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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                      |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information      |                                                                                      |                                                             |
| <b>1a</b> Name of plan<br><u>BLUE CHIP CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>                                                                                                                                                                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ▶                            | <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c</b> Effective date of plan<br><u>01/01/2006</u>               |                                                                                      |                                                             |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>BLUE CHIP CONSULTING GROUP, LLC</u><br><br><u>6000 LOMBARDO CENTER SUITE 650</u><br><u>SEVEN HILLS, OH 44131</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>20-1884467</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>216-503-6000</u>                     | <b>2d</b> Business code (see instructions)<br><u>541512</u> |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/02/2019 | TINA LEMANOWICZ                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 163                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 130<br><b>6a(2)</b> 119<br><b>6b</b> 1<br><b>6c</b> 39<br><b>6d</b> 159<br><b>6e</b> 0<br><b>6f</b> 159<br><b>6g</b> 140<br><b>6h</b> 29 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                           |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2H 2J 2K 3D 3B<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                  |                                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018       |                                                             |
| <b>A</b> Name of plan<br>BLUE CHIP CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST     | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BLUE CHIP CONSULTING GROUP, LLC | <b>D</b> Employer Identification Number (EIN)<br>20-1884467 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                     |                      |                                              |                                                                                    |                         |               |
|---------------------------------------------------------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|-------------------------|---------------|
| <b>(a)</b> Name of insurance carrier<br>GREAT WEST LIFE AND ANNUITY |                      |                                              |                                                                                    |                         |               |
| <b>(b)</b> EIN                                                      | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | Policy or contract year |               |
|                                                                     |                      |                                              |                                                                                    | <b>(f)</b> From         | <b>(g)</b> To |
| 84-0467907                                                          | 68322                | 944038-01                                    | 43                                                                                 | 01/01/2018              | 12/31/2018    |

|                                                                                                                                                                                                   |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>2</b> 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. |                                           |
| <b>(a)</b> Total amount of commissions paid<br>833                                                                                                                                                | <b>(b)</b> Total amount of fees paid<br>0 |

|                                                                                                              |                                                |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |                                                |
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid      |                                                |
| M HOLDINGS SECURITIES INC                                                                                    | 4800 GREAT OAK PRKWY<br>INDEPENDENCE, OH 44131 |

|                                                             |                                 |                    |                                   |
|-------------------------------------------------------------|---------------------------------|--------------------|-----------------------------------|
| <b>(b)</b> Amount of sales and base commissions paid<br>833 | Fees and other commissions paid |                    | <b>(e)</b> Organization code<br>3 |
|                                                             | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                   |
|                                                             |                                 |                    |                                   |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

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

---

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

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

---

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

---

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

---

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

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

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

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

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| (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** 163855**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **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 CONTRACT****b** Balance at the end of the previous year ..... **7b** 423887**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 22324  
(2) Dividends and credits ..... **7c(2)** 0  
(3) Interest credited during the year ..... **7c(3)** 3678  
(4) Transferred from separate account ..... **7c(4)** 192913  
(5) Other (specify below) ..... **7c(5)** 206▶ **LOAN PAYMENTS/FORFEITURES**(6) Total additions ..... **7c(6)** 219121**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 643008**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 19267  
(2) Administration charge made by carrier ..... **7e(2)** 2317  
(3) Transferred to separate account ..... **7e(3)** 457569  
(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 479153**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 163855

**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:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                       |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 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<br>BLUE CHIP CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST      | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BLUE CHIP CONSULTING GROUP, LLC  | D Employer Identification Number (EIN)<br>20-1884467 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 63891                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

M HOLDINGS SECURITIES INC

PO BOX 2207  
PORTLAND, OR 97208

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 55                     | BROKER/ADVISER                                                                                    | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 35855                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MGMT                                                                                   | 13311                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| M HOLDINGS SECURITIES INC                                                                 | 55                                                                                                                                                                 | 35855                                     |
| (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. |                                           |
| GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD<br>GREENWOOD VILLAGE, CO 80111 | OTHER COMMISSIONS                                                                                                                                                  |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                           |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                           |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                           |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                           |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>BLUE CHIP CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>      | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BLUE CHIP CONSULTING GROUP, LLC</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>20-1884467</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 82743                 | 67299           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 7326523               | 7055811         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 423887                | 163855          |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 7833153               | 7286965         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 7833153 | 7286965 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 445910     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 911294     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1357204   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 5217       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 3678       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 8895      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 319280     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 319280    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 0         |
| (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) |            | -807035   |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 878344    |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1347330 |         |
| (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) |         | 1347330 |
| 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) | 77202   |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 0       |         |
| (4) Other .....                                                                      | 2i(4) | 0       |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 77202   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1424532 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -546188 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan.....                                  | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: LYTKOWSKI & CO., INC.

(2) EIN: 34-1258550

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

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

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BLUE CHIP CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>     | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BLUE CHIP CONSULTING GROUP, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-1884467</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>20-3691708</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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):



**BLUE CHIP CONSULTING GROUP, LLC  
401(k) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2018 AND 2017**

**BLUE CHIP CONSULTING GROUP, LLC  
401(k) PROFIT SHARING PLAN & TRUST**

**Financial Statements and Supplemental Schedule**

**DECEMBER 31, 2018 AND 2017**

*Financial Statements*

|                                                                  |   |
|------------------------------------------------------------------|---|
| Report of Independent Auditors .....                             | 1 |
| Annual Report - Index .....                                      | 3 |
| Statements of Net Assets Available for Benefits.....             | 4 |
| Statements of Changes in Net Assets Available for Benefits ..... | 5 |
| Notes to Financial Statements .....                              | 6 |

*Supplemental Schedule*

|                                                                                   |    |
|-----------------------------------------------------------------------------------|----|
| Form 5500 - Schedule H, Item 4i -- Schedule of Assets (Held at End of Year) ..... | 17 |
|-----------------------------------------------------------------------------------|----|



*Lytkowski & Co., Inc.*

*Certified Public Accountants and Business Advisors*

Plan Administrator  
Blue Chip Consulting Group, LLC 401(k) Profit Sharing Plan & Trust  
Seven Hills, OH

*Report of Independent Auditors*

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Blue Chip Consulting Group, LLC 401(k) Profit Sharing Plan & Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Auditors' Responsibility**

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

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 4, which was certified by Great-West Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

### **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 at end of year, as of December 31, 2018 and 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

*Lytkowski & Co., Inc.*

LYTKOWSKI & CO., INC.  
*Certified Public Accountants*  
Cleveland, OH

September 19, 2019

**BLUE CHIP CONSULTING GROUP, LLC  
401(k) PROFIT SHARING PLAN & TRUST**

**ANNUAL REPORT – INDEX**

**DECEMBER 31, 2018 AND 2017**

The following financial statements and supplemental schedule of Blue Chip Consulting Group, LLC 401(k) Profit Sharing Plan & Trust is included herewith:

Statements of Net Assets Available for Benefits -- December 31, 2018 and 2017

Statements of Changes in Net Assets Available for  
Benefits -- for the Years ended December 31, 2018 and 2017

Notes to Financial Statements

The following supplemental schedule of Blue Chip Consulting Group, LLC 401(k) Profit Sharing Plan & Trust included in the Annual Report of the Plan on Form 5500 filed with the U.S. Department of Labor's Pension and Welfare Benefit Administration for the years ended December 31, 2018 and 2017 and is included herewith:

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

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable and, therefore, have been omitted.

**BLUE CHIP CONSULTING GROUP, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2018 AND 2017**

|                                             | <u>2018</u>                | <u>2017</u>                |
|---------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                               |                            |                            |
| Investments, at fair value:                 |                            |                            |
| Interest in registered investment companies | \$ 7,055,918               | \$ 7,326,524               |
| Investment contracts with insurance company | <u>163,748</u>             | <u>423,887</u>             |
|                                             | 7,219,666                  | 7,750,411                  |
| Receivables:                                |                            |                            |
| Notes receivable participants               | <u>67,299</u>              | <u>82,742</u>              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>    | <u><u>\$ 7,286,965</u></u> | <u><u>\$ 7,833,153</u></u> |

See notes to financial statements.

**BLUE CHIP CONSULTING GROUP, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

|                                                                                  | <b>Participant – Directed<br/>Investment Program</b> |                            |
|----------------------------------------------------------------------------------|------------------------------------------------------|----------------------------|
|                                                                                  | <u>2018</u>                                          | <u>2017</u>                |
| <b>ADDITIONS:</b>                                                                |                                                      |                            |
| Net appreciation (depreciation) in fair value or<br>current value of investments | \$ (807,035)                                         | \$ 927,973                 |
| Interest and dividends                                                           | 328,175                                              | 255,265                    |
| Contributions:                                                                   |                                                      |                            |
| Employer                                                                         | 445,910                                              | 429,799                    |
| Participants                                                                     | 911,294                                              | 817,195                    |
| Rollover                                                                         |                                                      | 249,869                    |
| <b>TOTAL ADDITIONS</b>                                                           | <u>878,344</u>                                       | <u>2,680,101</u>           |
| <b>DEDUCTIONS:</b>                                                               |                                                      |                            |
| Benefits paid to participants                                                    | 1,347,330                                            | 871,703                    |
| Administrative expenses                                                          | <u>77,202</u>                                        | <u>67,187</u>              |
| <b>TOTAL DEDUCTIONS</b>                                                          | <u>1,424,532</u>                                     | <u>938,890</u>             |
| <b>NET CHANGE IN NET ASSETS<br/>AVAILABLE FOR BENEFITS</b>                       | <u>(546,188)</u>                                     | <u>1,741,211</u>           |
| Beginning of year                                                                | <u>7,833,153</u>                                     | <u>6,091,942</u>           |
| <b>END OF YEAR</b>                                                               | <u><u>\$ 7,286,965</u></u>                           | <u><u>\$ 7,833,153</u></u> |

See notes to financial statements.

**BLUE CHIP CONSULTING GROUP, LLC  
401(k) PROFIT SHARING PLAN & TRUST**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2018 AND 2017**

**NOTE 1 -- DESCRIPTION OF PLAN**

The following description of the Blue Chip Consulting Group, LLC 401(k) Profit Sharing Plan & Trust (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 covering employees of Blue Chip Consulting Group, LLC (the "Company") who are age 21 or older. The Company is primarily an IT consulting firm that leverages Microsoft products and services to help companies realize an agile infrastructure, predictable cost model and secure enterprise. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Contributions:** Participants can elect to have pre-tax payroll compensation deductions contributed to the Plan, subject to IRS limits. The Company will match 100% of the first 3% of the employees contributions and 50% of contributions between 3% to 5%. The Company can also make discretionary contributions to the Plan. The Company may make additional voluntary profit-sharing contributions. The Company elected not to make any discretionary contributions for 2018 and 2017.

**Participant accounts:** Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) Plan earnings and (c) charged with an allocation of administrative expenses. Allocations are based on the provisions of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investment options:** Each participant, inactive participant and beneficiary entitled to receive a benefit under the Plan shall be required to designate the portions of such of his/hers account(s) of the type designated by the Plan Administrator to be invested among the choices made available by the Plan Administrator, in cooperation with the Trustee and/or the investing manager(s). The following is a description of the funds currently available.

**Vanguard Target Retirement Income Fund** – The Vanguard Target Retirement Income Fund is designed for investors already in retirement. The fund seeks to provide current income and some capital appreciation by investing in 5 Vanguard index funds. The fund holds approximately 30% of assets in stocks and 70% in bonds.

**Vanguard Target Retirement 2015 Fund** – The Vanguard Target Retirement 2015 Fund offers a diversified portfolio within a single fund that adjusts its underlying asset mix over time. Once a fund has passed its designated date, such as the 2015 fund, its allocation is gradually adjusted to match that of the Target Retirement Income Fund and it may merge with that fund in seven years (2022 for this fund). The 2015 fund invests in 5 Vanguard index funds, holding approximately 45% of assets in stocks and 55% in bonds.

Vanguard Target Retirement 2025 Fund – The Vanguard Target Retirement 2025 Fund offers a diversified portfolio within a single fund that adjusts its underlying asset mix over time. The funds provide broad diversification while incrementally decreasing exposure to stocks and increasing exposure to bonds as each fund's target retirement approaches. The funds continue to adjust for approximately seven years after that date until their allocations match that of the Target Retirement Income Fund. Investors in the funds should be able to tolerate the risks that come from the volatility of the stock and bond markets. The 2025 fund invests in 4 Vanguard index funds, holding approximately 65% of assets in stocks and 35% in bonds.

Vanguard Target Retirement 2030 Fund – The Vanguard Target Retirement 2030 Fund seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2030. The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

Vanguard Target Retirement 2035 Fund – The Vanguard Target Retirement 2035 Fund offers a diversified portfolio within a single fund that adjusts its underlying asset mix over time. The funds provide broad diversification while incrementally decreasing exposure to stocks and increasing exposure to bonds as each fund's target retirement date approaches. The funds continue to adjust for approximately seven years after that date until their allocation match that of the Target Retirement Income Fund. Investors in the funds should be able to tolerate the risks that come from the volatility of the stock and bond markets. The 2035 fund invests in 4 Vanguard index funds, holding approximately 80% of the assets in stocks and 20% in bonds.

Vanguard Target Retirement 2040 Fund – The Vanguard Target Retirement 2040 Fund seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2040. The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

Vanguard Target Retirement 2045 Fund – The Vanguard Target Retirement 2045 Fund offers a diversified portfolio within a single fund that adjusts its underlying asset mix over time. The funds provide broad diversification while incrementally decreasing exposure to stocks and increasing exposure to bonds as each fund's target retirement date approaches. The funds continue to adjust for approximately seven years after that date until their allocation match that of the Target Retirement Income Fund. Investors in the funds should be able to tolerate the risks that come from the volatility of the stock and bond markets. The 2045 fund invests in 4 Vanguard index funds, holding approximately 90% of assets in equities and 10% in bonds.

Vanguard Target Retirement 2050 Fund – The Vanguard Target Retirement 2050 Fund seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2050. The fund’s asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

Vanguard Target Retirement 2055 Fund – The Vanguard Target Retirement 2055 Fund offers a diversified portfolio within a single fund that adjusts its underlying asset mix over time. The funds provide a broad diversification while incrementally decreasing exposure to stocks and increasing exposure to bonds as each fund’s target retirement date approaches. The funds continue to adjust for approximately seven years after that date until their allocation match that of the Target Retirement Income Fund. Investors in the funds should be able to tolerate the risks that come from the volatility of the stock and bond markets. The 2055 fund invests in 4 Vanguard index funds, holding approximately 90% of assets in equities and 10% in bonds.

Vanguard Target Retirement 2060 Fund – The Vanguard Target Retirement 2060 Fund seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2060. The fund’s asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

Vanguard Small-Cap Growth Index Fund – The Vanguard Small-Cap Growth Index Fund is a low-cost index fund that offers exposure to small-capitalization U.S. growth stocks, which tend to grow more quickly than the broader market. The fund seeks to track a growth-style index of small-sized companies.

Vanguard Small-Cap Index Fund (Admiral Shares) – The Vanguard Small-Cap Index Fund (Admiral Shares) is a low-cost index fund that provides broad exposure to the small-capitalization U.S. equity market. The fund seeks to track an index of small-sized companies.

Vanguard Mid-Cap Index Fund (Admiral Shares) – The Vanguard Mid-Cap Index Fund (Admiral Shares) is a low-cost index fund that provides broad mid-capitalization U.S. equity exposure. The fund seeks to track an index of medium-sized companies, whose stocks tend to be more volatile than those of larger companies.

Vanguard 500 Index Fund (Admiral Shares) – The Vanguard 500 Index Fund (Admiral Shares) is a low cost way to gain diversified exposure to the U.S. equity market. The fund offers exposure to 500 of the largest U.S. companies, which span many different industries and account for about three-fourths of the U.S. stock market’s value.

Vanguard Windsor II Fund (Admiral Shares) – The Vanguard Windsor II Fund (Admiral Shares) is mindful of price. This large-cap value stock fund carries the same risk associated with the stock market, with a “value” conscious approach that may provide a less bumpy ride.

DFA Large Cap International I – The DFA Large Cap International I Fund’s investment objective is to achieve long-term capital appreciation. The portfolio purchases securities of large non-U.S. companies in each country or region designated by the DFA as an approved market for investment.

DFA Real Estate Securities I – The DFA Real Estate Securities I Fund’s investment objective is to achieve long-term capital appreciation. The portfolio uses a market capitalization weighted approach, purchases readily marketable equity securities of companies whose principal activities include ownership, management, development, construction, or sale of residential, commercial or industrial real estate.

AB Discovery Growth I Fund – The AB Discovery Growth I Fund’s investment objective is long-term growth of capital. The fund invests primarily in a diversified portfolio of equity securities with relatively smaller capitalizations as compared to the over-all U.S. market. The fund invests at least 80% of its net assets in the equity securities of small- and mid-capitalization companies.

Dodge & Cox Income Fund – The Dodge & Cox Income Fund seeks a high and stable rate of current income, consistent with long-term preservation of capital. The fund invests in a diversified portfolio consisting primarily of high-quality bonds and other debt securities.

Thompson Bond Fund – The Thompson Bond Fund seeks a higher level of current income while preserving capital. The fund rotates the fund’s holding based on current conditions between longer and shorter maturity bonds, as well as between the sectors of the market such as a government, corporate and agency debt. The portfolio is structured to maintain at least a minimum credit quality and maximum duration at all times.

American Funds Europacific Growth R5 Fund – The American Funds Europacific Growth R5 Fund seeks long-term growth of capital. The fund invests primarily in common stocks of issuers in Europe and the Pacific Basin that the investment advisor believes have the potential for growth.

American Funds Europacific Growth R6 Fund – The American Funds Europacific Growth R6 Fund seeks long-term growth of capital. The fund invests primarily in common stocks of issuers in Europe and the Pacific Basin that the investment advisor believes have the potential for growth.

Oppenheimer Developing Markets Y Fund – The Oppenheimer Developing Markets Y Fund seeks capital appreciation. The fund mainly invests in common stocks of issuers in developing and emerging markets throughout the world and at times it may invest up to 100% of its total assets in foreign securities.

American Beacon Small Cap Value L Fund – The American Beacon Small Cap Value L Fund is a multi-manager fund seeking long-term capital appreciation and current income primarily through investments in small market capitalization U.S. stocks.

JPMorgan Mid Cap Value L Fund – The JPMorgan Mid Cap Value L Fund seeks growth from capital appreciation. The fund invests at least 80% of its assets in equity securities of mid cap companies whose market capitalizations equal those within the universe of the Russell Midcap Value Index and/or between \$1 billion and \$20 billion at the time of purchase.

Harbor Capital Appreciation Fund – The Harbor Capital Appreciation Fund seeks long-term growth of capital. The fund invests primarily in equity securities, principally common and preferred stocks, of U.S. companies with market capitalizations of at least \$1 billion at the time of purchase and that the Subadviser considers to have above average prospects for growth.

PIMCO Real Return Fund – The PIMCO Real Return Fund seeks maximum real return, consistent with preservation of capital and prudent investment management. The fund seeks its investment objective by investing under normal circumstances at least 80% of its net assets in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies or instrumentalities, and corporations, which may be represented by forwards or derivatives such as options, futures contracts or swap agreements.

PIMCO Income Fund – The PIMCO Income Fund seeks to maximize current income; long-term capital appreciation is a secondary objection. The fund invests at least 65% of its total assets in a multi-sector portfolio of Fixed Income Instruments of varying maturities, which may be represented by forwards or derivatives such as options, future contracts or swap agreements. It may invest up to 50% of its total assets in high yield securities rated below investment grade by Moody's, S&P or Fitch, or if unrated, as determined by PIMCO.

Guaranteed Interest Fund – The Guaranteed Interest Fund is a general account product offered through the group annuity contract, participant principal and interest are fully guaranteed by the entire general account assets of GWL&A. The general account assets are primarily high-quality, fixed income bonds, with 99% rated investment grade.

**Vesting:** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their account plus actual earnings thereon is based on years of service as follows:

| <u>Years of Service</u> | <u>Vesting Percentage</u> |
|-------------------------|---------------------------|
| Less than 2 years       | 0%                        |
| 2 but less than 3 years | 20%                       |
| 3 but less than 4 years | 40%                       |
| 4 but less than 5 years | 60%                       |
| 5 but less than 6 years | 80%                       |
| 6 years or more         | 100%                      |

**Payment of benefits:** Upon death, disability, retirement or termination of services, a participant or beneficiary may receive a lump-sum amount equal to the vested value of the participant's account, or receive installment payments or a series of substantially equal installments. Upon the death or permanent disability of a participant before his retirement date or other termination of his employment, all amounts credited to such participant's account shall become fully vested.

**Participant loans:** Participants may borrow from their fund accounts up to the lesser of \$50,000 or 50% of their vested account balance. Loan distribution amounts will be prorated across all available money types as follows: 1. non-fixed fund(s); 2. guaranteed interest fund(s) excluding guaranteed certificate fund(s); 3. guaranteed certificate fund(s), liquidating the certificate(s) closest to maturity first. General Purpose Loans terms range from one to five years, whereas Principal Residence Loans terms range from five to ten years. The loans are secured by the balance in the participant's account and bear interest at 1% over the Prime Rate published in the Wall Street Journal on the first day of the month the loan is originated.

**Forfeited accounts:** Forfeitures of Company contributions are used first to reduce expenses related to Plan administration and then to reduce employer contributions. At December 31, 2018 and 2017, forfeited non-vested accounts totaled \$109 and \$9, respectively.

**Plan expenses:** The Plan pays all custodian fees related to maintenance of participants' accounts. All other additional administrative expenses are paid by the Plan.

**Subsequent Events:** Management has performed an evaluation of subsequent events through September 19, 2019, which represents the date the financial statements were available to be issued.

## NOTE 2 -- SUMMARY OF ACCOUNTING POLICIES

**Basis of accounting:** The Plan prepares its financial statements on the accrual basis of accounting. As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

**Investing valuation and income recognition:** Investments are valued at quoted market prices, which represent the net asset value of investments held by the Plan at year end. Participant loans are valued at their outstanding balance, which approximates fair value.

**Use of estimates:** The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (“GAAP”) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

### **NOTE 3 -- INVESTMENTS (UNAUDITED)**

The following table presents the value of the plan’s investments greater than 5% at December 31, 2018 and 2017.

|                                                          | <u>2018</u>                | <u>2017</u>                |
|----------------------------------------------------------|----------------------------|----------------------------|
| Investments at fair value as determined by market price: |                            |                            |
| Interest in registered investment companies:             |                            |                            |
| American Funds Europacific Growth R5 Fund                |                            | \$ 725,815                 |
| American Funds Europacific Growth R6 Fund                | \$ 480,107                 |                            |
| Dodge & Cox Income Fund                                  | 482,130                    | 554,370                    |
| Harbor Capital Appreciation Fund                         | 568,361                    | 601,047                    |
| Oppenheimer Developing Markets Y Fund                    | 425,498                    | 367,972                    |
| Vanguard 500 Index Fund (Admiral Shares)                 | 1,249,888                  | 1,628,102                  |
| Vanguard Small-Cap Index Fund (Admiral Shares)           | 328,293                    | 438,973                    |
| Vanguard Target Retirement 2035 Fund                     | 464,435                    | 379,543                    |
| Vanguard Target Retirement 2045 Fund                     | 556,852                    | 545,180                    |
| Vanguard Windsor II Fund (Admiral Shares)                | 397,007                    | 339,395                    |
| DFA Large Cap International I                            | <u>446,068</u>             |                            |
| Total                                                    | <u>5,398,639</u>           | <u>5,580,397</u>           |
| Principal general account:                               |                            |                            |
| Guaranteed Portfolio Fund                                | <u>163,748</u>             | <u>423,887</u>             |
| <b>TOTAL INVESTMENTS GREATER THAN 5%</b>                 | <b><u>\$ 5,562,387</u></b> | <b><u>\$ 6,004,284</u></b> |

### **NOTE 4 -- ADMINISTRATION OF PLAN ASSETS AND INFORMATION CERTIFIED TO BY THE TRUSTEE**

The Plan Administrator holds the Plan’s investment assets and executes transactions. Financial information relating to those assets is included in the accompanying financial statements based on information certified by the trustee. That information, at December 31, 2018 and 2017, which has not been audited by independent accounts, is summarized below.

|                                                                               | 2018                | 2017                |
|-------------------------------------------------------------------------------|---------------------|---------------------|
| Investments at fair value as determined by quoted market price:               |                     |                     |
| Interest in registered investment companies:                                  |                     |                     |
| AB Discovery Growth I Fund                                                    | \$ 286,290          | \$ 255,533          |
| American Beacon Small Cap Value L Fund                                        | 82,671              | 165,525             |
| American Funds Europacific Growth R5 Fund                                     |                     | 725,815             |
| American Funds Europacific Growth R6 Fund                                     | 480,107             |                     |
| DFA Large Cap International I                                                 | 446,068             | 252,375             |
| DFA Real Estate Securities I                                                  | 147,530             | 104,400             |
| Dodge & Cox Income Fund                                                       | 482,130             | 554,370             |
| Harbor Capital Appreciation Fund                                              | 568,361             | 601,047             |
| JPMorgan Mid Cap Value L Fund                                                 | 114,977             | 150,179             |
| Oppenheimer Developing Markets Y Fund                                         | 425,498             | 367,972             |
| PIMCO Income Fund                                                             | 129,453             |                     |
| PIMCO Real Return Fund                                                        | 142,330             | 82,532              |
| Thompson Bond Fund                                                            | 136,895             | 8,522               |
| Vanguard 500 Index Fund (Admiral Shares)                                      | 1,249,888           | 1,628,102           |
| Vanguard Mid-Cap Index Fund (Admiral Shares)                                  | 183,778             | 295,439             |
| Vanguard Small-Cap Growth Index Fund                                          | 108,069             | 181,705             |
| Vanguard Small-Cap Index Fund (Admiral Shares)                                | 328,293             | 438,973             |
| Vanguard Target Retirement 2015 Fund                                          | 4,018               | 5,991               |
| Vanguard Target Retirement 2025 Fund                                          | 27,234              | 42,503              |
| Vanguard Target Retirement 2030 Fund                                          | 4,228               |                     |
| Vanguard Target Retirement 2035 Fund                                          | 464,435             | 379,543             |
| Vanguard Target Retirement 2040 Fund                                          | 19,709              |                     |
| Vanguard Target Retirement 2045 Fund                                          | 556,852             | 545,180             |
| Vanguard Target Retirement 2050 Fund                                          | 2,885               |                     |
| Vanguard Target Retirement 2055 Fund                                          | 250,460             | 196,182             |
| Vanguard Target Retirement 2060 Fund                                          | 9,376               |                     |
| Vanguard Target Retirement Income Fund                                        | 7,267               | 5,241               |
| Vanguard Windsor II Fund (Admiral Shares)                                     | 397,007             | 339,395             |
| Forfeitures                                                                   | 109                 |                     |
| Total                                                                         | 7,055,918           | 7,326,524           |
| Principal general account:                                                    |                     |                     |
| Guaranteed Interest Fund                                                      | 163,748             | 423,887             |
| Participant loans                                                             | 67,299              | 82,742              |
| Total Investments                                                             | <u>\$ 7,286,965</u> | <u>\$ 7,833,153</u> |
| Additions to net assets available for benefits:                               |                     |                     |
| Interest and dividends                                                        | \$ 328,175          | \$ 255,265          |
| Net appreciation (depreciation) in fair value or current value of investments | (807,035)           | 927,973             |
|                                                                               | <u>\$ (478,860)</u> | <u>\$ 1,183,238</u> |

## **NOTE 5 -- TAX STATUS**

The Plan utilized a standardized prototype plan of Great-West Trust Company, LLC. A determination letter, dated March 31, 2014, has been received from the Internal Revenue Service indicating that the standardized prototype plan as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

## **NOTE 6 -- INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)**

The 2018 and 2017 financial information included in the Plan's financial statements, except for contributions and distributions for withdrawals and terminations, has been derived from information certified as complete and accurate by the custodian, Great-West Trust Company, in accordance with Section 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.

## **NOTE 7 -- PLAN TERMINATION**

Although it has not been expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

## **NOTE 8 -- TRANSACTIONS WITH PARTIES-IN-INTEREST**

For the years ended December 31, 2018 and 2017, certain Plan investments are units of pooled separate accounts and guaranteed interest accounts managed by Great-West Trust Company. Great-West Trust Company is the custodian as defined by the Plan and, therefore, transactions therewith qualify as party-in-interest transactions.

## **NOTE 9 -- RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## NOTE 10 -- FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The valuation hierarchy is based upon the transparency of inputs to the valuation of the Plan's investments. The three levels are defined as follows:

Level 1 — Valuations based on quoted prices for identical securities in active markets.

Level 2 — Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3 — Valuations based on inputs that are unobservable and significant to the fair value.

The following table summarizes the Plan's fair value measurement:

|                                             |                     | Fair Value<br>Measuring Using: |                   |
|---------------------------------------------|---------------------|--------------------------------|-------------------|
|                                             | <u>Fair Value</u>   | <u>Level 1</u>                 | <u>Level 2</u>    |
| December 31, 2018:                          |                     |                                |                   |
| Interest in registered investment companies | \$ 7,055,918        | \$ 7,055,918                   |                   |
| Investment contract with insurance company  | <u>163,748</u>      | <u></u>                        | <u>\$ 163,748</u> |
|                                             | <u>\$ 7,219,666</u> | <u>\$ 7,055,918</u>            | <u>\$ 163,748</u> |
| December 31, 2017:                          |                     |                                |                   |
| Interest in registered investment companies | \$ 7,326,524        | \$ 7,326,524                   |                   |
| Investment contract with insurance company  | <u>423,887</u>      | <u></u>                        | <u>\$ 423,887</u> |
|                                             | <u>\$ 7,750,411</u> | <u>\$ 7,326,524</u>            | <u>\$ 423,887</u> |

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2018 and 2017, there were no significant transfers into or out of Level 3.

## **NOTE 11 -- GROUP ANNUITY CONTRACT WITH GREAT-WEST TRUST COMPANY**

The Plan entered into a benefit-responsive investment contract with Great-West Trust Company (Great-West). Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Great-West. Contract value, as reported by Great-West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measure attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the issuer or otherwise. The fair value of the investment contract at December 31, 2018 and 2017 was \$163,748 and \$423,887, respectfully. The Guaranteed Interest Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly.

Certain events may limit the Plan's ability to transact at contract value with Great-West. Such events include the following; premature termination of the contracts by the plan, plant closings, layoffs, plan termination, bankruptcy, mergers, and early retirement incentives. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the Plan are probable of occurring.

The average yield earned by the Plan for the benefit responsive fund can be derived by dividing the annual interest credited to the plan during the plan year by the average annual fair value rates for the fund over the year. The average for 2018 and 2017 is 1.35%.

The average yield credited to participants for the benefit responsive fund - this can be derived by dividing the annual interest credited to the participants during the plan year by the average annual fair value. That average for 2018 and 2017 is 1.35%.

## SUPPLEMENTAL SCHEDULE

**BLUE CHIP CONSULTING GROUP, LLC 401(k) PROFIT SHARING PLAN & TRUST****FORM 5500 – SCHEDULE H, ITEM 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2018**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment including maturity date,<br>rate of interest, collateral, par or maturity date | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Guaranteed Interest Fund                                        | Guaranteed Investment Contracts                                                                                 | \$ 154,149  | \$ 163,748              |
| *   | Vanguard Target Retirement Income Fund                          | Interest in registered investment companies                                                                     | 7,575       | 7,267                   |
| *   | Vanguard Target Retirement 2015 Fund                            | Interest in registered investment companies                                                                     | 4,138       | 4,018                   |
| *   | Vanguard Target Retirement 2025 Fund                            | Interest in registered investment companies                                                                     | 28,278      | 27,234                  |
| *   | Vanguard Target Retirement 2030 Fund                            | Interest in registered investment companies                                                                     | 4,383       | 4,228                   |
| *   | Vanguard Target Retirement 2035 Fund                            | Interest in registered investment companies                                                                     | 471,632     | 464,435                 |
| *   | Vanguard Target Retirement 2040 Fund                            | Interest in registered investment companies                                                                     | 21,165      | 19,709                  |
| *   | Vanguard Target Retirement 2045 Fund                            | Interest in registered investment companies                                                                     | 584,637     | 556,852                 |
| *   | Vanguard Target Retirement 2050 Fund                            | Interest in registered investment companies                                                                     | 3,121       | 2,885                   |
| *   | Vanguard Target Retirement 2055 Fund                            | Interest in registered investment companies                                                                     | 254,874     | 250,460                 |
| *   | Vanguard Target Retirement 2060 Fund                            | Interest in registered investment companies                                                                     | 10,358      | 9,376                   |
| *   | Vanguard Small-Cap Growth Index Fund                            | Interest in registered investment companies                                                                     | 96,401      | 108,069                 |
| *   | Vanguard Small-Cap Index Fund (Admiral Shares)                  | Interest in registered investment companies                                                                     | 329,138     | 328,293                 |
| *   | Vanguard Mid-Cap Index Fund (Admiral Shares)                    | Interest in registered investment companies                                                                     | 194,518     | 183,778                 |
| *   | Vanguard 500 Index Fund (Admiral Shares)                        | Interest in registered investment companies                                                                     | 1,108,765   | 1,249,888               |
| *   | Vanguard Windsor II Fund (Admiral Shares)                       | Interest in registered investment companies                                                                     | 464,147     | 397,007                 |
| *   | DFA Large Cap International I                                   | Interest in registered investment companies                                                                     | 496,763     | 446,068                 |
| *   | DFA Real Estate Securities I                                    | Interest in registered investment companies                                                                     | 154,301     | 147,530                 |
| *   | AB Discovery Growth I Fund                                      | Interest in registered investment companies                                                                     | 308,931     | 286,290                 |
| *   | Dodge & Cox Income Fund                                         | Interest in registered investment companies                                                                     | 496,869     | 482,130                 |

**BLUE CHIP CONSULTING GROUP, LLC 401(k) PROFIT SHARING PLAN & TRUST****FORM 5500 – SCHEDULE H, ITEM 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2018**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment including maturity date,<br>rate of interest, collateral, par or maturity date | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Thompson Bond Fund                                              | Interest in registered investment companies                                                                     | 138,910     | 136,895                 |
| *   | American Funds Europacific Growth R6 Fund                       | Interest in registered investment companies                                                                     | 604,051     | 480,107                 |
| *   | Oppenheimer Developing Markets Y Fund                           | Interest in registered investment companies                                                                     | 426,038     | 425,498                 |
| *   | American Beacon Small Cap Value L Fund                          | Interest in registered investment companies                                                                     | 103,415     | 82,671                  |
| *   | JPMorgan Mid Cap Value L Fund                                   | Interest in registered investment companies                                                                     | 128,953     | 114,977                 |
| *   | Harbor Capital Appreciation Fund                                | Interest in registered investment companies                                                                     | 621,159     | 568,361                 |
| *   | PIMCO Income Fund                                               | Interest in registered investment companies                                                                     | 132,776     | 129,453                 |
| *   | PIMCO Real Return Fund                                          | Interest in registered investment companies                                                                     | 146,978     | 142,330                 |
| *   | Participant Loans                                               | 4.25% - 4.50%                                                                                                   | 67,303      | 67,299                  |
| *   | Forfeitures                                                     |                                                                                                                 | 106         | 109                     |
|     |                                                                 |                                                                                                                 |             | <u>\$ 7,286,965</u>     |

\* Indicates party-in-interest to the Plan.

\*\* Cost is no longer required to be disclosed for participant directed investments.

**BLUE CHIP CONSULTING GROUP, LLC 401(k) PROFIT SHARING PLAN & TRUST****FORM 5500 – SCHEDULE H, ITEM 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2017**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment including maturity date,<br>rate of interest, collateral, par or maturity date | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Guaranteed Interest Fund                                        | Guaranteed Investment Contracts                                                                                 | \$ 423,887  | \$ 423,887              |
| *   | Vanguard Target Retirement Income Fund                          | Interest in registered investment companies                                                                     | 5,086       | 5,241                   |
| *   | Vanguard Target Retirement 2015 Fund                            | Interest in registered investment companies                                                                     | 5,625       | 5,991                   |
| *   | Vanguard Target Retirement 2025 Fund                            | Interest in registered investment companies                                                                     | 38,189      | 42,503                  |
| *   | Vanguard Target Retirement 2035 Fund                            | Interest in registered investment companies                                                                     | 339,339     | 379,543                 |
| *   | Vanguard Target Retirement 2045 Fund                            | Interest in registered investment companies                                                                     | 470,876     | 545,180                 |
| *   | Vanguard Target Retirement 2055 Fund                            | Interest in registered investment companies                                                                     | 171,440     | 196,182                 |
| *   | Vanguard Small-Cap Growth Index Fund                            | Interest in registered investment companies                                                                     | 140,721     | 181,705                 |
| *   | Vanguard Small-Cap Index Fund (Admiral Shares)                  | Interest in registered investment companies                                                                     | 361,149     | 438,973                 |
| *   | Vanguard Mid-Cap Index Fund (Admiral Shares)                    | Interest in registered investment companies                                                                     | 258,562     | 295,439                 |
| *   | Vanguard 500 Index Fund (Admiral Shares)                        | Interest in registered investment companies                                                                     | 1,271,329   | 1,628,102               |
| *   | Vanguard Windsor II Fund (Admiral Shares)                       | Interest in registered investment companies                                                                     | 327,843     | 339,395                 |
| *   | DFA Large Cap International I                                   | Interest in registered investment companies                                                                     | 221,433     | 252,375                 |
| *   | DFA Real Estate Securities I                                    | Interest in registered investment companies                                                                     | 101,169     | 104,400                 |
| *   | AB Discovery Growth I Fund                                      | Interest in registered investment companies                                                                     | 207,106     | 255,533                 |
| *   | Dodge & Cox Income Fund                                         | Interest in registered investment companies                                                                     | 553,003     | 554,370                 |
| *   | Thompson Bond Fund                                              | Interest in registered investment companies                                                                     | 8,522       | 8,522                   |
| *   | American Funds Europacific Growth R5 Fund                       | Interest in registered investment companies                                                                     | 634,452     | 725,815                 |
| *   | Oppenheimer Developing Markets Y Fund                           | Interest in registered investment companies                                                                     | 307,448     | 367,972                 |

**BLUE CHIP CONSULTING GROUP, LLC 401(k) PROFIT SHARING PLAN & TRUST****FORM 5500 – SCHEDULE H, ITEM 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2017**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment including maturity date,<br>rate of interest, collateral, par or maturity date | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | American Beacon Small Cap Value L Fund                          | Interest in registered investment companies                                                                     | 161,579     | 165,525                 |
| *   | JPMorgan Mid Cap Value L Fund                                   | Interest in registered investment companies                                                                     | 135,725     | 150,179                 |
| *   | Harbor Capital Appreciation Fund                                | Interest in registered investment companies                                                                     | 574,403     | 601,047                 |
| *   | PIMCO Real Return Fund                                          | Interest in registered investment companies                                                                     | 81,895      | 82,532                  |
| *   | Participant Loans                                               | 4.25% - 4.50%                                                                                                   |             | 82,742                  |
|     |                                                                 |                                                                                                                 |             | <u>\$ 7,833,153</u>     |

\* Indicates party-in-interest to the Plan.

\*\* Cost is no longer required to be disclosed for participant directed investments.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**BLUE CHIP CONSULTING GROUP LLC 401K PROFIT SHARING PLAN**  
**01-JAN-18 to 31-DEC-18**

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS      | CURRENT VALUE       |
|-------------------|---------------|---------------|---------------------|---------------------|
| 1VTINX            |               |               | 7,575.47            | 7,266.83            |
| 1VTXVX            |               |               | 4,137.67            | 4,017.69            |
| 1VTTVX            |               |               | 28,278.40           | 27,233.81           |
| 1VTHRX            |               |               | 4,383.01            | 4,228.06            |
| 1VTTHX            |               |               | 471,632.08          | 464,434.77          |
| 1VFORX            |               |               | 21,164.93           | 19,709.39           |
| 1VTIVX            |               |               | 584,637.00          | 556,851.79          |
| 1VFIFX            |               |               | 3,120.94            | 2,885.38            |
| 1VFFVX            |               |               | 254,874.02          | 250,460.36          |
| 1VTTSX            |               |               | 10,357.59           | 9,376.44            |
| 1RERGX            |               |               | 604,050.78          | 480,107.17          |
| 1DFALX            |               |               | 496,763.49          | 446,068.37          |
| 1ODVYX            |               |               | 426,038.49          | 425,498.41          |
| 1DFREX            |               |               | 154,300.58          | 147,530.08          |
| 1AVFIX            |               |               | 103,414.59          | 82,671.16           |
| 1VISGX            |               |               | 96,401.42           | 108,069.03          |
| 1VSMAX            |               |               | 329,137.92          | 328,293.43          |
| 1CHCIX            |               |               | 308,931.28          | 286,289.97          |
| 1FLMVX            |               |               | 128,953.38          | 114,977.13          |
| 1VIMAX            |               |               | 194,517.63          | 183,777.99          |
| 1HACAX            |               |               | 621,159.26          | 568,361.39          |
| 1VFIAx            |               |               | 1,108,765.03        | 1,249,888.42        |
| 1VWNAX            |               |               | 464,146.63          | 397,006.86          |
| 1DODIX            |               |               | 496,869.38          | 482,129.87          |
| 1PIMIX            |               |               | 132,775.88          | 129,452.91          |
| 1PRRIX            |               |               | 146,977.65          | 142,330.21          |
| 1THOPX            |               |               | 138,909.56          | 136,895.03          |
| 1GWGIF            |               | 1.350         | 154,148.56          | 163,747.53          |
|                   |               |               | <b>7,496,422.62</b> | <b>7,219,559.48</b> |
| PARTICIPANT LOANS | VARIOUS       | 4.500-6.250   | 67,302.92           | 67,298.72           |
| FORFEITURES       |               |               | 106.11              | 107.21              |

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**BLUE CHIP CONSULTING GROUP LLC 401K PROFIT SHARING PLAN**  
**01-JAN-18 to 31-DEC-18**

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

## LEGEND

## INVESTMENT OPTION:

1VTINX Vanguard Target Retirement Income Inv  
 1VTTVX Vanguard Target Retirement 2025 Inv  
 1VTTHX Vanguard Target Retirement 2035 Inv  
 1VTIVX Vanguard Target Retirement 2045 Inv  
 1VFFVX Vanguard Target Retirement 2055 Inv  
 1RERGX American Funds EuroPacific Gr R6  
 1ODVYX Oppenheimer Developing Markets Y  
 1AVFIX American Beacon Small Cp Val Inst  
 1VSMAX Vanguard Small Cap Index Adm  
 1FLMVX JPMorgan Mid Cap Value L  
 1HACAX Harbor Capital Appreciation Instl  
 1VWNAX Vanguard Windsor II Fund - Admiral  
 1PIMIX PIMCO Income Instl  
 1THOPX Thompson Bond Fund

1VTXVX Vanguard Target Retirement 2015 Inv  
 1VTHRX Vanguard Target Retirement 2030 Inv  
 1VFORX Vanguard Target Retirement 2040 Inv  
 1VFIFX Vanguard Target Retirement 2050 Inv  
 1VTTSX Vanguard Target Retirement 2060 Inv  
 1DFALX DFA Large Cap International I  
 1DFREX DFA Real Estate Securities I  
 1VISGX Vanguard Small Cap Growth Index  
 1CHCIX AB Discovery Growth I  
 1VIMAX Vanguard Mid Cap Index Fund - Admiral  
 1VFIAX Vanguard 500 Index Admiral  
 1DODIX Dodge & Cox Income  
 1PRRIX PIMCO Real Return Instl  
 1GWGIF Guaranteed Interest Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year