# 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.)
- ☒ 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
TAXRESOURCES, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2003

**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)
TRI HOLDCO, INC.

600 COOLIDGE DRIVE, SUITE 300
FOLSOM, CA 95630

**2b** Employer Identification Number (EIN)
83-1643898

**2c** Plan Sponsor's telephone number
916-904-8208

**2d** Business code (see instructions)
541219

**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. | 09/17/2019 | MARK D. OLANDER |
| | **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 TAXRESOURCES, INC.

**c** Plan Name TAXRESOURCES, INC. 401(K) PLAN

**4b** EIN 33-0336176

**4d** PN 001

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 272 |
| **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)** | 272 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 240 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 11 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 251 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 251 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 169 |
| **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:

2A 2E 2F 2G 2J 2K 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)** | [X] | 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)** | [X] | 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)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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
TAXRESOURCES, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRI HOLDCO, INC.

**D** Employer Identification Number (EIN)
83-1643898

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

**1** Coverage Information:

**(a)** Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY USA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 01-0233346 | 65838 | 21311 | 180 | 01/01/2018 | 12/31/2018 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 3639 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
FLYNN, SHOJINAGA & ASSOCIATES, INC.
1320 HARBOR BAY PARKWAY, SUITE 210
ALAMEDA, CA 94502

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 3639 | TPA FEES | 5 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
FEDERATED INVESTMENT MANAGEMENT CO
P.O. BOX 8600
BOSTON, MA 02266

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 0 | | | 6 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | 0 |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 5650981 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | 0 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | 0 | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) | **7c(5)** | | | |
| | ▶ | | | | |
| | (6) Total additions | | | **7c(6)** | 0 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | 0 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) | **7e(4)** | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | 0 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | | | **10b** | |

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**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
TAXRESOURCES, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRI HOLDCO, INC.

**D** Employer Identification Number (EIN)
83-1643898

## 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

JOHN HANCOCK INSURANCE COMPANY

01-0233346

**(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)

FLYNN, SHOJINAGA & ASSOCIATES

1320 HARBOR BAY PKWY, STE 210
ALAMEDA, CA 94502

68-0005849

| (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? |
|---|---|---|---|---|---|---|
| 12 13 15 16 17 37 38 64 | TPA | 3639 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

JOHN HANCOCK USA

01-0233346

| (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 28 59 60 62 63 67 68 | RECORDKEEPER | 302 | Yes [ ] No [X] | 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 [ ] |

**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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan 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

**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
TAXRESOURCES, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRI HOLDCO, INC.

**D** Employer Identification Number (EIN)
83-1643898

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2060

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 4361 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2055

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 54824 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2050

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 70006 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2045

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 20620 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2040

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 94934 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2035

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 166719 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2030

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 260708 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2025

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124123 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2020

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21752 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 307210 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 518599 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 559140 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83074 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERVATIVE LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22958 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43135 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23834 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA US SMALL CAP FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22145 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16030 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34986 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76415 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE INTL FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32155 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24571 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106901 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MIDCAP INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17614 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN SMART RETIREMENT, INC.

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72261 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136137 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL GROWTH FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15527 |
|---|---|---|

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST SECURITIES FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 49652 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 181580 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 74154 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 181155 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOCQUEVILLE GOLD FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20838 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 35193 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 40024 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 17837 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 50935 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 68629 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | 500 INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 134432 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | BLUE CHIP GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 150621 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | CAPITAL APPRECIATION FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 136325 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | CAPITAL INCOME BUILDER | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12034 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | CLEARBRIDGE AGGRESSIVE GROWTH | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6430 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY CONTRAFUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 120775 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MUTUAL GLOBAL DISCOVERY | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 28738 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FUNDAMENTAL LARGE CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5453 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | JOHN HANCOCK DISCIPLINED VALUE | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 136431 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | NEW PERSPECITVE FUND | | |
| **b** Name of sponsor of entity listed in (a): | JOHN HANCOCK LIFE INS. CO. USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11897 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35831 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS CORE EQUITY FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39099 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99924 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74378 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28943 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73527 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182794 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93496 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74259 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HIGH YIELD BOND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52560 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44685 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29559 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE CAP APPRECIATION

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55967 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79060 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SEC

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34942 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111065 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20488 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: US GOVERNMENT SECURITIES

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44698 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NY LIFE INS CO ANCHOR ACCT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68222 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE NEW ERA FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13610 |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# 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
TAXRESOURCES, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRI HOLDCO, INC.

**D** Employer Identification Number (EIN)
83-1643898

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 100440 | 91484 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 5756573 | 5650981 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** | Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 5857013 | 5742465 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | 0 |
| **h** | Operating payables | 1h | 0 | 0 |
| **i** | Acquisition indebtedness | 1i | 0 | 0 |
| **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 | 5857013 | 5742465 |

## 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) | | |
| | **(B)** Participants | 2a(1)(B) | 944370 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 70750 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1015120 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 4970 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 4970 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(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) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(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) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -425319 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| c Other income | 2c | | 2018 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 596789 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 710365 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 710365 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 972 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 972 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 711337 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -114548 |
| 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: NICHOLSON & OLSON CPAS **(2)** EIN: 94-2771548

**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 | | 1000000 |
| 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
TAXRESOURCES, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRI HOLDCO, INC.

**D** Employer Identification Number (EIN)
83-1643898

## 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): 01-0233346

**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):

# TAXRESOURCES, INC.
# 401(k) Plan

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**Independent Auditor's Report**
**Financial Statements**
**and**
**Supplemental Information**

**December 31, 2018 and 2017**
**and for the Year Ended**
**December 31, 2018**

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## INDEPENDENT AUDITOR'S REPORT

NICHOLSON
& OLSON
CERTIFIED PUBLIC ACCOUNTANTS
729 Sunrise Avenue, Suite 303
Roseville, California 95661
(916) 786-7997

To the Trustees of
TaxResources, Inc. 401(k) Plan
Folsom, CA

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of TaxResources, Inc. 401(k) Plan (the 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**
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.

**Auditor's Responsibility**
Our responsibility is to express an opinion on these 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 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 information summarized in Note 2, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan administrator by the custodian is complete and accurate.

To the Trustees of
TaxResources, Inc. 401(k) Plan

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

**Other Matter**
The Supplemental Schedule of Assets Held for Investment Purposes at End of Year 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 are presented for additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**
The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.



Certified Public Accountants
Roseville, California
August 20, 2019

# *FINANCIAL STATEMENTS*

**TAXRESOURCES, INC. 401(K) PLAN**
**Statements of Net Assets Available for Benefits**
**December 31, 2018 and 2017**

| | 2018 | 2017 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value | | |
| Mutual fund investments | $ 5,650,981 | $ 5,756,573 |
| Receivables | | |
| Notes receivable from participants | 91,484 | 100,440 |
| Contributions receivable | - | - |
| Total Assets | 5,742,465 | 5,857,013 |
| **LIABILITIES AND NET ASSETS** | | |
| Liabilities | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 5,742,465 | $ 5,857,013 |

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

**TAXRESOURCES, INC. 401(K) PLAN**
**Statement of Changes in Net Assets Available for Benefits**
**Year Ended December 31, 2018**

| | |
|---|---|
| **ADDITIONS** | |
| Additions to net assets attributed to: | |
| Investment income (loss): | |
| Interest income | $ 4,970 |
| Net depreciation in fair value of investments | (425,319) |
| Total investment income (loss) | (420,349) |
| Contributions | |
| Participants' contributions | 944,370 |
| Rollover contributions | 70,750 |
| Total contributions | 1,015,120 |
| Other income | 2,018 |
| Total Additions | 596,789 |
| **DEDUCTIONS** | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 710,365 |
| Contract and service fees | 972 |
| Total Deductions | 711,337 |
| Net Increase (Decrease) in Net Assets Available for Benefits | (114,548) |
| **NET ASSETS AVAILABLE FOR BENEFITS** | |
| Beginning of year | 5,857,013 |
| End of year | $ 5,742,465 |

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

**TAXRESOURCES, INC. 401(k) PLAN**
**Notes to Financial Statements**
**December 31, 2018**

## *Note 1 - Description of Plan*

The following description of the TaxResources, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan with a salary deferral arrangement established under Section 401(k) of the Internal Revenue Code ("IRC"). The Plan was originally established by TaxResources, Inc. (the Company) and became effective on January 1, 2003 to provide retirement, death, and disability benefits for eligible employees (Participants). All employees are eligible to participate in the Plan after satisfying various lengths of service requirements and will actually participate at the first entry date after satisfying these requirements. Employees are required to complete one month of service to be eligible for purposes of elective deferrals and complete one year of service to be eligible for purposes of employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and certain provisions of the Internal Revenue Code.

### Administration

The Plan is administered by TRI HoldCo, Inc., the Plan sponsor. A portion of the administrative and custodial activities involved with the operation of the Plan have been outsourced to Flynn, Shojinaga & Associates Inc. and John Hancock Life Insurance Co. Certain Plan transactions involving these entities qualify as parties-in-interest under the IRC and are exempt from prohibited transaction rules of ERISA.

### Contributions

Participants may make (1) tax-deferred contributions, (2) Roth deferral contributions, (3) catch up contributions, and (4) rollover contributions from another plan. These contributions are limited by various IRC provisions. Participants may allocate their respective contributions between various investment options valued daily. All assets in the Plan are subject to participant investment direction. If the participant does not direct the investment, their account will be invested in accordance with default investment alternatives.

Each year the Company's Board of Directors may elect to make (1) a matching contribution equal to a discretionary percentage of each participant's elective deferral, and (2) a discretionary non-elective contribution, which is allocated to participant accounts. The Company has made no contributions to the Plan since its inception.

***Note 1 - Description of Plan (continued)***

Vesting
Participants are immediately 100% vested in their salary deferral and Roth deferral contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Participant Accounts
Each Participant's account is credited with the Participant's contributions, the Company's matching contributions (if any), and allocations of the Company's discretionary contributions (if any). Earnings or losses are determined by each participant's selection of investments. Plan expenses are allocated based upon each Participant's account balance, as defined in the Plan. Individual participant expenses are charged directly to the account incurring the cost based on each participant's use of a particular Plan feature. The benefit to which a participant is entitled is limited to the vested balance of their account.

Investment Options
The plan entered into an Unallocated Non-Participating Group Annuity Contract with John Hancock Life Insurance Company, which allows participants, upon enrollment to the Plan, to direct all contributions in percentage increments in any investment options provided by the Plan as listed in the supplemental schedule. Participants may change their investment options daily.

Forfeitures
Forfeitures represent the non-vested portion of a terminated participant's account balance. Forfeitures remain in the Plan and are used for several purposes, such as payment of plan administrative expenses and as additional discretionary or matching employer contributions. Participants will always share in the allocation of forfeitures regardless of the amount of service completed during the year. There were no forfeitures of non-vested accounts for the year ended December 31, 2018.

The non-vested portion of a terminated participant's account balance is forfeited on the earlier of the date of (1) the distribution of the vested portion to the participant or (2) after the terminated participant has incurred five consecutive one-year breaks in service. If the terminated participant has no vested benefit in their account balance, the entire account balance is forfeited upon termination and may be restored if the participant returns to service before incurring five consecutive one-year breaks in service.

***Note 1 - Description of Plan (concluded)***

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. Each loan is secured by the balance in the participant's account and bears interest at commercially reasonable rates established by the Plan administrator. Principal and interest is paid ratably through payroll deductions for a period of 12 months to 60 months, except for a residential loan, which can be paid back over 30 years. A participant is allowed to have 3 loans outstanding and may refinance an existing loan.

Payments of Benefits

When Participants leave the Employer, upon retirement or for any other reason, those Participants (or their beneficiaries) may receive the full value of their salary deferrals plus their earnings thereon and the vested portion of their employer contribution account. In order to receive this distribution, Participants (or their beneficiaries) may be required to file the appropriate forms with their Plan administrator.

Participants with vested account balances greater than $5,000 may elect to receive the value of their accumulated Plan benefits as a lump-sum, as a rollover to an Individual Retirement Account or another qualified plan, or in an alternative manner mutually agreed upon by the Participant and the Plan administrator (ad-hoc). Mandatory distributions of accounts exceeding $1,000 up to $5,000, not otherwise directed by the participant upon termination, will be rolled over into an Individual Retirement Account selected by the Plan Administrator. Participants with account balances less than $1,000 will receive mandatory cash out via a lump sum distribution in cash following termination.

A Participant may request in-service distributions of their vested balance once they reach 59-1/2 years of age or qualify for financial hardship according to IRC provisions. A Participant’s distribution must not occur later than April 1 following the calendar year in which the Participant reaches 70-1/2. In the event that a Participant dies before retirement, the beneficiary will receive the value of the Participant’s account in a lump-sum distribution.

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, participants will become 100 percent vested in their employer contributions.

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

Method of Accounting

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

Use of Estimates

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

Unaudited Information Certified by the Plan Custodian

The December 31, 2018 and 2017 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018, and the accompanying notes and supplemental schedule to the financial statements were prepared from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company in accordance with 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 information certified includes investments of $5,742,465 and $5,857,013 at December 31, 2018 and 2017, respectively, and related investment income (loss) of ($420,349), other income of $2,018, and service fees of $972 for the year ended December 31, 2018.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair market value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion and disclosure of fair value measurements

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

***Note 2 - Summary of Significant Accounting Policies (continued)***

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. The participant will receive the appropriate form required by the Internal Revenue Service for reporting distributions from pensions.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as accounts payable, with a corresponding reduction to contributions. There were no excess contributions for the years ended December 31, 2018 and 2017.

Payment of Benefits

Benefits are recorded when paid. Benefit claims payable represent distributions made on or near December 31st, which have not been transferred from the investment account to the terminated participant. At December 31, 2018, net assets available for benefits includes no amounts allocated to the accounts of persons who had made an election to withdraw from participating in the Plan. However, at December 31, 2018, net assets available for benefits includes $126,202 of benefits allocated to the accounts of terminated employees who have not yet made an election to withdraw from participating in the Plan. The vested portion of these accounts will be payable when the participant elects to withdraw or the sponsor elects to distribute the participant's account balance from the Plan.

Administrative Expenses

The majority of expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees paid by the Plan participants and charged directly to their accounts for contract and service fees amounted to $972 for the year ended December 31, 2018.

Subsequent Events

The Plan Sponsor has evaluated subsequent events through August 20, 2019, which is the date the financial statements were available to be issued.

### *Note 3 - Tax Status*

The Plan originally adopted the Flynn, Shojinaga & Associates Prototype Non-standardized Profit Sharing Plan with CODA, which was determined to be in accordance with applicable sections of the Internal Revenue Code (IRC) as documented in a letter from the Internal Revenue Service dated March 31, 2008. The Plan has been amended several times since the receipt of the original determination letter. The Plan adopted the CCH Incorporated Volume Submitter 401(k) Profit Sharing Plan with CODA effective January 1, 2016. The Internal Revenue Service has determined and informed CCH Incorporated by a letter dated March 31, 2014, that the Plan, related trust, and adoption agreement are designed in accordance with applicable sections of the IRC. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. Management of the Plan believes that the Plan has taken no uncertain tax positions that require adjustment to the financial statements in order to comply with the provisions of this guidance. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's open tax years for the prior three years are subject to examination by the Internal Revenue Service.

### *Note 4 - Investments*

Fair Value Measurements

Generally Accepted Accounting Principles 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). An investment's level within the fair value hierarchy is based on the pricing transparency of the investment and does not necessarily correspond to the Plan's perceived risk of that investment.

The three levels of the fair value hierarchy are:

- Level 1 uses quoted prices in active markets that are accessible at the measurement date of identical assets or liabilities.
- Level 2 uses non active quoted prices for similar assets and liabilities that can be corroborated with market data.
- Level 3 uses unobservable pricing inputs with little or no market activity and reflects management's own assumptions to determine fair value.

***Note 4 - Investments (continued)***

*Fair Value Measurements, continued*
The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds must publish their daily net asset values and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

The fair value is disclosed as reported by the third party fund manager. The fund manager utilizes the quoted prices for the underlying holdings as its basis for fair value measurement. There have been no changes in these methodologies during the years ended December 31, 2018 and 2017, and there have been no transfers between levels in the hierarchy. The following table sets forth, by level within the fair value hierarchy, the Plan's fair value as of December 31, 2018 and 2017.

| | Level 1 | Level 2 | Level 3 |
|---|---|---|---|
| December 31, 2018 | | | |
| Mutual Funds | $ 5,650,981 | $ - | $ - |
| December 31, 2017 | | | |
| Mutual Funds | $ 5,756,573 | $ - | $ - |

Investments Representing 5% or More of Net Assets
The following investments represent 5% or more of net assets available for benefits as of December 31, 2018 and 2017:

| | 2018 | 2017 |
|---|---|---|
| JH Multimanager Balanced Lifestyle Portfolio | $ 559,140 | $ 686,650 |
| JH Multimanager Growth Lifestyle Portfolio | 518,599 | 470,635 |
| JH Multimanager Aggressive Lifestyle Portfolio | 307,210 | 361,634 |

Participant-directed investments are reported at fair value as determined by quoted market prices. During the year ended December 31, 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by ($420,349), certified by John Hancock Life Insurance Company (see Note 2).

### *Note 5 - Notes Receivable from Participants*

Activity on notes receivable from participants during the years ended December 31, 2018 and 2017 is summarized as follows:

| | 2018 | 2017 |
|---|---|---|
| Beginning of plan year | $ 100,440 | $ 71,780 |
| New borrowings | 76,060 | 74,855 |
| Principal repaid | (85,016) | (46,195) |
| End of plan year | $ 91,484 | $ 100,440 |

Interest earned on loans to participants totaled $4,970 and $5,960 during the Plan years ended December 31, 2018 and 2017, respectively.

### *Note 6 - Related Party Transactions*

Certain Plan investments are shares of mutual funds managed by John Hancock Insurance Company, the Plan custodian. Transactions with John Hancock Insurance Company qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

### *Note 7 - Risks and Uncertainties*

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. The investments are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other government agency and are not bank guaranteed. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

# *SUPPLEMENTAL SCHEDULE*

**TAXRESOURCES, INC. 401(K) PLAN**
**EIN: 33-0336176**
**Plan Number: 001**



Schedule H, Line 4(i); Schedule of Assets Held for Investment Purposes at December 31, 2018

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Proprietary Funds | | | |
| * | John Hancock Variable Insurance Trust | 500 Index Fund | - | 134,432 |
| * | John Hancock Variable Insurance Trust | Fundamental Large Cap Value Fund | - | 5,453 |
| * | John Hancock Variable Insurance Trust | International Equity Index Fund | - | 34,987 |
| * | John Hancock Variable Insurance Trust | Mid Cap Index Fund | - | 17,614 |
| * | John Hancock Variable Insurance Trust | Science & Technology Fund | - | 181,580 |
| * | John Hancock Variable Insurance Trust | Small Cap Index Fund | - | 74,154 |
| * | John Hancock Variable Insurance Trust | Strategic Income Opportunities Fund | - | 29,559 |
| * | John Hancock Variable Insurance Trust | Total Bond Market Fund | - | 20,489 |
| * | John Hancock Variable Insurance Trust | Total Stock Market Index Fund | - | 74,378 |
| * | John Hancock Variable Insurance Trust | Utilities Fund | - | 28,943 |
| * | John Hancock Insurance Co.--Funds I | Bond Fund | - | 111,065 |
| * | John Hancock Insurance Co.--Funds II | Blue Chip Growth Fund | - | 150,621 |
| * | John Hancock Insurance Co.--Funds II | Capital Appreciation Fund | - | 136,325 |
| * | John Hancock Insurance Co.--Funds II | High Yield Fund | - | 44,685 |
| * | John Hancock Insurance Co.--Funds II | International Small Cap Fund | - | 24,571 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Aggressive Lifestyle | - | 307,210 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Balanced Lifestyle | - | 559,140 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Conservative Lifestyle | - | 22,958 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Growth Lifestyle | - | 518,599 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Moderate Lifestyle | - | 83,074 |
| * | John Hancock Insurance Co.--Funds II | Real Estate Securities Fund | - | 49,652 |
| * | John Hancock Insurance Co.--Funds III | Disciplined Value Fund | - | 136,431 |
| * | John Hancock Insurance Co.--Funds III | Disciplined Value International Fund | - | 32,155 |
| | Externally Managed Funds | | | |
| | American Century Investment Mgmt | Heritage Fund | - | 43,135 |
| | American Funds Group | American Balanced Fund | - | 74,259 |
| | American Funds Group | Capital Income Builder | - | 12,034 |
| | American Funds Group | EuroPacific Growth Fund | - | 16,030 |
| | American Funds Group | New Perspective Fund | - | 11,897 |
| | American Funds Group | U.S. Government Securities Fund | - | 44,698 |
| | American Funds Group | Washington Mutual Investors Fund | - | 93,496 |
| | Dimensional Fund Advisors | Inflation-Protected Securities Fund | - | 34,942 |
| | Dimensional Fund Advisors | U.S. Small Cap Fund | - | 22,145 |
| | Dimensional Fund Advisors | U.S. Targeted Value Fund | - | 23,834 |
| | Federated Investment Management Co | High Yield Bond Fund | - | 52,560 |
| | Fidelity Management & Research Co | Contra Fund | - | 120,775 |

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

**TAXRESOURCES, INC. 401(K) PLAN**
**EIN: 33-0336176**
**Plan Number: 001**



Schedule H, Line 4(i); Schedule of Assets Held for Investment Purposes at December 31, 2018

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Externally Managed Funds | | | |
| | Franklin Templeton | Mutual Global Discovery Fund | - | 28,738 |
| | Franklin Templeton | Templeton Global Bond Fund | - | 79,060 |
| | Invesco Advisors Inc | Small Cap Growth Fund | - | 76,415 |
| | JP Morgan Investment Management | Mid Cap Value Fund | - | 106,901 |
| | JP Morgan Investment Management | SmartRetirement 2020 | - | 21,753 |
| | JP Morgan Investment Management | SmartRetirement 2025 | - | 124,123 |
| | JP Morgan Investment Management | SmartRetirement 2030 | - | 260,708 |
| | JP Morgan Investment Management | SmartRetirement 2035 | - | 166,719 |
| | JP Morgan Investment Management | SmartRetirement 2040 | - | 94,934 |
| | JP Morgan Investment Management | SmartRetirement 2045 | - | 20,620 |
| | JP Morgan Investment Management | SmartRetirement 2050 | - | 70,006 |
| | JP Morgan Investment Management | SmartRetirement 2055 | - | 54,824 |
| | JP Morgan Investment Management | SmartRetirement 2060 | - | 4,361 |
| | JP Morgan Investment Management | SmartRetirement Inc. | - | 72,261 |
| | LeggMason Partners Investment Funds | ClearBridge Aggr. Growth Fund | - | 6,430 |
| | NY Life Investment Management | Anchor Account Fund | - | 68,222 |
| | Oppenheimer Funds Inc | Developing Markets Fund | - | 136,137 |
| | Oppenheimer Funds Inc | Global Fund | - | 35,831 |
| | Oppenheimer Funds Inc | International Growth Fund | - | 15,527 |
| | Parnassus Investments | Core Equity Fund | - | 39,098 |
| | T Rowe Price Associates Inc | Capital Appreciation Fund | - | 55,967 |
| | T Rowe Price Associates Inc | Health Sciences Fund | - | 99,924 |
| | T Rowe Price Associates Inc | New Era Fund | - | 13,610 |
| | T Rowe Price Associates Inc | Science & Technology Fund | - | 181,155 |
| | Tocqueville Asset Management LP | Gold Fund | - | 20,838 |
| | Vanguard Group Inc | Energy Fund | - | 35,193 |
| | Vanguard Group Inc | Growth Index Fund | - | 73,527 |
| | Vanguard Group Inc | Mid-Cap Growth ETF | - | 40,024 |
| | Vanguard Group Inc | Mid-Cap Value ETF | - | 17,837 |
| | Vanguard Group Inc | Small Cap Growth Index Fund | - | 50,935 |
| | Vanguard Group Inc | Small Cap Value Index Fund | - | 68,629 |
| | Vanguard Group Inc | Value Index Fund | - | 182,794 |
| | | | | 5,650,981 |
| | Notes Receivable from Participants | | | |
| * | John Hancock Insurance Co. | Notes receivable, 6% interest maturing Feb 2019 to July 2025 | - | 91,484 |
| | Total Investments Held for Investment Purposes at December 31, 2018 | | - | $ 5,742,465 |

Notes:

* Party-in-interest

Column (d) is blank as the cost basis depends on the direction of each participant

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

**TAXRESOURCES, INC. 401(K) PLAN**
**EIN: 33-0336176**
**Plan Number: 001**



Schedule H, Line 4(i); Schedule of Assets Held for Investment Purposes at December 31, 2018

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Proprietary Funds | | | |
| * | John Hancock Variable Insurance Trust | 500 Index Fund | - | 134,432 |
| * | John Hancock Variable Insurance Trust | Fundamental Large Cap Value Fund | - | 5,453 |
| * | John Hancock Variable Insurance Trust | International Equity Index Fund | - | 34,987 |
| * | John Hancock Variable Insurance Trust | Mid Cap Index Fund | - | 17,614 |
| * | John Hancock Variable Insurance Trust | Science & Technology Fund | - | 181,580 |
| * | John Hancock Variable Insurance Trust | Small Cap Index Fund | - | 74,154 |
| * | John Hancock Variable Insurance Trust | Strategic Income Opportunities Fund | - | 29,559 |
| * | John Hancock Variable Insurance Trust | Total Bond Market Fund | - | 20,489 |
| * | John Hancock Variable Insurance Trust | Total Stock Market Index Fund | - | 74,378 |
| * | John Hancock Variable Insurance Trust | Utilities Fund | - | 28,943 |
| * | John Hancock Insurance Co.--Funds I | Bond Fund | - | 111,065 |
| * | John Hancock Insurance Co.--Funds II | Blue Chip Growth Fund | - | 150,621 |
| * | John Hancock Insurance Co.--Funds II | Capital Appreciation Fund | - | 136,325 |
| * | John Hancock Insurance Co.--Funds II | High Yield Fund | - | 44,685 |
| * | John Hancock Insurance Co.--Funds II | International Small Cap Fund | - | 24,571 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Aggressive Lifestyle | - | 307,210 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Balanced Lifestyle | - | 559,140 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Conservative Lifestyle | - | 22,958 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Growth Lifestyle | - | 518,599 |
| * | John Hancock Insurance Co.--Funds II | Multimanager Moderate Lifestyle | - | 83,074 |
| * | John Hancock Insurance Co.--Funds II | Real Estate Securities Fund | - | 49,652 |
| * | John Hancock Insurance Co.--Funds III | Disciplined Value Fund | - | 136,431 |
| * | John Hancock Insurance Co.--Funds III | Disciplined Value International Fund | - | 32,155 |
| | Externally Managed Funds | | | |
| | American Century Investment Mgmt | Heritage Fund | - | 43,135 |
| | American Funds Group | American Balanced Fund | - | 74,259 |
| | American Funds Group | Capital Income Builder | - | 12,034 |
| | American Funds Group | EuroPacific Growth Fund | - | 16,030 |
| | American Funds Group | New Perspective Fund | - | 11,897 |
| | American Funds Group | U.S. Government Securities Fund | - | 44,698 |
| | American Funds Group | Washington Mutual Investors Fund | - | 93,496 |
| | Dimensional Fund Advisors | Inflation-Protected Securities Fund | - | 34,942 |
| | Dimensional Fund Advisors | U.S. Small Cap Fund | - | 22,145 |
| | Dimensional Fund Advisors | U.S. Targeted Value Fund | - | 23,834 |
| | Federated Investment Management Co | High Yield Bond Fund | - | 52,560 |
| | Fidelity Management & Research Co | Contra Fund | - | 120,775 |

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

**TAXRESOURCES, INC. 401(K) PLAN**
**EIN: 33-0336176**
**Plan Number: 001**



Schedule H, Line 4(i); Schedule of Assets Held for Investment Purposes at December 31, 2018

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Externally Managed Funds | | | |
| | Franklin Templeton | Mutual Global Discovery Fund | - | 28,738 |
| | Franklin Templeton | Templeton Global Bond Fund | - | 79,060 |
| | Invesco Advisors Inc | Small Cap Growth Fund | - | 76,415 |
| | JP Morgan Investment Management | Mid Cap Value Fund | - | 106,901 |
| | JP Morgan Investment Management | SmartRetirement 2020 | - | 21,753 |
| | JP Morgan Investment Management | SmartRetirement 2025 | - | 124,123 |
| | JP Morgan Investment Management | SmartRetirement 2030 | - | 260,708 |
| | JP Morgan Investment Management | SmartRetirement 2035 | - | 166,719 |
| | JP Morgan Investment Management | SmartRetirement 2040 | - | 94,934 |
| | JP Morgan Investment Management | SmartRetirement 2045 | - | 20,620 |
| | JP Morgan Investment Management | SmartRetirement 2050 | - | 70,006 |
| | JP Morgan Investment Management | SmartRetirement 2055 | - | 54,824 |
| | JP Morgan Investment Management | SmartRetirement 2060 | - | 4,361 |
| | JP Morgan Investment Management | SmartRetirement Inc. | - | 72,261 |
| | LeggMason Partners Investment Funds | ClearBridge Aggr. Growth Fund | - | 6,430 |
| | NY Life Investment Management | Anchor Account Fund | - | 68,222 |
| | Oppenheimer Funds Inc | Developing Markets Fund | - | 136,137 |
| | Oppenheimer Funds Inc | Global Fund | - | 35,831 |
| | Oppenheimer Funds Inc | International Growth Fund | - | 15,527 |
| | Parnassus Investments | Core Equity Fund | - | 39,098 |
| | T Rowe Price Associates Inc | Capital Appreciation Fund | - | 55,967 |
| | T Rowe Price Associates Inc | Health Sciences Fund | - | 99,924 |
| | T Rowe Price Associates Inc | New Era Fund | - | 13,610 |
| | T Rowe Price Associates Inc | Science & Technology Fund | - | 181,155 |
| | Tocqueville Asset Management LP | Gold Fund | - | 20,838 |
| | Vanguard Group Inc | Energy Fund | - | 35,193 |
| | Vanguard Group Inc | Growth Index Fund | - | 73,527 |
| | Vanguard Group Inc | Mid-Cap Growth ETF | - | 40,024 |
| | Vanguard Group Inc | Mid-Cap Value ETF | - | 17,837 |
| | Vanguard Group Inc | Small Cap Growth Index Fund | - | 50,935 |
| | Vanguard Group Inc | Small Cap Value Index Fund | - | 68,629 |
| | Vanguard Group Inc | Value Index Fund | - | 182,794 |
| | | | | 5,650,981 |
| | Notes Receivable from Participants | | | |
| * | John Hancock Insurance Co. | Notes receivable, 6% interest maturing Feb 2019 to July 2025 | - | 91,484 |
| | Total Investments Held for Investment Purposes at December 31, 2018 | | - | $ 5,742,465 |

Notes:

* Party-in-interest

Column (d) is blank as the cost basis depends on the direction of each participant

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