small Co A	Mutual Fund	17,638
American Funds American Balanced Fund Class R-6	Mutual Fund	45,535
American Funds Capital Income Builder Class R-6	Mutual Fund	22,075
American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	21,236
American Funds Growth Fund of America R-3	Mutual Fund	1,072,854
American Funds Growth Fund of America R-6	Mutual Fund	33,478
American Funds Inflation Linked Bd R-6	Mutual Fund	65
American Funds New Perspective Fund Class R-6	Mutual Fund	54,194
American Funds New World Fund Class R-6	Mutual Fund	32,641
American Funds Fundamental Invs R-6	Mutual Fund	33,779
American Funds Small Cap World R-6	Mutual Fund	10,668
American Funds Washington Mutual R-6	Mutual Fund	35,291
AMG Yacktman Focused Service	Mutual Fund	14,803
AQR International Equity Fund	Mutual Fund	8,775
AQR Large Cap Defined Style I	Mutual Fund	14,481
AQR Long Short Equity Fund	Mutual Fund	8,979
Baron Asset Fund	Mutual Fund	551,995
Baron Partners Fund	Mutual Fund	20,859
BlackRock Global Allocation Inv A	Mutual Fund	9,785
BlackRock iShares S&P 500 Index K	Mutual Fund	2,650
BlackRock Health Sciences Opportunities Portfolio Investor A Shares	Mutual Fund	20,656
BlackRock Inflation Protected Bond Invest Fund	Mutual Fund	40,524
BlackRock Large Cap Index Fund Institutional Class	Mutual Fund	7,816
BlackRock Midcap Growth Equity Inv A	Mutual Fund	2
BlackRock S&P 500 Index Fund Institutional Shares	Mutual Fund	9,775
BlackRock Total Return Inv A	Mutual Fund	38,165
Calvert Income Fund A	Mutual Fund	182,368
DoubleLine Enhanced CAPE I	Mutual Fund	73,872
DFA Emerging Markets	Mutual Fund	13
DFA Emerging Markets Core Equity Portfolio Institutional Class	Mutual Fund	22,716
DFA Emerging Markets Value Portfolio	Mutual Fund	161,382
DFA Global Core Equity Portfolio Institutional Class	Mutual Fund	36,148
DFA Global Equity Portfolio Institutional Class	Mutual Fund	381,576

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December 31, 2018

Identity of Issuer/Description of Issue	Description of Investment	Current Value
DFA Global Real Estate Securities Portfolio	Mutual Fund	$ 22,593
DFA Inflation-Protected Securities Portfolio Institutional Class	Mutual Fund	49,845
DFA U.S. Targeted Value Portfolio	Mutual Fund	85,471
Diamond Hill Small Cap Fund Class A	Mutual Fund	276,501
Dodge & Cox Income Fund	Mutual Fund	11,608
Eaton Vance Floating - Rate Fund Class A	Mutual Fund	21,843
Eaton Vance Income Fund of Boston R6	Mutual Fund	20,687
Eaton Vance Large Cap Value Fund Class A	Mutual Fund	559,663
Emerald Banking and Finance A Fund	Mutual Fund	3,400
Emerald Growth A	Mutual Fund	46,326
Federated High Yield Trust Service Shares	Mutual Fund	828,448
Federated Institutional High Yield Bond Fund Institutional Shares	Mutual Fund	42,363
Federated International Leaders Fund	Mutual Fund	8,927
Federated Kaufmann Fund A	Mutual Fund	6,278
Fidelity Advisor Large Cap A	Mutual Fund	9,422
Fidelity Advisor Technology Fund	Mutual Fund	3,583
Fidelity Advisors Leveraged Co. Stock Fund A	Mutual Fund	635,927
Fidelity Emerging Market Index Fund	Mutual Fund	80,253
Franklin Mutual Global Discovery Fund A	Mutual Fund	1,038,911
Franklin Templeton Global Bond Fund	Mutual Fund	22,743
FPA Crescent Institutional	Mutual Fund	1,778
Goldman Sachs Mid Cap Value Fund A	Mutual Fund	1,031,178
Guggenheim Floating Rate Strat A	Mutual Fund	15,652
Invesco Euro Growth Fund	Mutual Fund	13,354
Ivy Natural Resources Fund	Mutual Fund	2,322
Ivy Natural Resources Y	Mutual Fund	6,015
Ivy Science and Technology Fund	Mutual Fund	18,477
Janus Henderson Global Life Sciences Fund	Mutual Fund	1
Janus Henderson Overseas Fund	Mutual Fund	124
Janus Henderson Global Technology N Fund	Mutual Fund	96,084
JPMorgan Small Cap Equity Fund Class R5	Mutual Fund	20,003
JPMorgan US Research Enhanced Equity R6	Mutual Fund	20,696
Lazard Emerging Market Equity Open Fund	Mutual Fund	244,685
Legg Mason QS Batterymarch International Equity Fund	Mutual Fund	13,416
Loomis Sayles Strategic Income Fund Class A	Mutual Fund	33
Lord Abbott High Yield A	Mutual Fund	29,975
Lord Abbott Developing Growth Fund Class Fund A	Mutual Fund	15,087
Lord Abbott Floating Rate I	Mutual Fund	5,256
Lord Abbott Fundamental Equity Fund A	Mutual Fund	14,920
Manning & Napier Pro Blend Conservative Term Fund S	Mutual Fund	650,130
Manning & Napier Pro Blend Extended Term Fund S	Mutual Fund	1,307,837

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Identity of Issuer/Description of Issue	Description of Investment	Current Value
Manning & Napier Pro Blend Maximum Term Fund S	Mutual Fund	$ 2,181,434
Manning & Napier Pro Blend Moderate Term Fund S	Mutual Fund	609,810
MetroWest Total Return Bond Fund	Mutual Fund	6,577
Morgan Stanley Institutional Fund, Inc Global Opportunity Portfolio	Mutual Fund	14,703
Nationwide Mid Cap Market Idx A*	Mutual Fund	35,668
Nationwide S&P 500 Index Fund SC*	Mutual Fund	2,640,249
Natixis Loomis Investment Grade Bond Fund	Mutual Fund	15,931
Oakmark International Fund II	Mutual Fund	34
Oppenheimer Gold & Special Minerals Fund A	Mutual Fund	72,713
Oppenheimer Main Street Fund Class A	Mutual Fund	58,865
Parnassus Core Equity Investor	Mutual Fund	1,799
PIMCO Diversified Income Fund	Mutual Fund	22,486
PIMCO High Yield Institutional Fund	Mutual Fund	82,299
PIMCO High Yield Spectrum Fund Institutional Class	Mutual Fund	21,671
PIMCO Income Fund Institutional Class	Mutual Fund	22,963
PIMCO Real Estate Real Return Strategy Fund Institutional Class	Mutual Fund	159
PIMCO Real Return Fund Institutional Class	Mutual Fund	20,239
PIMCO Total Return Fund Class A	Mutual Fund	700,296
PIMCO Total Return Fund Institutional Class	Mutual Fund	40,439
Pioneer High Yield Fund A	Mutual Fund	244,760
Primecap Odyssey Growth	Mutual Fund	104,493
Principle MidCap Institutional Fund	Mutual Fund	16,938
Prudential Global Real Estate Fund	Mutual Fund	14,910
PGIM Jennison Financial Services Fund A Fund	Mutual Fund	3,497
Putnam Global Natural Resources Trust Class M	Mutual Fund	3,452
Rydex SGI Biotechnology Fund Class Advisor	Mutual Fund	57,503
T. Rowe Price Health Sciences Fund	Mutual Fund	72,528
T. Rowe Price Retirement 2015	Mutual Fund	7,998
T. Rowe Price Retirement 2020	Mutual Fund	86,971
T. Rowe Price Retirement 2025	Mutual Fund	1,198,465
T. Rowe Price Retirement 2035	Mutual Fund	887,465
T. Rowe Price Retirement 2040	Mutual Fund	2,005,916
T. Rowe Price Retirement 2050	Mutual Fund	806,450
T. Rowe Price Retirement 2055	Mutual Fund	242,435
Thornburg International Value Fund I	Mutual Fund	1,161,846
Van Eck Global Hard Assets Fund A	Mutual Fund	7,347
Vanguard 500 Index Inv	Mutual Fund	3,222,967
Vanguard Balanced Index Fund Admiral Shares	Mutual Fund	50,350
Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	27,928
Vanguard Dividend Appreciation Index Fund Admiral Shares	Mutual Fund	9,503

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Identity of Issuer/Description of Issue	Description of Investment	Current Value
Vanguard Dividend Growth Fund Investor Shares	Mutual Fund	$ 2,100,656
Manning & Napier Pro Blend Moderate Term Fund S	Mutual Fund	9,048
Vanguard Energy Fund Admiral Shares	Mutual Fund	89,241
Vanguard Energy Fund Investor Shares	Mutual Fund	20,303
Vanguard Equity-Income Fund Investor Shares	Mutual Fund	1,562,640
Vanguard Global Equity Fund Investor Shares	Mutual Fund	40,814
Vanguard Growth and Income Fund Admiral Shares	Mutual Fund	20,628
Vanguard Growth Index Fund Admiral Shares	Mutual Fund	55,449
Vanguard Health Care Fund Admiral Shares	Mutual Fund	3,584
Vanguard Health Care Fund Investor Shares	Mutual Fund	62,602
Vanguard High Yield Corp Admiral Shares	Mutual Fund	184,478
Vanguard Inflation-Protected Securities Fund Investor Shares	Mutual Fund	22,813
Vanguard Intermediate-Term Treasury Inv	Mutual Fund	46,530
Vanguard International Explorer Inv	Mutual Fund	39,308
Vanguard International Growth Adm	Mutual Fund	922,533
Vanguard Large Cap Index Fund Admiral Shares	Mutual Fund	731
Vanguard Long-Term Investment-Grade Fund Investor Shares	Mutual Fund	74,236
Vanguard Mid Cap Value Index Admiral	Mutual Fund	156,819
Vanguard Pacific Stock Index Admiral	Mutual Fund	19,026
Vanguard Real Estate Index Fund	Mutual Fund	74,260
Vanguard Small Cap Growth Index Fund	Mutual Fund	18,724
Vanguard Small Cap Index Fund AS	Mutual Fund	421,896
Vanguard Small Cap Value Index Fund Admiral Shares	Mutual Fund	249,586
Vanguard Strategic Equity Inv Fund	Mutual Fund	564,243
Vanguard Strategic Small Cap Equity Inv Fund	Mutual Fund	128,294
Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	566,161
Vanguard Total International Bond Index Fund Admiral Shares	Mutual Fund	25,995
Vanguard Total International Stock Index Admiral Fund	Mutual Fund	216,829
Vanguard Total Stock Market Index Fund AS	Mutual Fund	918,344
Vanguard Total World Stock Index Fund Investor Shares	Mutual Fund	27,911
Vanguard U.S. Value Fund Investor Shares	Mutual Fund	20,545
Vanguard Value Index Fund Admiral Shares	Mutual Fund	45,001
Vanguard Value Index Fund Inv	Mutual Fund	53,972
Vanguard Wellesley Income Inv Fund	Mutual Fund	10,485
Vanguard Wellington Fund IS	Mutual Fund	693,626
Vanguard Windsor II Fund Admiral Shares	Mutual Fund	20,420
Victory Global Natural Resources Fund Class Y	Mutual Fund	5,971
Victory RS Partners Fund Class A	Mutual Fund	548,526
Victory RS Small Cap Growth Fund Class Y	Mutual Fund	65,118
Victory Sycamore Small Company Opportunity Fund	Mutual Fund	14,461
Virtus Ceredex Small-Cap Value Equity Fund	Mutual Fund	54,660

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Identity of Issuer/Description of Issue	Description of Investment	Current Value
Virtus Silvant Small-Cap Growth Stock	Mutual Fund	$ 209,987
Weitz Partners III Opportunity Instl	Mutual Fund	161,929
Wells Fargo Asia Pacific Fund A	Mutual Fund	13,046
WFA Growth Fund	Mutual Fund	539,215
WFA Precious Metals A	Mutual Fund	17,615
Nationwide Money Market Fund*	Money Market Fund	4,121,921
Notes receivable from participants*	Loans to Participants (maturities range from 2019 through 2030, interest rates are 4.25%)	265,441
		$ 43,359,429

*Represents a party in interest to the Plan.

Note: The information in this schedule has been certified as to its completeness and accuracy by the Nationwide Trust Company.

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AB High Income A	Mutual Fund	$ 6,059
Alger Capital Appreciation Institutional I	Mutual Fund	12,087
Alger Spectra Institutional	Mutual Fund	9,055
Alliance Bernstein Global Bond Fund	Mutual Fund	33,114
Alliance Bernstein Growth I	Mutual Fund	14,476
Alps Clough China I	Mutual Fund	58,034
American Century Heritage Inv A	Mutual Fund	7,954
American Century Inflation Adjusted Bond Fund Adv	Mutual Fund	662,363
American Century Small Co A	Mutual Fund	17,638
American Funds American Balanced Fund Class R-6	Mutual Fund	45,535
American Funds Capital Income Builder Class R-6	Mutual Fund	22,075
American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	21,236
American Funds Growth Fund of America R-3	Mutual Fund	1,072,854
American Funds Growth Fund of America R-6	Mutual Fund	33,478
American Funds Inflation Linked Bd R-6	Mutual Fund	65
American Funds New Perspective Fund Class R-6	Mutual Fund	54,194
American Funds New World Fund Class R-6	Mutual Fund	32,641
American Funds Fundamental Invs R-6	Mutual Fund	33,779
American Funds Small Cap World R-6	Mutual Fund	10,668
American Funds Washington Mutual R-6	Mutual Fund	35,291
AMG Yacktman Focused Service	Mutual Fund	14,803
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Oppenheimer Gold & Special Minerals Fund A	Mutual Fund	72,713
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Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	27,928
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Vanguard Dividend Growth Fund Investor Shares	Mutual Fund	$ 2,100,656
Manning & Napier Pro Blend Moderate Term Fund S	Mutual Fund	9,048
Vanguard Energy Fund Admiral Shares	Mutual Fund	89,241
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WFA Growth Fund	Mutual Fund	539,215
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