

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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><b>2018</b><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 checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |  |
|                                                                                                          | <input type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input type="checkbox"/> an amended return/report | <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months)                                                     |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                                                                   |                                                                                                                                                                                                                                          |  |
| <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                                                                                                     |  |
|                                                                                                          | <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>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                                      | <b>1b</b> | Three-digit plan number (PN) ▶ <u>333</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                                             | <b>1c</b> | Effective date of plan<br><u>01/01/1998</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>COADVANTAGE CORPORATION</u><br><br><u>3350 BUSCHWOOD PARK DRIVE</u><br><u>SUITE 200</u><br><u>TAMPA, FL 33618</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>27-3007025</u> |
|                |                                                                                                                                                                                                                                                                                                                                                                             | <b>2c</b> | Plan Sponsor's telephone number<br><u>813-935-2000</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                                             | <b>2d</b> | Business code (see instructions)<br><u>561300</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2019 | JAY MARTIN                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2019 | JAY MARTIN                                                   |
|                  | 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 type="checkbox"/> Same as Plan Sponsor<br><br>THE COADVANTAGE 401K PLAN COMMITTEE<br><br>3350 BUSCHWOOD PARK DRIVE<br>STE 200<br>TAMPA, FL 33618                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br>27-3007025<br><br><b>3c</b> Administrator's telephone number<br>407-422-8448                                                      |
| <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> 24159                                                                                                                                                     |
| <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 ..... | <b>6a(1)</b> 21746<br><b>6a(2)</b> 25032<br><b>6b</b> 0<br><b>6c</b> 1396<br><b>6d</b> 26428<br><b>6e</b> 1<br><b>6f</b> 26429<br><b>6g</b> 11010<br><b>6h</b> 273 |
| <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>2E 2J 2A 2F 2G 2K 3D 2S 2T<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> |
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|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| 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>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN                   | <b>B</b> Three-digit plan number (PN) ▶                     | 333 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COADVANTAGE CORPORATION   | <b>D</b> Employer Identification Number (EIN)<br>27-3007025 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY |
|-------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | MR 61723                              | 26429                                                                       | 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>1 | <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<br>AURORA INSURANCE SERVICES INC<br>100 ENTERPRISE DR<br>ROCKAWAY, NJ 07866 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 1                                             |                                 |             | 4                     |

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

---

**(a)** 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><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** 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><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** 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><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** 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><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | <b>0</b> |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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** **31696744**

|                                                                       |              |                |  |
|-----------------------------------------------------------------------|--------------|----------------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | <b>2293690</b> |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | <b>0</b>       |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | <b>1184505</b> |  |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> | <b>9081758</b> |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | <b>1224722</b> |  |

▶ **HOLDING ACCOUNT INTEREST, LN DISTRI**

(6) Total additions..... **7c(6)** **13784675**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** **45481419**

**e** Deductions:

|                                                                                 |              |                |  |
|---------------------------------------------------------------------------------|--------------|----------------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | <b>4033788</b> |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | <b>145258</b>  |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> | <b>0</b>       |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | <b>518549</b>  |  |

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

(5) Total deductions..... **7e(5)** **4697595**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** **40783824**

**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>    |  |
| <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>    |  |
| (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> |  |
| (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>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN                          | B Three-digit plan number (PN) ▶ 333                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COADVANTAGE CORPORATION          | D Employer Identification Number (EIN)<br>27-3007025 |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
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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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**(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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| (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? |
|-------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 52 60 64<br>68 71 72 | CONTRACT ADMINISTRATOR                                                                            | 1701817                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 357                                                                                                                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

COADVANTAGE RESOURCES, INC.

59-3434670

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50                     | PROFESSIONAL SERVICES                                                                             | 277410                                                                 | 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"/>                                     |

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

MERRILL LYNCH CONSULTING SERVICES

13-5674085

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17                     | ADVISOR                                                                                           | 97774                                                                  | 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)

WINSTON & STRAWN, LLP

36-1975990

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | LEGAL                                                                                             | 28391                                                                  | 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"/>                                     |

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

CBIZ/MHM, LLC

34-1874260

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 14000                                                                  | 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"/>                                     |

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

AMERICAN FUNDS

94-6050854

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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)

AMERICAN FUNDS

95-1411037

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

DODGE & COX

94-6067274

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FRANKLIN TEMPLETON

59-6865210

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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)

HARBOR

34-1953393

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

HARRIS

52-2257782

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

INVESCO

76-0343427

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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)

LEGG MASON

95-2705767

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

LORD ABBETT

13-3731507

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MORGAN STANLEY

36-3145972

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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)

PIMCO FUNDS

95-2632339

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PIONEER

04-3453709

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PUTNAM

04-3251560

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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)

VANGUARD

23-2787277

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VANGUARD

51-0106626

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VANGUARD

23-1711688

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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)

VANGUARD

23-1945930

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VANGUARD

23-1999755

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VANGUARD

23-2311358

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SAGIC 61723<br><br>04-1590850                                       | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 52 72                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PREM U.S. GOVT MNY MKT FD BARINGS<br><br>04-3212059                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEL GR OPPORTUNITIES FD SANDS JSP<br><br>04-3512589                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SELECT MID CAP GR FD TRP FRONTIER<br><br>04-3512596                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LORD ABBETT HIGH YIELD FUND<br><br>13-3731507                       | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HARBOR MID CAP VALUE FUND<br><br>34-1953393                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MORGAN STANLEY INSTL INTL ADV FD<br><br>36-3145972                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 49                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MILLENNIUM TRUST COMPANY, LLC<br><br>36-4400066                     | REFERRAL FEE                                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK FUND<br><br>52-2257782                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK INTERNATIONAL FUND<br><br>52-2257782                        | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 71                                                                                                                                                                 | 357                                       |
| (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. |                                           |
| CHARLES SCHWAB & CO, INC.<br><br>94-1737782                         | PLAN RELATED EXPENSES                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DODGE & COX GLOBAL STOCK<br><br>94-6067274                          | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DODGE & COX STOCK FUND<br><br>94-6067274                            | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN FUNDS                                                      | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS BALANCED FUND<br><br>94-6050854                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN FUNDS                                                      | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS NEW WORLD FUND<br><br>95-1411037                     | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| HARBOR                                                              | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HARBOR MID CAP VALUE FUND<br><br>34-1953393                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| HARRIS                                                              | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK FUND<br><br>52-2257782                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| HARRIS                                                              | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK INTERNATIONAL FUND<br><br>52-2257782                        | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| INVESCO                                                             | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO EQUITY AND INCOME FUND<br><br>76-0343427                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| LEGG MASON                                                          | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WESTERN ASSET CORE PLUS BOND FUND<br><br>95-2705767                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| LORD ABBETT                                                         | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LORD ABBETT HIGH YIELD FUND<br><br>13-3731507                       | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PUTNAM                                                              | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PUTNAM SMALL CAP VALUE FUND                                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 04-3251560                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD STRATEGIC EQUITY FUND                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2787277                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD STRATEGIC SMALL-CAP EQ FD                                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2787277                                                          |                                                                                                                                                                    |                                           |

**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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD EXPLORER FUND                                              | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 51-0106626                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD WELLESLEY INCOME FUND                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-1711688                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTITUTIONAL INDEX FUND                                   | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-1945930                                                          |                                                                                                                                                                    |                                           |

**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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD MID CAP INDEX FUND<br><br>23-1999755                       | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD SMALL CAP INDEX FUND<br><br>23-1999755                     | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2015<br><br>23-2311358                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2020                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2311358                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2025                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2311358                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2030                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2311358                                                          |                                                                                                                                                                    |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2035                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2311358                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2040                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2311358                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2045                                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| 23-2311358                                                          |                                                                                                                                                                    |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2050<br><br>23-2311358                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2055<br><br>23-2311358                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET 2060<br><br>23-2311358                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VANGUARD                                                            | 52                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VANGUARD INSTL TARGET RET INC FD<br><br>23-2311358                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (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:     | CBIZ MHM, LLC                                                  | <b>b</b> EIN:       | 43-1947695   |
| <b>c</b> Position: | AUDITOR                                                        |                     |              |
| <b>d</b> Address:  | 13577 FEATHER SOUND DRIVE<br>SUITE 400<br>CLEARWATER, FL 33762 | <b>e</b> Telephone: | 727-572-1400 |
|                    |                                                                |                     |              |

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

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <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> | <small>OMB No. 1210-0110</small><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>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN</b>                          | <b>B</b> Three-digit plan number (PN) ►                            | <b>333</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COADVANTAGE CORPORATION</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>27-3007025</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>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 6365791               | 9516355         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <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>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 352907603             | 427507248       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 31707239              | 44902521        |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 0                     | 1395720         |

**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> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 390980633             | 483321844       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <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> | 390980633 | 483321844 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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> | 15957338   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 44954651   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 15610585   |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (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>    |            | 76522574  |
| <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> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 419568     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 419568    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 23731747   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 23731747  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <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> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <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)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -53320603 |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 47353286  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 46495063 |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |          |          |
| (3) Other .....                                                                      | 2e(3) |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |          | 46495063 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 589490   |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 97327    |
| h Interest expense.....                                                              | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2) | 185353   |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 2102856  |          |
| (4) Other .....                                                                      | 2i(4) | 600      |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 2288809  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 49470689 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -2117403  |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  | 142150717 |
| (2) From this plan.....                                  | 2l(2) |  | 47692103  |

**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: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

**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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

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

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

| 5b(1) Name of plan(s)  | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------|--------------|-------------|
| ADP                    | 59-2452823   | 001         |
| ALLIANCE BENEFIT GROUP | 37-1414135   | 001         |
| AMERITAS               | 31-4379515   | 001         |
| ATLANTIC TRUST COMPANY | 01-3476919   | 001         |

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

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <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? .....                                                                                       |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <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.) .....                                                                |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <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? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|----------------------------|--------------|-------------|
| CONCURRENT HRO             | 47-5137893   | 001         |
| FUTURE BENEFITS OF AMERICA | 62-1751967   | 001         |
| INSPERITY                  | 76-0178498   | 001         |
| JOHN HANCOCK               | 04-3483032   | 001         |

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

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <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? .....                                                                                       |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <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.) .....                                                                |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <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? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|---------------------------|--------------|-------------|
| MASSMUTUAL                | 04-1590850   | 001         |
| NATIONWIDE                | 55-0817538   | 001         |
| PAYCHEX                   | 16-1124166   | 001         |
| PHOENIX PAYROLL SOLUTIONS | 53-1247135   | 001         |

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

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <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.) .....                                          | <b>4c</b> |     |    |        |
| <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.).....                                | <b>4d</b> |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> |     |    |        |
| <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? .....                                                                                       | <b>4f</b> |     |    |        |
| <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?.....                                                     | <b>4g</b> |     |    |        |
| <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?.....                                           | <b>4h</b> |     |    |        |
| <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.) .....                                                                | <b>4i</b> |     |    |        |
| <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.) ..... | <b>4j</b> |     |    |        |
| <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? .....                                                           | <b>4k</b> |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             | <b>4l</b> |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     |    |        |
| <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. ....                                      | <b>4n</b> |     |    |        |

**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) |
|-----------------------|--------------|-------------|
| SIDECAR HR            | 47-1501861   | 001         |
| SLAVIC                | 01-0620969   | 001         |
| THE STANDARD          | 93-0242990   | 001         |
| TRANSAMERICA          | 36-6071399   | 001         |

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

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <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? .....                                                                                       |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <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.) .....                                                                |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <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? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|----------------------------------|--------------|-------------|
| VOYA                             | 52-1317217   | 001         |
| ZENITH ENERGY TERMINALS HOLDINGS | 47-1445411   | 001         |
|                                  |              |             |
|                                  |              |             |

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <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>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN</u>                 | <b>B</b> Three-digit plan number (PN) ▶<br><u>333</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COADVANTAGE CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-3007025</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>04-1590850</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):

# **COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN**

Tampa, Florida

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Including Independent Auditors' Report

As of December 31, 2018 and 2017  
and for the Year Ended December 31, 2018

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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## **Independent Auditors' Report**

To the Plan Administrator of  
CoAdvantage Corporation Retirement Savings Plan  
Tampa, Florida

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of CoAdvantage Corporation Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year 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 presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan ("Trustee"), and Massachusetts Mutual Life Insurance Company, the custodian of the group annuity contract ("Custodian"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee and Custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the Trustee and Custodian as of and for the year ended December 31, 2018, that the information provided to the plan administrator by the Trustee and Custodian 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 the 2018 financial statements.

### **Other Matter – Supplementary Information**

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

### **Other Matter — 2017 Financial Statements**

The financial statements of the Plan as of December 31, 2017, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee and Custodian. Their report, dated October 15, 2018, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee and Custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee and Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Baker Tilly Virchow Krause, LLP*

Chicago, Illinois  
September 20, 2019

## COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2018 and 2017

---

| <b>ASSETS</b>                                    |                       |                       |
|--------------------------------------------------|-----------------------|-----------------------|
|                                                  | <u>2018</u>           | <u>2017</u>           |
| Investments:                                     |                       |                       |
| Guaranteed interest account, at contract value   | \$ 44,902,521         | \$ 31,707,239         |
| Mutual funds, at fair value                      | 426,235,236           | 351,635,591           |
| Insurance company general account, at fair value | 18,890                | 18,890                |
| Self-directed brokerage account, at fair value   | <u>1,395,720</u>      | <u>-</u>              |
| Total investments                                | 472,552,367           | 383,361,720           |
| Receivables:                                     |                       |                       |
| Participant contributions                        | 1,453,216             | 1,079,385             |
| Employer contributions                           | 1,474,393             | 354,205               |
| Notes receivable from participants               | <u>9,516,355</u>      | <u>6,365,791</u>      |
| Total receivables                                | <u>12,443,964</u>     | <u>7,799,381</u>      |
| <b>TOTAL ASSETS</b>                              | <u>484,996,331</u>    | <u>391,161,101</u>    |
| <b>LIABILITIES</b>                               |                       |                       |
| Excess contributions payable                     | <u>457,970</u>        | <u>494,486</u>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>         | <u>\$ 484,538,361</u> | <u>\$ 390,666,615</u> |

See accompanying notes to financial statements.

## COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2018

---

#### ADDITIONS

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| Interest and dividends                                | \$ 24,960,981      |
| Interest income on notes receivable from participants | 419,568            |
| Contributions:                                        |                    |
| Participant                                           | 45,364,998         |
| Employer                                              | 17,077,526         |
| Rollover                                              | <u>15,610,585</u>  |
| Total contributions                                   | <u>78,053,109</u>  |
| Total additions                                       | <u>103,433,658</u> |

#### DEDUCTIONS

|                                                        |                              |
|--------------------------------------------------------|------------------------------|
| Net depreciation in fair value of investments          | 54,549,837                   |
| Benefits paid to participants                          | 47,181,880                   |
| Administrative expenses                                | <u>2,288,809</u>             |
| Total deductions                                       | <u>104,020,526</u>           |
| Net decrease                                           | (586,868)                    |
| Transfers into Plan (Note 11)                          | 142,150,717                  |
| Transfers out of Plan (Note 11)                        | (47,692,103)                 |
| Net assets available for benefits - Beginning of year  | <u>390,666,615</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR</b> | <b><u>\$ 484,538,361</u></b> |

See accompanying notes to financial statements.

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

---

### **NOTE 1 - Description of the Plan**

---

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

#### *General*

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

The Plan uses Massachusetts Mutual Life Insurance Company for recordkeeping and custodial services of its group annuity contract ("Custodian"). The Custodian has entered into a trust arrangement with Reliance Trust Company to act as the trustee of the remaining investments ("Trustee"). The Plan also has one investment with Transamerica Life Insurance Company ("Transamerica").

#### *Contributions*

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

#### *Participant Accounts*

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

#### *Vesting*

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

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 1 - Description of the Plan (cont.)**

---

#### *Forfeited Accounts*

As of December 31, 2018 and 2017, forfeited nonvested accounts totaled \$1,522,566 and \$788,000, respectively. These accounts will be used to pay plan expenses or to reduce the Adopting Employer's future matching contributions. In 2018, the Employer contributions and administrative expenses were reduced by \$562,560 from forfeited nonvested accounts.

#### *Notes Receivable From Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 3.25 percent to 6.75 percent at December 31, 2018, which are commensurate with local prevailing rates at inception of loan as determined quarterly by the plan administrator. Principal and interest is paid ratably through regular payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence.

#### *Payment of Benefits*

On termination of service due to death, disability, retirement, or other reasons, a participant may receive a lump-sum distribution equal to the value of the participant's vested interest in their account. Participants may take in-service withdrawals upon attainment of age 59<sup>1/2</sup> or for immediate and heavy financial hardship needs, as defined in the plan document.

---

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

---

#### *Basis of Accounting*

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

Investment held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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.

#### *Use of Estimates*

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

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

---

### **NOTE 2 - Summary of Significant Accounting Policies (cont.)**

---

#### *Investment Valuation and Income Recognition*

Investments in mutual funds and the insurance company general account are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 for discussion of fair value measurements.

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

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. Consult the Plan's group annuity contract for further information. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

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

#### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent participant loans are recorded as distributions on the basis of the terms of the plan document.

#### *Expenses*

Certain expenses of maintaining the Plan are paid by the Adopting Employers and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

#### *Payment of Benefits*

Benefits are recorded when paid.

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 2 - Summary of Significant Accounting Policies (cont.)**

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#### *Subsequent Events*

The Plan has evaluated subsequent events for recognition or disclosure through September 20, 2019, the date the financial statements were available to be issued.

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### **NOTE 3 - Information Certified by Trustee**

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The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2018 and 2017. Accordingly, the Trustee and Custodian have certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018, and the related investment activity reported in the statement of changes in net assets available for benefits for the year ended December 31, 2018.

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### **NOTE 4 - Fair Value Measurements**

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- > quoted prices for similar assets or liabilities in active markets;
- > quoted prices for identical or similar assets or liabilities in inactive markets;
- > inputs other than quoted prices that are observable for the asset or liability;
- > inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

### NOTE 4 - Fair Value Measurements (cont.)

The following is a description of the valuation methodologies used for assets measured at fair value. There has been no changes in the methodologies used at December 31, 2018 and 2017.

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

Self-directed brokerage accounts are valued at the quoted market price of the respective security held within the account.

The insurance company general investment is considered a deposit liability with no defined maturity and is stated at fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

| Assets at Fair Value as of December 31, 2018 |                       |                     |             |                       |
|----------------------------------------------|-----------------------|---------------------|-------------|-----------------------|
|                                              | Level 1               | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 426,235,236        | \$ -                | \$ -        | \$ 426,235,236        |
| Self-directed brokerage account              | -                     | 1,395,720           | -           | 1,395,720             |
| Insurance company general account            | -                     | 18,890              | -           | 18,890                |
|                                              | <u>\$ 426,235,236</u> | <u>\$ 1,414,610</u> | <u>\$ -</u> | <u>\$ 427,649,846</u> |
| Assets at Fair Value as of December 31, 2017 |                       |                     |             |                       |
|                                              | Level 1               | Level 2             | Level 3     | Total                 |
| Mutual funds                                 | \$ 351,635,591        | \$ -                | \$ -        | \$ 351,635,591        |
| Insurance company general account            | -                     | 18,890              | -           | 18,890                |
|                                              | <u>\$ 351,635,591</u> | <u>\$ 18,890</u>    | <u>\$ -</u> | <u>\$ 351,654,481</u> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

For years ended December 31, 2018 and 2017, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

### NOTE 5 - Administration of Plan Assets

The Plan's assets are administered under a contract with the Trustee. The Trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 6 - Related Party and Party In Interest Transactions**

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Certain of the Plan's investments are managed by the Custodian and Transamerica, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the contract administration fees were approximately \$1,701,817 for the year ended December 31, 2018. In addition, the Custodian receives revenue from service providers for services it provides to the funds. This revenue is used to offset certain amounts owed to the Custodian for its administrative services. If the revenue received by the Custodian from such service providers exceeds the amount owed, the Custodian remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The Principal Participating Employer may make a payment to the Custodian for administrative expenses not covered by revenue sharing.

During 2018, the Plan also paid the Principal Participating Employer approximately \$277,410 for administrative services. The Plan also paid approximately \$140,165 to other service providers for investment, legal, auditing and third party administration services.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Principal Participating Employer. No such officer or employee receives compensation from the Plan.

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### **NOTE 7 - Plan Termination**

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Although it has not expressed any intent to do so, the Principal Participating Employer has the right 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 percent vested in the Adopting Employer's contributions.

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### **NOTE 8 - Tax Status**

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

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### NOTE 9 - Risks and Uncertainties

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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 statements of net assets available for benefits.

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### NOTE 10 - Reconciliation of Financial Statements to Form 5500

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

|                                                                        | <u>2018</u>          | <u>2017</u>          |
|------------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements         | \$484,538,361        | \$390,666,615        |
| Less: assets held by Transamerica recorded on the financial statements | (18,890)             | (18,890)             |
| Less: contributions receivable                                         | (2,927,609)          | (1,433,590)          |
| Plus: excess contributions payable                                     | 457,970              | 494,486              |
| Plus: assets held by Transamerica recorded on Form 5500                | <u>1,272,012</u>     | <u>1,272,012</u>     |
| Net assets available for benefits per Form 5500                        | <u>\$483,321,844</u> | <u>\$390,980,633</u> |

The following is a reconciliation of the net decrease in net assets per the financial statements to net loss per Form 5500 for the year ended December 31, 2018:

|                                                         |                       |
|---------------------------------------------------------|-----------------------|
| Net decrease in net assets per the financial statements | \$ (586,868)          |
| Plus: contributions receivable - beginning of year      | 1,433,590             |
| Less: contributions receivable - end of year            | (2,927,609)           |
| Less: excess contributions payable - beginning of year  | (494,486)             |
| Plus: excess contributions payable - end of year        | <u>457,970</u>        |
| Net loss per Form 5500                                  | <u>\$ (2,117,403)</u> |

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 11 - Transfers In and Out**

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On October 1, 2017, CoAdvantage Corporation purchased 100% of the stock of TCM Pemco Holdings, Inc. ("PEMCO") and the Plan was amended effective July 30, 2018 to allow former employees of PEMCO and Adopting Employers of the PEMCO 401(k) Plan to be eligible to participate in the Plan. As a result of the acquisition, \$55,397,607 of Plan assets were transferred to the Plan in 2018.

On October 19, 2017, CoAdvantage Corporation acquired 100% of the stock of Strategic Administrative Services, Inc., Strategic Staffing Services, Inc., and Strategic HR Management Services, Inc. (collectively "Total HR") and the Plan was amended effective January 1, 2018 to allow former employees of Total HR and Adopting Employers of the Strategic Staffing Services dba H.R. 401(k) Plan to be eligible to participate in the Plan. As a result of the acquisition, \$14,235,211 of Plan assets were transferred into the Plan in 2018.

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

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

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### **NOTE 12 - Excess Contributions Payable**

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The Plan's statements of net assets available for benefits at December 31, 2018 and 2017 includes \$457,970 and \$494,486, respectively of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

## **SUPPLEMENTAL INFORMATION**

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4(i), SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan 001

EIN 39-2015032

As of December 31, 2018

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity<br>Date, Rate of Interest, Collateral, Par or Maturity<br>Value (if applicable) | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Investments:</b>                                                |                                                                                                                                     |             |                      |
|     | American Funds                                                     | American Funds Balanced                                                                                                             | N/R         | \$ 30,633,334        |
|     | American Funds                                                     | American Funds New World                                                                                                            | N/R         | 6,031,539            |
| *   | MassMutual                                                         | MassMutual Cashout Fund                                                                                                             | N/R         | 341,417              |
|     | Dodge & Cox                                                        | Dodge & Cox Global Stock                                                                                                            | N/R         | 5,830,585            |
|     | Dodge & Cox                                                        | Dodge & Cox Stock Fund                                                                                                              | N/R         | 16,312,098           |
|     | Harbor Funds                                                       | Harbor Mid Cap Value                                                                                                                | N/R         | 5,610,348            |
| *   | MassMutual                                                         | MassMutual Holding Account                                                                                                          | N/R         | 301,827              |
|     | Invesco, Ltd.                                                      | Invesco Equity and Income                                                                                                           | N/R         | 25,471,797           |
|     | Lord Abbett                                                        | Lord Abbett High Yield                                                                                                              | N/R         | 5,392,468            |
|     | Oakmark Funds                                                      | Oakmark Fund                                                                                                                        | N/R         | 8,853,141            |
|     | Oakmark Funds                                                      | Oakmark International Fund                                                                                                          | N/R         | 6,443,541            |
|     | PIMCO                                                              | PIMCO Real Return                                                                                                                   | N/R         | 3,901,649            |
|     | Amundi Pioneer                                                     | Pioneer Strategic Income                                                                                                            | N/R         | 3,117,981            |
| *   | MassMutual                                                         | Premier US Government Money Market                                                                                                  | N/R         | 3,537,457            |
|     | Putnam Investments                                                 | Putnam Small Cap Value                                                                                                              | N/R         | 4,297,332            |
| *   | MassMutual                                                         | Select Sands/Jackson Growth Opportunities                                                                                           | N/R         | 25,989,256           |
|     | T. Rowe Price                                                      | Select T. Rowe Price/Frontier Mid Cap Growth II                                                                                     | N/R         | 10,022,000           |
|     | Templeton                                                          | Templeton Global Bond                                                                                                               | N/R         | 1,641,941            |
|     | Vanguard Group                                                     | Vanguard Explorer                                                                                                                   | N/R         | 8,243,105            |
|     | Vanguard Group                                                     | Vanguard Institutional Index                                                                                                        | N/R         | 37,092,787           |
|     | Vanguard Group                                                     | Vanguard Mid Cap Index                                                                                                              | N/R         | 7,952,251            |
|     | Vanguard Group                                                     | Vanguard Small Cap Index                                                                                                            | N/R         | 8,725,367            |
|     | Vanguard Group                                                     | Vanguard Strategic Equity                                                                                                           | N/R         | 3,585,414            |
|     | Vanguard Group                                                     | Vanguard Strategic Small Cap Equity                                                                                                 | N/R         | 2,612,150            |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2015                                                                                                     | N/R         | 3,577,349            |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2020                                                                                                     | N/R         | 20,566,217           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2025                                                                                                     | N/R         | 23,115,076           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2030                                                                                                     | N/R         | 29,371,759           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2035                                                                                                     | N/R         | 22,317,376           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2040                                                                                                     | N/R         | 21,859,821           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2045                                                                                                     | N/R         | 14,108,621           |

## COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4(i), SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

Plan 001

EIN 39-2015032

As of December 31, 2018

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity<br>Date, Rate of Interest, Collateral, Par or Maturity<br>Value (if applicable) | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Investments:</b>                                                |                                                                                                                                     |             |                      |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2050                                                                                                     | N/R         | 11,355,895           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2055                                                                                                     | N/R         | 7,348,738            |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2060                                                                                                     | N/R         | 1,547,691            |
|     | Vanguard Group                                                     | Vanguard Retirement Income                                                                                                          | N/R         | 4,781,398            |
|     | Vanguard Group                                                     | Vanguard Wellesley Income                                                                                                           | N/R         | 4,535,821            |
|     | Western Asset                                                      | Western Asset Core Bond                                                                                                             | N/R         | 18,920,644           |
|     | Morgan Stanley                                                     | Morgan Stanley Institutional International<br>Advantage Fund                                                                        | N/R         | 10,888,045           |
| *   | Transamerica                                                       | Transamerica Stable Value Advantage                                                                                                 | N/R         | 18,890               |
|     | Schwab Investments                                                 | Schwab PCRA                                                                                                                         | N/R         | 1,395,720            |
|     | <b>Fully Benefit Responsive Investment Contracts:</b>              |                                                                                                                                     |             |                      |
| *   | MassMutual                                                         | Guaranteed Interest Account                                                                                                         | N/R         | 44,902,521           |
|     | <b>Notes Receivable from Participants:</b>                         |                                                                                                                                     |             |                      |
| *   | Participant Loans                                                  | Maturities through 2048 at interest rates varying<br>from 3.25% to 6.75%                                                            | 0           | <u>9,516,355</u>     |
|     |                                                                    |                                                                                                                                     |             | <u>\$482,068,722</u> |

\* A party in interest as defined by ERISA  
N/R - Cost omitted for participant directed investments

This schedule has been prepared based on information certified as complete and accurate by Reliance Trust Company, Trustee, and Massachusetts Mutual Life Insurance Company, Custodian.

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name   | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-----------------------------------|--------------------------------|---------------------------------|
| CoAdvantage Corporation           | 27-3007025                     | 0.05%                           |
| Surgical Specialists of St. Lucie | 26-0176703                     | 0.03%                           |
| Artistry in Mosaics               | 65-0933394                     | 0.11%                           |
| Kenworth of South Florida         | 20-4562303                     | 0.06%                           |
| CoAdvantage Corporation           | 27-3007025                     | 6.03%                           |
| Perry Baromedical Corporation     | 65-0314327                     | 0.05%                           |
| Pirtek SFO                        | 45-3834160                     | 0.00%                           |
| Waterblasting, LLC                | 47-2876221                     | 0.05%                           |
| Sciperio, Inc.                    | 73-1528382                     | 0.10%                           |
| RVR Consulting Group              | 26-1450370                     | 0.01%                           |
| Picsolve, Inc.                    | 20-2191432                     | 0.06%                           |
| Federal Engineering & Testing,    | 80-0831583                     | 0.01%                           |
| CAMS Maintenance, Inc.            | 51-0669508                     | 0.00%                           |
| SiliconX Construction, Inc.       | 46-1594258                     | 0.00%                           |
| Insula Apartment Management, LLC  | 46-4392403                     | 0.00%                           |
| Technical Specialties Company,    | 13-1910884                     | 0.00%                           |
| A. Advocates & Attorneys of Ke    | 59-3607269                     | 0.00%                           |
| A AAmerican Container             | 59-3354575                     | 0.03%                           |
| Accent Signs                      | 59-3286988                     | 0.02%                           |
| Advanced Pharmaceutical Consul    | 59-3186282                     | 0.27%                           |
| Landsaw Eyecare                   | 02-0561487                     | 0.00%                           |
| Air America A/C                   | 16-1627653                     | 0.08%                           |
| Hampton Inn                       | 65-0851368                     | 0.04%                           |
| Alan R. Heap, D.M.D., P.A.        | 59-2977900                     | 0.07%                           |
| American Solar Energy Society,    | 59-1768923                     | 0.00%                           |
| Anita International Corporatio    | 65-0861673                     | 0.10%                           |
| Anita International Corporatio    | 65-0861673                     | 0.10%                           |
| April USA Assistance INC          | 65-0564647                     | 0.16%                           |
| Aqua Culture Technologies, Inc    | 23-3189319                     | 0.01%                           |
| Ash Properties                    | 36-4691763                     | 0.00%                           |
| Atlas Spine, Inc.                 | 33-1131445                     | 0.00%                           |
| Powers Drive Animal Hospital      | 27-1247598                     | 0.02%                           |
| Bailey Tax and Accounting, Inc    | 59-2980126                     | 0.02%                           |
| BallenIsles Community Associat    | 65-0151050                     | 0.09%                           |
| Bankers Home Mortgage             | 59-3478518                     | 0.02%                           |
| Bankers Home Mortgage             | 59-3478518                     | 0.02%                           |
| Baywood Technologies, Inc.        | 59-2751509                     | 0.00%                           |
| Bella-Management LLC              | 46-4557650                     | 0.04%                           |
| Bellew Investments, Inc.          | 59-3319750                     | 0.00%                           |
| Bluegrass Industries              | 65-0704572                     | 0.00%                           |
| Boca Bay Master Association, I    | 62-1342782                     | 0.14%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Boston Barricade Company, Inc.  | 02-0472117                     | 0.21%                           |
| Hampton Inn & Suites            | 26-1689696                     | 0.08%                           |
| Capital Realty Advisors, Inc.   | 65-0192168                     | 0.04%                           |
| Cardax Pharma, Inc.             | 46-2790734                     | 0.07%                           |
| Not Taken                       | 99-9999999                     | 0.00%                           |
| Centra Healthcare Solutions, I  | 26-4282042                     | 0.06%                           |
| Central Communications Network  | 59-3087065                     | 0.00%                           |
| Chadwell Supply, Inc.           | 26-0290810                     | 0.29%                           |
| Mealey Group, Inc.              | 65-1043421                     | 0.40%                           |
| Cite Partners, LLC              | 46-5358575                     | 0.01%                           |
| Citizens Bank of Florida        | 59-0557762                     | 0.35%                           |
| Citrus Pest Management, Inc.    | 59-3546692                     | 0.00%                           |
| Hampton Inn - City Center       | 59-3639110                     | 0.00%                           |
| Coastal HVAC Supply             | 26-2634002                     | 0.15%                           |
| Pointe Medical Services, Inc.   | 65-1139585                     | 0.00%                           |
| Affordable Body Shop, Inc.      | 01-0562670                     | 0.00%                           |
| Communication Construction Ser  | 65-0767680                     | 0.05%                           |
| Not Taken                       | 59-2114359                     | 0.00%                           |
| Community Association Manageme  | 65-0527468                     | 0.01%                           |
| Concrete Precast Products, Inc  | 27-5549047                     | 0.02%                           |
| Concurrent, Inc.                | 26-2636279                     | 0.00%                           |
| Control Communications, Inc.    | 65-0602414                     | 0.00%                           |
| CORE Realty Holdings Managemen  | 20-3213310                     | 0.16%                           |
| Craft Electric, Inc             | 59-3594719                     | 0.01%                           |
| Creative Environmental Solutio  | 59-3226613                     | 0.03%                           |
| Davidson Media Group, LLC       | 01-0803559                     | 0.00%                           |
| Day Farms, Inc.                 | 58-2069467                     | 0.05%                           |
| Derrick Kinney                  | 45-7654730                     | 0.05%                           |
| Taylor of the Rockies           | 84-0718566                     | 0.02%                           |
| Taylor of the Rockies           | 84-0718566                     | 0.02%                           |
| Direct Mail Impressions, Inc.   | 65-0124253                     | 0.02%                           |
| Disability Resource Group, Inc  | 36-4314570                     | 0.00%                           |
| Disability Resource Group, Inc  | 36-4314570                     | 0.00%                           |
| Donna R Uliva                   | 20-2976098                     | 0.01%                           |
| E-Merge                         | 27-4350678                     | 0.12%                           |
| EECON Construction Services     | 20-8863518                     | 0.05%                           |
| Engineered Tax Services, Inc.   | 20-5936724                     | 0.15%                           |
| Environmental Risk Management,  | 65-0922629                     | 0.06%                           |
| EPC Energy Services, LLC        | 46-3208960                     | 0.00%                           |
| ETS Power Group, Inc.           | 65-0938599                     | 0.04%                           |
| ETS Power Group, Inc.           | 65-0938599                     | 0.04%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| F & J Specialty Products, Inc.  | 59-1937255                     | 0.05%                           |
| Federal Maintenance, Inc.       | 45-3844668                     | 0.00%                           |
| Fleet Lease Disposal, Inc.      | 59-1951844                     | 0.15%                           |
| Florida Acquisition & Appraisa  | 59-3331947                     | 0.04%                           |
| Florida Barter                  | 65-0022512                     | 0.03%                           |
| Premier Fabricating, LLC        | 47-2484379                     | 0.00%                           |
| Forest Lake Estates Co-op, Inc  | 59-3172338                     | 0.00%                           |
| Independent Medical Associates  | 20-4082856                     | 0.04%                           |
| Independent Medical Associates  | 20-4082856                     | 0.04%                           |
| Fudge & McArthur, P.A.          | 20-0045280                     | 0.07%                           |
| GA-MA & Associates, Inc.        | 59-1636454                     | 0.02%                           |
| George Beddie                   | 55-6528633                     | 0.00%                           |
| Golf Agronomics Supply & Handl  | 14-1708544                     | 0.16%                           |
| GTMN Partners, LLC              | 20-2955144                     | 0.02%                           |
| Graphix Solutions of America,   | 11-3657567                     | 0.00%                           |
| Hampton Inn - Grove Hotel       | 65-0502465                     | 0.03%                           |
| Guardian Eye Care Center        | 65-0747828                     | 0.00%                           |
| Guardian Eye Care Center        | 65-0747828                     | 0.00%                           |
| Arctica Frozen Solutions        | 35-2171288                     | 0.01%                           |
| Heafey Bentley Mgt              | 86-1112261                     | 0.02%                           |
| HyGreen, Inc.                   | 27-1159374                     | 0.00%                           |
| Today's Vision                  | 76-0399898                     | 0.02%                           |
| DO NOT USE                      | 75-1980815                     | 0.00%                           |
| Jessica V. Shellard, CPA, LLC   | 26-1227430                     | 0.00%                           |
| David E. Riggs (JHRA)           | 20-0989759                     | 0.04%                           |
| JMC Development Corporation     | 59-1407299                     | 0.01%                           |
| JMC Development Corporation     | 59-1407299                     | 0.01%                           |
| Jobs for Florida's Graduates    | 59-3580979                     | 0.00%                           |
| Pirtek Jersey Village           | 49-4935774                     | 0.00%                           |
| Karats & Carats of Maitland, I  | 59-2694065                     | 0.01%                           |
| Keys Insurance Services, Inc.   | 13-4259726                     | 0.02%                           |
| KOVA Property Management LLC    | 26-0541246                     | 0.01%                           |
| KOVA Property Management LLC    | 26-0541246                     | 0.01%                           |
| L.R.E. Ground Services, Inc.    | 59-2932603                     | 0.02%                           |
| L.R.E. Ground Services, Inc.    | 59-2932603                     | 0.02%                           |
| Lakeland Crane Corporation      | 59-3360542                     | 0.00%                           |
| Lakes of Delray, Inc            | 59-2596584                     | 0.03%                           |
| Lakeside Family Dentistry       | 20-8243635                     | 0.05%                           |
| Proscape Holdings, Inc.         | 20-2495327                     | 0.08%                           |
| LinRene Furniture, Inc.         | 56-1898671                     | 0.00%                           |
| Littlestone Management          | 51-0630065                     | 0.02%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name   | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-----------------------------------|--------------------------------|---------------------------------|
| Lux-Art Silks International, I    | 65-0950055                     | 0.04%                           |
| M & J Plumbing Contractors, In    | 58-1999558                     | 0.00%                           |
| M.C. Miller Co., Inc.             | 22-1777475                     | 0.10%                           |
| Medplex Outpatient Surgery Cen    | 78-0353620                     | 0.05%                           |
| Tricarico Architecture and Design | 20-0533648                     | 0.16%                           |
| Moss Hill Foliage                 | 59-3017271                     | 0.00%                           |
| Moss Hill Foliage                 | 59-3017271                     | 0.00%                           |
| Mossland Farms, Inc.              | 58-2013632                     | 0.01%                           |
| MSA Annuity, LLC                  | 51-0503284                     | 0.02%                           |
| Clifford B. Newton (Newton & N    | 59-3548888                     | 0.00%                           |
| Nickel Plate Properties & Mana    | 26-2646032                     | 0.03%                           |
| Orchid Island Golf & Beach Com    | 65-0194373                     | 0.02%                           |
| Outpatient Surgery Center         | 20-2047704                     | 0.03%                           |
| P2 Solutions                      | 45-1571958                     | 0.00%                           |
| Pacesetters, Inc.                 | 59-2387581                     | 0.07%                           |
| Par One Construction              | 59-3125017                     | 0.00%                           |
| Parsley Construction              | 59-3007984                     | 0.00%                           |
| Parthenon Medical Center          | 27-4083175                     | 0.01%                           |
| Pathfinder Business Strategies    | 20-0635855                     | 0.02%                           |
| PEBB Capital Management           | 46-5680624                     | 0.15%                           |
| Pharmacy Development Services,    | 16-1627653                     | 0.35%                           |
| Hampton Inn                       | 65-0794455                     | 0.03%                           |
| Port A Pit, Inc.                  | 59-2120599                     | 0.01%                           |
| Potter Golf Instruction, LLC      | 45-5339089                     | 0.00%                           |
| Professional Management, Inc.     | 59-1725802                     | 0.06%                           |
| Puradyn Filter Technologies, I    | 65-0125129                     | 0.06%                           |
| QC Laboratories, Inc.             | 59-1095059                     | 0.08%                           |
| Quist Valuation, Inc.             | 84-0952849                     | 0.04%                           |
| Colorado Barricade Company        | 46-3000981                     | 0.00%                           |
| Colorado Barricade Company        | 46-3000981                     | 0.00%                           |
| RedStick Golf Club                | 91-1941655                     | 0.07%                           |
| Sassy Business Management, Inc    | 27-3356253                     | 0.01%                           |
| Sawyer's, Inc                     | 59-2805574                     | 0.00%                           |
| Scott, Singleton, Fincher and     | 75-1830742                     | 0.07%                           |
| Securance LLC                     | 03-0392503                     | 0.03%                           |
| Security Identification System    | 65-0503496                     | 0.03%                           |
| Shingle Creek Real Estate Advi    | 20-3599153                     | 0.05%                           |
| SimpleShow USA Corp.              | 37-1749888                     | 0.12%                           |
| Smith Security System, Inc        | 59-2747791                     | 0.01%                           |
| Smokey Valley Stone Company, I    | 59-3505180                     | 0.02%                           |
| Southern Storage Management Sy    | 65-0272140                     | 0.03%                           |

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|---------------------------------------------------------------------------|--------------------------------------------------------|
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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Spotlight Media Solutions, Inc  | 28-2222678                     | 0.02%                           |
| Stewart Materials, Inc.         | 65-0649938                     | 0.00%                           |
| Stewart Materials, Inc.         | 65-0649938                     | 0.00%                           |
| Substance Solutions, Inc.       | 26-1646246                     | 0.10%                           |
| Pediatric Care of Austin, P.A.  | 74-2809697                     | 0.01%                           |
| TaxServ, LLC                    | 54-1792131                     | 0.03%                           |
| Texas Health Management LLC     | 46-1274382                     | 0.00%                           |
| The ALS Assoc. Golden West Cha  | 95-4163338                     | 0.09%                           |
| The Business Group, Inc.        | 59-2976593                     | 0.00%                           |
| The Cybrix Group, Inc.          | 13-4228013                     | 0.00%                           |
| The Matrix Financial Group, In  | 65-0679588                     | 0.03%                           |
| The Orlando Dental Group        | 20-2341885                     | 0.04%                           |
| Thermo King of the Southeast,   | 20-8432054                     | 0.05%                           |
| Transcendent Investment Manage  | 65-0241332                     | 0.01%                           |
| Apartment Association of Metro  | 84-0592187                     | 0.08%                           |
| UCF Convocation Corporation     | 16-1733312                     | 0.09%                           |
| Unity Recovery Center           | 26-3163883                     | 0.00%                           |
| Van Wezel Foundation, Inc.      | 59-2807055                     | 0.03%                           |
| Viking Floor Enterprises, Inc.  | 76-0454559                     | 0.00%                           |
| Visage Hair and Nail Design, I  | 04-3642520                     | 0.00%                           |
| vitaMedMD, LLC                  | 26-2704476                     | 1.50%                           |
| Whetstone Engineering & Testin  | 65-0461695                     | 0.02%                           |
| Wingate by Wyndham-Miramar      | 65-1099486                     | 0.00%                           |
| Wingin' It in Juno LLC          | 59-1359485                     | 0.00%                           |
| Winner's Choice, Inc.           | 59-2685715                     | 0.00%                           |
| The Loggerhead Group, Inc.      | 59-2509906                     | 0.00%                           |
| Y.C.C.S. Property Owners Assoc  | 26-3972576                     | 0.00%                           |
| Your Auction, Inc.              | 01-0750277                     | 0.01%                           |
| Venetian Condominium, Inc.      | 59-1303036                     | 0.01%                           |
| Blue Tread LLC                  | 47-1053255                     | 0.01%                           |
| Fountainhead Commercial Capita  | 47-1912663                     | 0.01%                           |
| Fountainhead Commercial Capita  | 47-1912663                     | 0.01%                           |
| Parker Merrick Company, Inc.    | 59-1359485                     | 0.00%                           |
| Hutchison Advisors              | 26-3242967                     | 0.00%                           |
| Ascent Surgical Partners, LLC   | 39-1964361                     | 0.00%                           |
| At Home In Key West, Inc.       | 65-0951798                     | 0.06%                           |
| RN Borelli                      | 94-2613728                     | 0.00%                           |
| Expocredit, LLC                 | 26-4721980                     | 0.04%                           |
| Alembic Pharmaceuticals Inc     | 46-1378951                     | 0.07%                           |
| Kings Point in Tamarac, Inc.    | 59-2363040                     | 0.02%                           |
| Florida Breaker                 | 65-0402243                     | 0.00%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Murphy, Miller & Baglieri, LLP  | 20-1689274                     | 0.30%                           |
| Badia Hand to Shoulder LLC      | 26-1642118                     | 0.09%                           |
| Badia Hand to Shoulder LLC      | 26-1642118                     | 0.09%                           |
| Sunstate Bank                   | 65-0878433                     | 0.23%                           |
| LliBott Consultorios Medicos    | 47-4324790                     | 0.01%                           |
| Feer, Inc.                      | 59-3391964                     | 0.05%                           |
| Bush Brothers Provision Compan  | 59-1370103                     | 0.17%                           |
| Lawrence Lowy Associates        | 13-3779161                     | 0.16%                           |
| Matthews Design Group           | 20-2968948                     | 0.10%                           |
| Shadow Wood Community Associat  | 65-0811616                     | 0.05%                           |
| Meriwether Management Company,  | 27-2997758                     | 0.01%                           |
| Linque Management Company Inc.  | 11-3050659                     | 0.11%                           |
| Royal Palm Charter School       | 59-3714557                     | 0.00%                           |
| Truckmax, Inc.                  | 65-0731268                     | 0.04%                           |
| Wiebel, Hennells & Carufe, PLLC | 65-0116709                     | 0.01%                           |
| Wiebel, Hennells & Carufe, PLLC | 65-0116709                     | 0.01%                           |
| Chaucer America                 | 20-8059086                     | 0.24%                           |
| The Adobe, LTD                  | 46-1542226                     | 0.00%                           |
| Discovery Outsourcing, LLC      | 27-0065882                     | 0.00%                           |
| Capital Real Estate, LLC        | 90-0285280                     | 0.12%                           |
| Apogee Scientific, Inc.         | 84-1284844                     | 0.00%                           |
| Frost Creek                     | 47-3298026                     | 0.01%                           |
| Big Tree, Inc.                  | 84-1339265                     | 0.00%                           |
| Blackfox Training Institute     | 84-1345711                     | 0.03%                           |
| Blackfox, LLC                   | 26-1857564                     | 0.01%                           |
| Silotech Group, Inc.            | 26-3512026                     | 0.02%                           |
| Silotech Group, Inc.            | 26-3512026                     | 0.02%                           |
| Blueberry Systems, LLC          | 01-0828967                     | 0.00%                           |
| Brand 44, LLC                   | 20-1562120                     | 0.01%                           |
| Laser Scientific, LLC           | 83-0389053                     | 0.11%                           |
| Bright Beginnings               | 84-1382420                     | 0.00%                           |
| Call Management Products, Inc.  | 84-1088445                     | 0.08%                           |
| CBR International Corp.         | 06-1665083                     | 0.18%                           |
| Chipman Glasser, LLC            | 27-0994640                     | 0.14%                           |
| Clean Energy Solutions, Inc.    | 20-5409816                     | 0.03%                           |
| Cognify, Inc.                   | 94-3330670                     | 0.03%                           |
| Colorado Gulf Packaging, Inc.   | 74-2779972                     | 0.00%                           |
| Colorado Lending Source, Ltd.   | 84-1171311                     | 0.27%                           |
| Hold Thyssen Inc.               | 59-3077038                     | 0.04%                           |
| Creative Illumination, Inc.     | 84-0523931                     | 0.01%                           |
| Crosstrees Medical, Inc.        | 13-4250104                     | 0.00%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| CSU Pueblo Foundation           | 84-6035959                     | 0.02%                           |
| ITonCommand                     | 84-1349478                     | 0.00%                           |
| Denver Indian Health & Family   | 84-0724261                     | 0.04%                           |
| Escalera Resources Co.          | 83-0214692                     | 0.01%                           |
| Encore-DTAL                     | 27-3302842                     | 0.00%                           |
| Flatirons Field Services, LLC   | 46-0828556                     | 0.29%                           |
| Quick Holdings                  | 81-4822467                     | 0.11%                           |
| MedKeeper                       | 84-1452303                     | 0.19%                           |
| Zero Wait-State Inc.            | 74-2928695                     | 0.06%                           |
| Highlands Integrative Pediatri  | 46-1038166                     | 0.07%                           |
| Joyce Homes, Inc.               | 84-1150610                     | 0.00%                           |
| The Exchange Tavern             | 42-1646458                     | 0.00%                           |
| Kahuna Operations Management,   | 27-0970233                     | 0.00%                           |
| Lazarus Investments, LLC        | 45-5370186                     | 0.00%                           |
| Lazarus Investments, LLC        | 45-5370186                     | 0.00%                           |
| Liberty Resources Management C  | 61-1724291                     | 0.90%                           |
| Lingoport, Inc.                 | 84-1586079                     | 0.07%                           |
| Maui Wowi                       | 41-2040884                     | 0.00%                           |
| Newcastle Properties, Inc.      | 84-0928079                     | 0.01%                           |
| Nomad Field Services, LLC       | 46-2296152                     | 0.00%                           |
| Outrigger Energy, LLC           | 46-3634542                     | 0.15%                           |
| PARSEC Group                    | 68-0099937                     | 0.04%                           |
| PARSEC Group                    | 68-0099937                     | 0.04%                           |
| Peebles Prosthetics, Inc.       | 84-1160766                     | 0.18%                           |
| Tapp's Garage                   | 84-0718075                     | 0.00%                           |
| Temporary Housing Directory, I  | 75-2946349                     | 0.09%                           |
| Termscout, Inc.                 | 46-5135026                     | 0.00%                           |
| Termscout, Inc.                 | 46-5135026                     | 0.00%                           |
| Accurate Masonry of Texas Inc.  | 75-2494089                     | 0.00%                           |
| Tierra Group International, Lt  | 45-3766365                     | 0.11%                           |
| Case Not Taken                  | 75-2664739                     | 0.00%                           |
| Level Four Orthotics and Prost  | 83-0359603                     | 0.09%                           |
| Ancor Holdings, LP              | 75-2516108                     | 0.04%                           |
| ZIM Consulting, Inc.            | 20-8447943                     | 0.00%                           |
| Zip Consulting                  | 46-1395638                     | 0.06%                           |
| Eminent Spine, LLC              | 26-2739683                     | 0.03%                           |
| BUFCTX. P.A.                    | 47-4202104                     | 0.01%                           |
| BUFCSAC, P.C.                   | 47-4192085                     | 0.00%                           |
| Lacy and Barrett LLC            | 47-4191964                     | 0.02%                           |
| BUFCLA, LLC                     | 47-4202195                     | 0.00%                           |
| ElderAuto, Inc.                 | 43-2060222                     | 0.01%                           |

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**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name    | (b) Participating Employer EIN | (c) Percentage of Contributions |
|------------------------------------|--------------------------------|---------------------------------|
| Sunfresh Produce Inc.              | 45-4350697                     | 0.01%                           |
| Queue Software Inc.                | 47-1052622                     | 0.03%                           |
| Chrome Capital Group LLC           | 46-3217646                     | 0.00%                           |
| Aqua-Tech                          | 33-1220631                     | 0.00%                           |
| Forte Interactive, Inc.            | 65-0947453                     | 0.02%                           |
| Brasfield, Freeman, Goldis & C     | 59-1709234                     | 0.04%                           |
| Accurate Monitoring Limited        | 20-5795855                     | 0.46%                           |
| ACT Data Services, Inc.            | 22-2677011                     | 0.00%                           |
| ADV Pediatric Surgeons PC          | 45-2500613                     | 0.04%                           |
| 22 SMR Company, LLC                | 83-2925567                     | 0.12%                           |
| AGR Financial, LLC                 | 22-3376977                     | 0.06%                           |
| All-Pro Title Group, LLC           | 06-1715740                     | 0.00%                           |
| Arco Steel Company                 | 22-0740657                     | 0.01%                           |
| Arcturus Group LLC                 | 26-0351320                     | 0.02%                           |
| Associated Personnel Services,     | 22-3730377                     | 0.03%                           |
| Barry Wind & Associates, Inc.      | 20-8031671                     | 0.00%                           |
| Bee Ideas, LLC                     | 27-0214758                     | 0.00%                           |
| Beta Squared Lithography. Inc.     | 06-1560046                     | 0.03%                           |
| Blue Slate, LLC                    | 80-0414946                     | 0.07%                           |
| Bulbrite Industries, Inc.          | 13-2701380                     | 0.22%                           |
| Byte Consulting, Inc.              | 52-2286553                     | 0.02%                           |
| Cameo, Wealth & Creative Managemen | 20-8031671                     | 0.00%                           |
| Carnie P. Bragg Funeral Homes,     | 22-1971690                     | 0.01%                           |
| Century Cherry Lawn Pharmacy,      | 13-4060815                     | 0.00%                           |
| Citron Pharma, LLC                 | 46-1733482                     | 0.10%                           |
| Closeouts, Surplus & Salvage,      | 22-3413052                     | 0.06%                           |
| Coloron Plastics Corporation       | 22-2270194                     | 0.03%                           |
| Compensation Resources, Inc.       | 52-1668892                     | 0.06%                           |
| Contract Leasing Corporation       | 22-3101115                     | 0.24%                           |
| Corsair Partners, LLC              | 13-3932102                     | 0.00%                           |
| Credit Bureau of Napa County,      | 94-1284710                     | 0.08%                           |
| FSB Associates, LLC                | 22-3720302                     | 0.02%                           |
| GNJ Associates, Inc. dba Profo     | 20-3603113                     | 0.06%                           |
| Gonzer Administrative, LLC         | 20-8073865                     | 0.02%                           |
| Greenberg, Walden & Grossman,      | 22-1890508                     | 0.03%                           |
| HealthTech, Inc.                   | 27-1526464                     | 0.00%                           |
| Hertog Foundation, Inc.            | 26-2002295                     | 0.05%                           |
| Holiday Inn Crestview              | 22-1727665                     | 0.00%                           |
| Hospital & Healthcare Compensa     | 22-2326784                     | 0.02%                           |
| Insight News & Features, Inc.      | 81-0567662                     | 0.00%                           |
| James P. Nolan and Associates,     | 20-1894028                     | 0.02%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name     | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-------------------------------------|--------------------------------|---------------------------------|
| Juventio, LLC                       | 80-0883342                     | 0.00%                           |
| Krazy Kat Sportswear, LLC           | 22-3480562                     | 0.26%                           |
| L. Winik & Associates, Inc.         | 22-1903210                     | 0.01%                           |
| Lela Rose HPV, LLC                  | 45-3630780                     | 0.00%                           |
| Martab Physician and Hospital       | 22-1808293                     | 0.03%                           |
| Medical Laboratory Diagnostics      | 22-2768584                     | 0.15%                           |
| NPZ Law Group, P. C.                | 22-3241533                     | 0.10%                           |
| New Brunswick Cardiac Cath Lab      | 20-2419783                     | 0.02%                           |
| Nino Marino, Physician, LLC         | 13-2935289                     | 0.01%                           |
| Nuco Title Insurance Agency, I      | 22-2430527                     | 0.01%                           |
| ONC Newark Club, LLC dba The N      | 20-5612517                     | 0.00%                           |
| One Key, LLC                        | 22-3766395                     | 0.02%                           |
| Peter J. Bruno M.D, P.C.            | 73-1709083                     | 0.01%                           |
| Pinnacle Companies                  | 22-3693818                     | 0.00%                           |
| PLS Productions                     | 14-4407050                     | 0.00%                           |
| Precision Forms, Inc.               | 22-1570418                     | 0.24%                           |
| Product Source International D      | 22-3749078                     | 0.15%                           |
| PSI Business Computers, Inc. t      | 22-2821404                     | 0.00%                           |
| Royal Coachman Worldwide, LTD       | 22-1891548                     | 0.12%                           |
| Rutan Poly Industries, Inc.         | 22-2092078                     | 0.05%                           |
| Rutan Poly Industries, Inc.         | 22-2092078                     | 0.05%                           |
| Scura, Wigfield, Heyer & Stevens, L | 22-3723735                     | 0.10%                           |
| Select Title Agency, Inc.           | 22-3146755                     | 0.00%                           |
| Sheffet & Dvorin, P.C.              | 22-3624121                     | 0.04%                           |
| Snelling Personnel                  | 22-3508520                     | 0.00%                           |
| Stitch & Couture, Inc. dba Lel      | 13-3862975                     | 0.10%                           |
| Taffin, LLC                         | 13-4103858                     | 0.01%                           |
| The Tikvah Fund                     | 13-3676152                     | 0.10%                           |
| The Westmont Montessori School      | 22-1756061                     | 0.04%                           |
| Cox Stationers & Printers           | 22-2428262                     | 0.02%                           |
| Versatile Distributors, Inc.        | 22-1619389                     | 0.00%                           |
| Warm Thoughts Communications,       | 13-3715190                     | 0.17%                           |
| Wholepoint Communications, LLC      | 26-4349573                     | 0.00%                           |
| WTS, LLC                            | 30-0608746                     | 0.04%                           |
| Xpedited Services LLC               | 86-1173765                     | 0.00%                           |
| Max Fire Apparatus, Inc.            | 84-1441953                     | 0.00%                           |
| BBB of Palm Beach County, Inc.      | 59-1261763                     | 0.01%                           |
| Alliance Coach, Inc.                | 27-0777094                     | 0.03%                           |
| R Smith International LLC           | 26-1268348                     | 0.25%                           |
| Robert W. Payne, DDS                | 59-3510533                     | 0.01%                           |
| Weber Design Group 2, Inc.          | 83-1572620                     | 0.01%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Circle Property Management      | 65-1062623                     | 0.07%                           |
| Integrated Premise Technology   | 59-3341649                     | 0.02%                           |
| Edutainmentlive, LLC            | 46-1744968                     | 0.16%                           |
| Edutainmentlive, LLC            | 46-1744968                     | 0.16%                           |
| Mobile Comm, LLC dba Leadershi  | 20-0045473                     | 0.00%                           |
| Clearwater Housing Development  | 13-4276896                     | 0.00%                           |
| Chartwell Executive Search, LL  | 20-2975526                     | 0.05%                           |
| Chartwell Executive Search, LL  | 20-2975526                     | 0.05%                           |
| Distinctive Life Cremation and  | 45-4980845                     | 0.18%                           |
| GTG Automation                  | 20-8397990                     | 0.00%                           |
| IN-MOTION SOFTWARE, LLC         | 80-0247616                     | 0.01%                           |
| IN-MOTION SOFTWARE, LLC         | 80-0247616                     | 0.01%                           |
| Great Hills Golf Club of Austi  | 74-2373759                     | 0.07%                           |
| CTNS Logistics, LLC             | 20-8924143                     | 0.03%                           |
| Geltrude & Company, LLC         | 22-3363665                     | 0.20%                           |
| Lucid Pharma, LLC               | 22-3818851                     | 0.00%                           |
| Wealth Preservation Solutions,  | 86-1061084                     | 0.12%                           |
| BodyLogicMD Franchise Corp      | 26-4232799                     | 0.37%                           |
| Aerospace Instrument Support,   | 75-2569845                     | 0.00%                           |
| Aerowave Technologies, Inc.     | 75-2893321                     | 0.00%                           |
| AJ Logistics                    | 76-0541531                     | 0.04%                           |
| Janet H. & C. Harry Knowles Fo  | 01-0485964                     | 0.33%                           |
| AMCI Wireless, Inc.             | 85-0273340                     | 0.10%                           |
| ARC Terminals Holdings LLC      | 26-0465469                     | 0.09%                           |
| ARC Terminals Holdings LLC      | 26-0465469                     | 0.09%                           |
| AVSI Group, LLC                 | 27-3587088                     | 0.04%                           |
| Backwoods Retail Inc.           | 37-1650080                     | 0.00%                           |
| Baldrige Mailing Services, In   | 75-2558008                     | 0.11%                           |
| Ballard Family Dentistry, P.A.  | 20-1056775                     | 0.15%                           |
| Beck-Ford Construction, LLC     | 76-0226117                     | 0.02%                           |
| Idatix Corporation              | 59-3641278                     | 0.06%                           |
| Cameron Works, Inc.             | 74-2299267                     | 0.09%                           |
| Eyesight Managers               | 16-1645444                     | 0.00%                           |
| Not Taken                       | 26-4593670                     | 0.00%                           |
| Charles E. Brown, III, DDS, PL  | 20-1272605                     | 0.04%                           |
| Boomerang Packaging Inc.        | 76-0439261                     | 0.00%                           |
| CM First Group                  | 27-4188801                     | 0.07%                           |
| Case Not Taken                  | 99-9999999                     | 0.00%                           |
| Community Asset Management, In  | 76-0348337                     | 0.08%                           |
| Wave Technologies               | 75-2309151                     | 0.09%                           |
| Levenger Company                | 65-0220430                     | 0.12%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Mayacoo Lakes II Club Inc.      | 27-0501192                     | 0.04%                           |
| D & S Machine Works, Inc.       | 74-1909179                     | 0.06%                           |
| D & S Machine Works, Inc.       | 74-1909179                     | 0.06%                           |
| The Conservatory Day Spa & Sal  | 49-0246170                     | 0.02%                           |
| EMD, Inc.                       | 75-1940681                     | 0.32%                           |
| Endurance Resources LLC         | 32-0291073                     | 0.00%                           |
| Endurance Resources LLC         | 32-0291073                     | 0.00%                           |
| Case Not Taken                  | 99-9999999                     | 0.00%                           |
| Levine Contract Furniture Grou  | 13-3861834                     | 0.09%                           |
| Legend Asset Management II LLC  | 26-4482560                     | 0.00%                           |
| FlexGen Power Systems Inc       | 47-4542499                     | 0.14%                           |
| Fossil Creek Dental Partners,   | 20-0468655                     | 0.00%                           |
| GAB Endoscopy Center, Ltd.      | 54-2095652                     | 0.02%                           |
| Precision Trading Corp.         | 59-1938903                     | 0.00%                           |
| Intelinet Systems               | 75-2293385                     | 0.02%                           |
| Greater Erie Surgery Center, L  | 20-8251988                     | 0.08%                           |
| Citywide Home Health Services,  | 76-0470955                     | 0.09%                           |
| Hinton and Bailey, LLP          | 74-1958382                     | 0.00%                           |
| Not Taken                       | 75-2004247                     | 0.00%                           |
| Pirtek Love Field               | 27-3047126                     | 0.04%                           |
| Jimco Sales & Manufacturing, I  | 75-1292034                     | 0.07%                           |
| Internal Medicine Clinic of Ge  | 56-2595672                     | 0.00%                           |
| Juniper Residential Management  | 45-1349594                     | 0.09%                           |
| Westwood Shores Property Owner  | 74-1964843                     | 0.00%                           |
| Klapprodt Pools I Ltd           | 56-2613200                     | 0.08%                           |
| Knight Security Systems, LLC    | 20-3186490                     | 0.01%                           |
| Knight Security Systems, LLC    | 20-3186490                     | 0.01%                           |
| Case Not Taken                  | 99-9999999                     | 0.00%                           |
| The Spine Center                | 75-2763764                     | 0.00%                           |
| Merlin IT Support, Inc.         | 20-1250191                     | 0.03%                           |
| Micro Integration & Programmin  | 73-1461043                     | 0.09%                           |
| National Society of Hispanic M  | 27-0436759                     | 0.04%                           |
| NetVU                           | 75-2107124                     | 0.07%                           |
| New Wide Industrial (USA) Co.,  | 27-0865711                     | 0.05%                           |
| Nippon Concept America, LLC     | 99-0373678                     | 0.01%                           |
| Calvert Holdings, LLC           | 27-2229716                     | 0.35%                           |
| Orion Payment Systems, Inc.     | 76-0629546                     | 0.01%                           |
| Our Father's Children, Inc.     | 20-0647744                     | 0.01%                           |
| Paladin Medical Group, P.A.     | 45-4024265                     | 0.00%                           |
| Pilgrim Mortgage, LLC           | 30-0382471                     | 0.13%                           |
| Case Not Taken                  | 26-1439560                     | 0.00%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Preston Road Pharmacy, Inc.     | 75-1310085                     | 0.12%                           |
| Pelican Cove Condo Association  | 59-1925120                     | 0.09%                           |
| Providence Energy Corporation   | 75-2493397                     | 0.46%                           |
| R & B Crow Partners, Ltd.       | 75-2925760                     | 0.04%                           |
| R & B Crow Partners, Ltd.       | 75-2925760                     | 0.04%                           |
| Case Not Taken                  | 99-9999999                     | 0.00%                           |
| Raymark Mechanical, Inc.        | 76-0463618                     | 0.02%                           |
| REB Technologies, Inc.          | 75-2684918                     | 0.05%                           |
| Platinum Parking                | 20-1787335                     | 0.04%                           |
| South Coast Hydraulics          | 76-0513282                     | 0.01%                           |
| Seilevel Holdings, Inc.         | 26-3872361                     | 0.29%                           |
| Case Not Taken                  | 99-9999999                     | 0.00%                           |
| Steelecreek Management, LLC     | 80-1591837                     | 0.03%                           |
| Stone Bond Technologies         | 03-0413214                     | 0.01%                           |
| Historical Society of Martin C  | 59-0913326                     | 0.03%                           |
| Tailwind Advisors, LLC          | 26-3561950                     | 0.09%                           |
| Tankworks, Inc.                 | 06-1673989                     | 0.00%                           |
| Targus Associates, LLC          | 27-1751226                     | 0.10%                           |
| Tarrant County Infectious Dise  | 75-2712328                     | 0.27%                           |
| Teksavers, Inc.                 | 45-0462805                     | 0.07%                           |
| Case Not Taken                  | 99-9999999                     | 0.00%                           |
| Blencor LLC                     | 26-2354049                     | 0.00%                           |
| Tillman Learning, LLC           | 27-4912183                     | 0.00%                           |
| Trademark Media Corporation     | 20-0213624                     | 0.09%                           |
| Trendline Interactive, LLC      | 27-3334784                     | 0.35%                           |
| Tropic Air & Heat, LLC          | 26-0468346                     | 0.00%                           |
| Case Not Taken                  | 32-0290684                     | 0.00%                           |
| Windhaven Surgery Center, LLC   | 20-8251890                     | 0.02%                           |
| CSI Management Group, Inc.      | 22-3686777                     | 0.00%                           |
| Aztec Software Associates, Inc  | 22-2483322                     | 0.03%                           |
| West Broward Community Managem  | 01-0626784                     | 0.01%                           |
| McHenry Consulting Inc.         | 81-0563681                     | 0.06%                           |
| Infusion Treatment Centers      | 84-1287146                     | 0.03%                           |
| Caridad Center Inc.             | 65-0149423                     | 0.11%                           |
| BRES, Inc.                      | 20-8124576                     | 0.00%                           |
| 3RC, LLC dba Third Rail Creati  | 20-5330914                     | 0.05%                           |
| 3RC, LLC dba Third Rail Creati  | 20-5330914                     | 0.05%                           |
| Lone Star Pediatrics            | 54-2115447                     | 0.08%                           |
| Paca Foods LLC                  | 27-4334780                     | 0.00%                           |
| Not Taken                       | 27-0401881                     | 0.00%                           |
| CASE NOT TAKEN                  | 20-0462695                     | 0.00%                           |

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**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name     | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-------------------------------------|--------------------------------|---------------------------------|
| Firmin Printing & Office Equip      | 75-1324383                     | 0.00%                           |
| Digital Fusion LLC                  | 27-0474198                     | 0.01%                           |
| Pinnacle Mountain Homes             | 20-3608699                     | 0.10%                           |
| Web-Hed Technologies, Inc. dba Webh | 74-2882434                     | 0.06%                           |
| S2C Management, LLC                 | 47-1739586                     | 0.02%                           |
| Sunshine Construction LLC dba       | 20-8781325                     | 0.05%                           |
| Gotchosen, Inc.                     | 45-2386858                     | 0.00%                           |
| Tomoe Engineering USA, Inc.         | 46-2571750                     | 0.08%                           |
| Bent Pine Golf Club                 | 51-0198590                     | 0.08%                           |
| AAA Technology & Specialties C      | 74-1687742                     | 0.01%                           |
| Bakke Development Corp.             | 74-2790691                     | 0.07%                           |
| Check Re-Entry Service, LLC         | 76-0683457                     | 0.00%                           |
| Concrete Iron, Inc.                 | 20-2025235                     | 0.01%                           |
| CTD, Inc.                           | 75-2502059                     | 0.04%                           |
| Impressions in Wood, Inc.           | 76-0356904                     | 0.04%                           |
| Jeffrey D. Rettig, D.O., P.A.       | 74-2505637                     | 0.00%                           |
| Kinser Construction Company         | 73-0732015                     | 0.01%                           |
| Kleen Products, Inc.                | 73-0744170                     | 0.00%                           |
| Lanier Education and Research       | 75-2076531                     | 0.02%                           |
| Longhorn Tube, LLC                  | 20-3363405                     | 0.00%                           |
| SERVPRO of Champions                | 76-0499151                     | 0.06%                           |
| Mohrmann Pharmacies                 | 74-1727322                     | 0.01%                           |
| Mortgage Consultants, Ltd.          | 75-2104203                     | 0.00%                           |
| New Deal Mercantile, Inc.           | 74-1757175                     | 0.01%                           |
| Reinland Corp.                      | 75-2358778                     | 0.03%                           |
| Arms Wide Open Adoption Services    | 74-2116380                     | 0.08%                           |
| Telecom America Services, Inc.      | 74-2895614                     | 0.07%                           |
| The PPA Group, LLC                  | 20-3138238                     | 0.06%                           |
| Tom Sharpe Construction, Inc.       | 75-2628518                     | 0.01%                           |
| Tots and Tykes Pediatrics, P.A      | 75-2941829                     | 0.06%                           |
| Valley Vascular Surgeons, P.C.      | 86-0370412                     | 0.01%                           |
| Willowbend Investments, Inc.        | 48-1110937                     | 0.29%                           |
| Hancock & Myers Inc.                | 76-0588052                     | 0.00%                           |
| Barnett Machine Tool                | 22-3479892                     | 0.05%                           |
| CASE NOT TAKEN                      | 99-9999999                     | 0.00%                           |
| ACAI Associates, Inc.               | 65-0020223                     | 0.04%                           |
| Shear Express, Inc.                 | 59-3025010                     | 0.12%                           |
| Manda Machine Co. Inc.              | 75-1231525                     | 0.05%                           |
| FSA Network Inc.                    | 65-1058868                     | 0.51%                           |
| The Restaurant People Manageme      | 65-0988801                     | 0.11%                           |
| The Weiler Engineering Corp         | 65-0413376                     | 0.15%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name     | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-------------------------------------|--------------------------------|---------------------------------|
| R Investments, RLLP                 | 20-8043471                     | 0.02%                           |
| Southwestern Firearms Inc.          | 75-1837036                     | 0.00%                           |
| H.K. Metalcraft Manufacturing       | 13-1805127                     | 0.08%                           |
| PrintGlobe, LLC                     | 83-2918087                     | 0.14%                           |
| Dallas Aerial Surveys, Inc.         | 75-1616173                     | 0.01%                           |
| Montessori School of Evergreen      | 20-2126847                     | 0.05%                           |
| The Country Club of Florida         | 59-6017596                     | 0.12%                           |
| John Cannon Homes, Inc.             | 65-0773295                     | 0.11%                           |
| Perfect Drive Golf Villas           | 20-4914871                     | 0.00%                           |
| Kimbrough Fire Extinguisher Co      | 75-2018729                     | 0.12%                           |
| Westfield Development Company,      | 47-5628288                     | 0.25%                           |
| PAN Technology                      | 22-1470808                     | 0.20%                           |
| Ewing Heating & Air, Inc.           | 47-0863168                     | 0.00%                           |
| Ewing Heating & Air, Inc.           | 47-0863168                     | 0.00%                           |
| CleanFUEL USA, Inc.                 | 81-4054197                     | 0.00%                           |
| Two Elk Investments, LLC dba Billor | 47-1925102                     | 0.07%                           |
| Community Foundation of Collie      | 59-2396243                     | 0.11%                           |
| Plan B Inc.                         | 74-2893221                     | 0.03%                           |
| C4 Advanced Tactical Systems,       | 87-0736523                     | 0.23%                           |
| Not Taken                           | 20-0922036                     | 0.00%                           |
| Office Furniture Now Inc.           | 81-1857489                     | 0.00%                           |
| Coulton Creek Capital LLC           | 61-1582378                     | 0.04%                           |
| Moczulski & Moczulski Properti      | 76-0633161                     | 0.18%                           |
| Co-nexus                            | 37-1450529                     | 0.15%                           |
| Comprehensive Pain Specialists      | 45-3365587                     | 0.05%                           |
| MRC 2010 LLC dba EXN Nutrition      | 27-3503800                     | 0.00%                           |
| Teriyaki Madness International      | 84-1394245                     | 0.06%                           |
| United Community Management Co      | 65-0274278                     | 0.25%                           |
| Primary Charter Schools, Inc.       | 59-3588811                     | 0.00%                           |
| Dallas White Rock Marathon          | 75-1562942                     | 0.01%                           |
| iCan Benefit Group LLC              | 20-2395888                     | 0.06%                           |
| Sunset Harbour Yacht Club           | 33-1063066                     | 0.00%                           |
| Total Equipment Solutions, LLC      | 47-4449485                     | 0.09%                           |
| Any Baby Can of San Antonio         | 74-2684333                     | 0.07%                           |
| Spear Point Energy, LLC             | 27-1531349                     | 0.11%                           |
| E & W Tool and Supply, Inc.         | 83-0524495                     | 0.08%                           |
| Fuerst Day Lawson, Inc.             | 98-0379592                     | 0.05%                           |
| World of America Global Partne      | 20-4548162                     | 0.09%                           |
| Chapman Smidt Hardware              | 74-1912977                     | 0.01%                           |
| Not Taken                           | 74-2443511                     | 0.00%                           |
| RNB Associates, Inc.                | 46-1924643                     | 0.02%                           |

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**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name  | (b) Participating Employer EIN | (c) Percentage of Contributions |
|----------------------------------|--------------------------------|---------------------------------|
| Choozle, Inc.                    | 46-1258463                     | 0.28%                           |
| Choozle, Inc.                    | 46-1258463                     | 0.28%                           |
| Vapor IO, Inc.                   | 47-3475171                     | 0.12%                           |
| Treasure Village Montessori      | 65-0842097                     | 0.07%                           |
| Trinity Habitat for Humanity     | 75-2239189                     | 0.11%                           |
| YB Fitness, LLC                  | 47-3173854                     | 0.01%                           |
| Lee Architects/Interior Design   | 84-0795654                     | 0.04%                           |
| Locke Solutions                  | 32-0351975                     | 0.11%                           |
| DVmobile Inc.                    | 32-0454515                     | 0.05%                           |
| Sharp Westover Hills, LP         | 84-1202583                     | 0.00%                           |
| CJ Horak Enterprises, Inc.       | 46-0735275                     | 0.01%                           |
| Not Taken                        | 22-2677011                     | 0.00%                           |
| Not Taken                        | 20-1915971                     | 0.00%                           |
| Performance Physical Therapy o   | 06-1693930                     | 0.13%                           |
| Bonfire Engineering & Consulti   | 81-3753483                     | 0.05%                           |
| eTech-Web, Inc.                  | 74-2502517                     | 0.02%                           |
| Bluebonnet School of Cedar Par   | 74-2963012                     | 0.06%                           |
| Ikon Science Americas, Inc.      | 26-2628321                     | 0.19%                           |
| Ramsey Land Surveying            | 47-4396068                     | 0.00%                           |
| First Lone Star Pharmacy Group   | 27-1882472                     | 0.01%                           |
| International Turbo Systems Inc. | 52-2066409                     | 0.02%                           |
| International Turbo Systems Inc. | 52-2066409                     | 0.02%                           |
| Bellaire Tire & Automotive Cen   | 76-0410600                     | 0.05%                           |
| Bellaire Tire & Automotive Cen   | 76-0410600                     | 0.05%                           |
| Karma Staffing Service           | 47-2229364                     | 0.01%                           |
| Karma Staffing Service           | 47-2229364                     | 0.01%                           |
| American Medical Depot           | 59-2337158                     | 0.41%                           |
| B & B Blending LLC               | 46-3168281                     | 0.14%                           |
| Petros Services, LLC             | 80-0776392                     | 0.03%                           |
| DBE Utility Services             | 20-1331070                     | 0.02%                           |
| Epoch Properties                 | 59-1308295                     | 0.21%                           |
| Envision Creative Group Inc.     | 06-1685300                     | 0.00%                           |
| Horr Novak & Skipp PA            | 65-0448342                     | 0.02%                           |
| Horr Novak & Skipp PA            | 65-0448342                     | 0.02%                           |
| KOVA Golf Management, LLC        | 35-2577962                     | 0.00%                           |
| Synergy Partner Group, LLC       | 46-5560513                     | 0.01%                           |
| Complete Urgent Healthcare, LLC  | 45-1600063                     | 0.03%                           |
| Valeo Resources, LLC             | 45-2648990                     | 0.15%                           |
| Village of Excellence Academy    | 48-1304650                     | 0.01%                           |
| Morris Law Group                 | 65-0288993                     | 0.19%                           |
| Pinnacle Hotel Management, LLC   | 52-2051492                     | 0.37%                           |

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**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Barco Pump                      | 75-1431764                     | 0.09%                           |
| TALO Paris Physicians           | 81-3875588                     | 0.01%                           |
| Aspen Auto Clinic               | 20-1188042                     | 0.02%                           |
| Full Throttle Direct Mail, LLC  | 81-4106845                     | 0.00%                           |
| Open Education LLC              | 27-4450263                     | 0.38%                           |
| Orazul Energia Management LLC   | 81-4706450                     | 0.17%                           |
| Crystal Lakes Road and Recreat  | 84-6118992                     | 0.00%                           |
| Casual Living Ltd               | 75-2467445                     | 0.00%                           |
| Tyco Electrical Services Inc.   | 76-0496424                     | 0.04%                           |
| John Atencio Goldsmith, Ltd.    | 84-0793672                     | 0.00%                           |
| Mueller Law, PLLC               | 27-4651001                     | 0.00%                           |
| Prime Rock Resources LLC        | 82-0635795                     | 0.14%                           |
| Susan E Dozier, M.D., P.A.      | 01-0690116                     | 0.05%                           |
| Cantium Management LLC          | 81-5200854                     | 3.10%                           |
| Silva Markham Partners LLC      | 47-2546681                     | 0.02%                           |
| Hannahmax Snacks                | 81-0941371                     | 0.00%                           |
| RW Gonzalez Office Products     | 22-3874665                     | 0.02%                           |
| Lidochem, Inc.                  | 22-2354639                     | 0.15%                           |
| Datanet, Inc.                   | 84-1533562                     | 0.05%                           |
| Tatonka Capital Corporation     | 84-1223585                     | 0.02%                           |
| Tatonka Education Services      | 47-4671453                     | 0.03%                           |
| Atlantic Bus Sales              | 26-2311745                     | 0.00%                           |
| Atlantic Bus Sales              | 26-2311745                     | 0.00%                           |
| C-Serv Commercial Services      | 20-4887248                     | 0.02%                           |
| Playhut, Inc.                   | 95-4373438                     | 0.01%                           |
| Barclay Investments LLC         | 82-0822761                     | 0.07%                           |
| Gainline Capital Partners LP    | 47-3802759                     | 0.02%                           |
| Gainline Capital Partners LP    | 47-3802759                     | 0.02%                           |
| Indital US Limited              | 76-0440628                     | 0.32%                           |
| Certus Psychiatry and Intergra  | 81-4615670                     | 0.03%                           |
| KLEO, Inc. dba Classwallet      | 27-0308480                     | 0.00%                           |
| ATN Consulting                  | 38-3324809                     | 0.09%                           |
| Osmosis LLC                     | 74-3194947                     | 0.00%                           |
| Ameritape, Inc.                 | 59-3018988                     | 0.39%                           |
| C1 Partners                     | 27-5110354                     | 0.03%                           |
| Vidalta Property Management     | 47-5131173                     | 0.00%                           |
| Medfast Urgent Care Centers, L  | 14-1973790                     | 0.02%                           |
| Frontline Property Management   | 75-2692726                     | 0.08%                           |
| North Collin County Habitat fo  | 75-2443511                     | 0.03%                           |
| Tri-State Pain Institute, LLC   | 26-1827801                     | 0.08%                           |
| Connections for Business        | 65-0024224                     | 0.07%                           |

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**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Starling Eye Group              | 59-3526387                     | 0.00%                           |
| WestWater Energy LLC            | 27-3029550                     | 0.00%                           |
| BAIR                            | 35-2232233                     | 0.02%                           |
| Not Taken                       | 65-0721302                     | 0.00%                           |
| do not use                      | 59-3490657                     | 0.00%                           |
| Not Taken                       | 45-5554339                     | 0.00%                           |
| KS2 Technologies, Inc.          | 75-2453972                     | 1.97%                           |
| The Jobs Partnership of FL      | 59-3612893                     | 0.08%                           |
| Not Taken                       | 59-3112743                     | -0.01%                          |
| Roma Industries LLC             | 13-4108320                     | 1.15%                           |
| The Weston Group                | 76-0568789                     | 0.31%                           |
| Hancock Mortgage Partners, LLC  | 26-4461592                     | 1.10%                           |
| The Villages at Country Creek   | 65-0040526                     | 0.06%                           |
| Diversified Machine Systems, L  | 45-2560771                     | 0.11%                           |
| Hosted America LLC              | 90-0835482                     | 0.01%                           |
| James E. Lang, MD, PA           | 65-0642257                     | 0.06%                           |
| Solera Specialty Pharmacy, LLC  | 46-2221080                     | 0.03%                           |
| Granada                         | 27-1629955                     | 0.04%                           |
| Golf Cars of Houston LP         | 83-0395516                     | 0.02%                           |
| Gooding's Supermarket, Inc.     | 59-1292169                     | 0.64%                           |
| TI Communities HR LP            | 82-2365637                     | 0.32%                           |
| Vartek LLC                      | 20-1678289                     | 0.19%                           |
| Golf & Body NYC, LLC            | 45-4363067                     | 0.02%                           |
| Golf & Body NYC, LLC            | 45-4363067                     | 0.02%                           |
| Aran & Franklin Engineering In  | 75-2801753                     | 0.15%                           |
| Westchester Management Service  | 99-9999999                     | 0.00%                           |
| Mary Mae Financial LLC          | 27-1694351                     | 0.00%                           |
| Aquatic Biosystems, Inc.        | 84-1040098                     | 0.67%                           |
| Amherst Consulting Company LLC  | 45-3656202                     | 0.39%                           |
| Lawford Partners                | 46-2982433                     | 0.00%                           |
| Remodel Mastermind              | 47-5537835                     | 0.00%                           |
| Galbraith PLLC                  | 82-3295947                     | 0.26%                           |
| The Achieve Agency, LLC         | 81-3926385                     | 0.19%                           |
| Salon West of Largo Inc.        | 20-1376596                     | 0.60%                           |
| ETI Financial Corporation       | 59-2611508                     | 0.23%                           |
| Hoffer Pest Solutions, Inc.     | 46-4025686                     | 0.33%                           |
| Creeta Resources, LLC           | 82-2855029                     | 0.34%                           |
| Economic Literacy Colorado      | 84-0646077                     | 0.01%                           |
| Meritus Corp.                   | 20-5355432                     | 0.01%                           |
| Advanced Therapy & Wellness, I  | 47-4649763                     | 0.00%                           |
| FIMAC Solutions, LLC            | 20-2102782                     | 0.09%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Fundadministration, Inc.        | 13-4087580                     | 1.71%                           |
| The Cyberknife Center of Miami  | 14-1875297                     | 0.06%                           |
| Global Marine Travel            | 65-1156995                     | 0.45%                           |
| Kennedy Investments, Inc.       | 59-2731447                     | 0.01%                           |
| Spring Studios New York, LLC    | 27-3192017                     | 0.50%                           |
| The Grove Golf Club LLC         | 81-1935159                     | 0.03%                           |
| I Squared Capital Advisors      | 41-2281782                     | 1.17%                           |
| Tellus LLC                      | 46-5083551                     | 0.03%                           |
| Qv21 Technologies Inc.          | 45-4205090                     | 0.16%                           |
| A-List Services LLC             | 03-0568421                     | 0.88%                           |
| Rubinton & Associates PA        | 45-5051199                     | 0.06%                           |
| Not Taken                       | 59-3760415                     | 0.00%                           |
| Cerapedics Inc.                 | 20-8302692                     | 1.34%                           |
| Austin Capital Bank SSB         | 20-2602253                     | 0.49%                           |
| Hibiscus Children's Center, In  | 59-2632361                     | 0.78%                           |
| BA-Insight, LLC                 | 16-1665990                     | 1.34%                           |
| The Resolution Project Inc.     | 26-4394051                     | 0.05%                           |
| Milano Brothers International   | 13-1044608                     | 0.21%                           |
| Spring Place                    | 47-3777636                     | 0.07%                           |
| N Square Inc.                   | 59-2996385                     | 0.07%                           |
| Not Taken                       | 82-3563657                     | 0.00%                           |
| Trifecta Networks LLC           | 82-3534139                     | 0.13%                           |
| Purely Elizabeth LLC            | 82-0839763                     | 0.09%                           |
| Florida State Minority Supplie  | 59-1746154                     | 0.19%                           |
| RPNT Acute Services             | 75-2714866                     | 1.03%                           |
| Cano Health                     | 26-4543872                     | 0.57%                           |
| Complete Communications Servic  | 35-2560783                     | 0.07%                           |
| Not Taken                       | 90-0532005                     | 0.00%                           |
| RH Trust                        | 22-3591395                     | 0.03%                           |
| Meco Miami Inc.                 | 81-0611440                     | 0.01%                           |
| Not Taken                       | 47-3770945                     | 0.00%                           |
| Not Taken                       | 11-2696011                     | 0.00%                           |
| Strategic Practice Solutions    | 27-3308592                     | 0.00%                           |
| Scott Fischer Enterprises LLC.  | 27-3903038                     | 3.93%                           |
| AC AutoPay LLC                  | 80-0721013                     | 0.21%                           |
| LandQwest Property Management,  | 20-4638956                     | 0.01%                           |
| LandQwest Commerical LLC        | 20-2555957                     | 0.01%                           |
| Ron Stanley & Son Plumbing, In  | 75-2483900                     | 0.20%                           |
| GreatAuPair, LLC                | 94-3407085                     | 0.02%                           |
| Pediatric Alternative Treatmen  | 65-1012818                     | 0.10%                           |
| Romulus Entertainment LLC       | 81-5013064                     | 0.01%                           |

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|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| TyRex Group, LTD                | 74-2942280                     | 2.67%                           |
| Almond Street Cold Storage      | 75-2856344                     | 0.05%                           |
| Amber Ridge Apartments          | 52-1737346                     | 0.00%                           |
| Aspen Grove Apartments          | 38-3201874                     | 0.00%                           |
| Camberwell Apartments           | 52-1660946                     | 0.00%                           |
| Clubside Apartment Homes        | 52-1873897                     | 0.00%                           |
| MHT, LP dba Courthouse Apartme  | 31-1271516                     | 0.00%                           |
| Oakbrook Apartments             | 52-1737346                     | 0.01%                           |
| Royal Glen Apartments           | 52-1647796                     | 0.00%                           |
| Bentwood Apartments             | 74-3243111                     | 0.00%                           |
| Beach Bluff Apartments          | 68-0488011                     | 0.00%                           |
| The Links Apartments            | 64-0961859                     | 0.00%                           |
| Palatka Oaks Apartments         | 06-1819528                     | 0.01%                           |
| Southwest Villas                | 26-2874438                     | 0.00%                           |
| Stoneridge Apartment Homes      | 68-0638058                     | 0.00%                           |
| Summer Glen Apartments          | 74-3180113                     | 0.00%                           |
| Whisperwood Apartments          | 74-3243114                     | 0.00%                           |
| SMG Property Management, Inc.   | 52-1653151                     | 0.03%                           |
| WEM, LP dba Westmoore Apartmen  | 38-2986280                     | 0.00%                           |
| Woods Crossing Apartments       | 52-1653054                     | 0.00%                           |
| Momentum Solar                  | 27-1242539                     | 0.15%                           |
| Women's Integrated Network      | 13-3989836                     | 2.09%                           |
| RHDC International, Inc.        | 45-5977653                     | 0.48%                           |
| Super Organic Foods Inc.        | 46-5751661                     | 0.00%                           |
| Deutsche Windtechnik, Inc.      | 32-0546501                     | 0.00%                           |
| Physicians Partners Group Merg  | 82-0977805                     | 0.00%                           |
| Cano Health Of West Florida LL  | 82-3547622                     | 0.00%                           |
| Best Western on the Bay Shucke  | 47-5314988                     | 0.01%                           |
| Not Taken                       | 99-9999999                     | 0.00%                           |
| Not Taken                       | 46-3463146                     | 0.00%                           |
| 90 Works                        | 59-2299573                     | 0.02%                           |
| Studio Completiva Inc.          | 84-1312592                     | 0.21%                           |
| Coastal Protection, Inc.        | 47-3607836                     | 0.01%                           |
| Warren Hollow Metal Doors & Fr  | 59-2591254                     | 1.32%                           |
| Cambia Information Group LLC    | 90-0147959                     | 1.22%                           |
| USPLY LLC                       | 45-5162506                     | 0.29%                           |
| Lake Worth Christian School So  | 59-0855397                     | 0.07%                           |
| Not Taken                       | 27-0274846                     | 0.00%                           |
| Not Taken                       | 59-2504671                     | 0.00%                           |
| GolfTec Boulder                 | 45-3267473                     | 0.00%                           |
| Ericsons Bicycles Inc.          | 75-1796806                     | 2.07%                           |

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|---------------------------------------------------------------------------|--------------------------------------------------------|
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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| The Hartline Alarm Company      | 59-3169722                     | 0.29%                           |
| Greenco Manufacturing Corp.     | 38-2348484                     | 0.09%                           |
| Nationwide Marketing Group LLC  | 55-0817538                     | 4.81%                           |
| Advantage Property Management   | 51-0418931                     | 0.49%                           |
| HiConversion Inc.               | 20-5234651                     | 0.02%                           |
| Broadcast Depot Corp.           | 65-0924489                     | 0.53%                           |
| Dinesh Khanna, MD LLC           | 59-3538029                     | 0.79%                           |
| Altitude Energy LLC             | 42-2741729                     | 0.15%                           |
| Dobler Consulting Services LLC  | 45-2894247                     | 0.01%                           |
| Jason Pozner, M.D., P.A.        | 65-0964784                     | 0.04%                           |
| Innovative Marketing & Distrib  | 65-0865124                     | 0.04%                           |
| S&P Management Services, Inc.   | 20-4521989                     | 0.25%                           |
| Fast Furniture Repair LLC       | 46-2210880                     | 0.19%                           |
| Byzloan Corp.                   | 82-5003263                     | 0.00%                           |
| Dalmatian Fire Equipment        | 26-0316399                     | 0.29%                           |
| Persons Auto Parts Inc.         | 59-2049137                     | 0.41%                           |
| Viax Dental Technologies LLC    | 46-1349269                     | 0.35%                           |
| Options Information Technology  | 20-3855394                     | 0.01%                           |
| Minga Education Group, Inc      | 83-0535515                     | 0.01%                           |
| Tri-Motion Industries           | 59-3251913                     | 0.23%                           |
| Virtual PICU Systems, LLC       | 20-1414664                     | 0.78%                           |
| The Bain Law Firm PC            | 76-0694094                     | 0.38%                           |
| Evens Family Dental             | 27-1623920                     | 0.00%                           |
| Green Thumb Palm Beach          | 82-3468349                     | 0.00%                           |
| Not Taken                       | 42-1693017                     | 0.00%                           |
| Peggy Adams Animal Rescue Leag  | 59-0637811                     | 0.41%                           |
| Joseph Giannone Plumbing, Heat  | 26-2338402                     | 0.00%                           |
| Loftwall, Inc.                  | 45-5598803                     | 0.01%                           |
| Princeco, Inc.                  | 20-2014510                     | 1.16%                           |
| Stainless Marine, Inc.          | 59-2640676                     | 0.10%                           |
| Homeowners of Port Charlotte V  | 59-2283369                     | 0.00%                           |
| Cross Keys Capital, LLC         | 30-0395843                     | 0.03%                           |
| Harvest Strategy Group          | 26-1418121                     | 0.11%                           |
| Orange Care Group South Florid  | 47-4427709                     | 0.02%                           |
| Jinko Solar U.S. Industries     | 82-3449638                     | 0.00%                           |
| Bankruptcy Global Holdings LLC  | 47-2328009                     | 0.03%                           |
| Florida Communication Contract  | 82-2795003                     | 0.00%                           |
| Southern Energy Systems, LLC    | 82-3913760                     | 0.00%                           |
| Miami Transformers Corp.        | 65-0647554                     | 0.00%                           |
| Miami Transformers Service and  | 35-2301322                     | 0.00%                           |
| Kirby Restaurant Supply Compan  | 75-1907197                     | 1.60%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name   | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-----------------------------------|--------------------------------|---------------------------------|
| Health Scripts, INC               | 27-3322661                     | 0.14%                           |
| Not Taken                         | 82-5502331                     | 0.00%                           |
| Futurum Inc.                      | 74-2783501                     | 0.38%                           |
| Charter Software Inc.             | 84-1361133                     | 0.05%                           |
| Metropica Development, LLC        | 32-0417365                     | 0.01%                           |
| Tate Development Corporation      | 59-2649349                     | 0.16%                           |
| Unzipped Apparel Sales, Inc.      | 02-0731076                     | 0.68%                           |
| Evolution 2000, Inc.              | 13-4025150                     | 0.58%                           |
| Gateway Diagnostic Imaging, LL    | 56-2487696                     | 0.11%                           |
| Walkingspree USA Ltd.             | 26-2358944                     | 0.01%                           |
| Not Taken                         | 75-2674909                     | 0.00%                           |
| Tridex Systems                    | 84-1447129                     | 0.00%                           |
| David A. Kinser & Associates,     | 59-3050614                     | 0.00%                           |
| DME Shoppe-Fort Myers, Inc.       | 36-3500976                     | 0.00%                           |
| Francis R. Morse, PA              | 59-2682160                     | 0.00%                           |
| Geier's Choice Meats              | 59-2130086                     | 0.00%                           |
| Keys-Caldwell, Inc.               | 59-1863831                     | 0.00%                           |
| Murrell, Inc.                     | 59-2193650                     | 0.00%                           |
| Kidds Quality Cleaning            | 20-1942423                     | 0.00%                           |
| Ugarte & Associates, Incorporated | 59-2401460                     | 0.00%                           |
| Spotless Logistics                | 47-1445268                     | 0.00%                           |
| Lane Electronics and Alarm Sys    | 59-2907302                     | 0.01%                           |
| Ergotronix, Inc.                  | 81-0885973                     | 0.32%                           |
| R.O.C.K., Ride On Center for K    | 74-2917659                     | 0.00%                           |
| Keg Logistics, LLC                | 47-4513859                     | 0.00%                           |
| Orthopedic Surgery Center of C    | 59-3594816                     | 0.00%                           |
| Fabworx Solutions, Inc.           | 43-1972448                     | 0.69%                           |
| Mark L Meyer MD PLLC              | 55-0869609                     | 0.18%                           |
| SW Community                      | 82-4810941                     | 0.00%                           |
| Kids House of Seminole, Inc.      | 59-3415005                     | 0.00%                           |
| Not Taken                         | 81-0678821                     | 0.00%                           |
| Workscape Designs LLC             | 46-0670840                     | 0.00%                           |
| Copperwood Asset Management LP    | 36-4735414                     | 0.00%                           |
| Rival Downhole Tools              | 30-0144542                     | 0.02%                           |
| Workover Solutions                | 46-2267569                     | 0.00%                           |
| Eagle Fire Protection             | 59-2621955                     | 0.00%                           |
| Precise Cable Inc.                | 84-1332801                     | 0.00%                           |
| VeraData LLC                      | 27-1465902                     | 0.00%                           |
| AcuityIM LLC                      | 37-1797643                     | 0.00%                           |
| Trimpa Group LLC                  | 27-3045059                     | 0.00%                           |
| Sondermind                        | 82-3006071                     | 0.00%                           |

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|---------------------------------------------------------------------------|--------------------------------------------------------|
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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name  | (b) Participating Employer EIN | (c) Percentage of Contributions |
|----------------------------------|--------------------------------|---------------------------------|
| World Precision Instruments, L   | 81-1802254                     | 0.00%                           |
| Tampa Bay Battery                | 82-3282498                     | 0.00%                           |
| JDEtips, Inc.                    | 81-4630165                     | 0.00%                           |
| 13th Floor Manager, LLC          | 46-1000275                     | 0.00%                           |
| Eating Disorder Solutions of T   | 83-2139457                     | 0.00%                           |
| Judi's House                     | 84-1600797                     | 0.00%                           |
| Veratics, Inc.                   | 46-1979298                     | 0.00%                           |
| Henry Electric Company           | 59-3740490                     | 0.00%                           |
| Cudjoe Sales                     | 65-0899731                     | 0.00%                           |
| MedSafety Solutions LLC          | 46-4783944                     | 0.00%                           |
| Voyages to Antiquity LLC         | 42-1768667                     | 0.00%                           |
| Solarus Technologies, Inc.       | 45-5263753                     | 0.00%                           |
| Landreth Lighting, Inc           | 26-3850392                     | 0.00%                           |
| Hiller Measurements, Inc         | 27-5127046                     | 0.00%                           |
| Pivot Point Security, Inc.       | 22-3752669                     | 0.00%                           |
| Mango Bottling, Inc.             | 59-3132873                     | 0.00%                           |
| Lingo, Inc.                      | 59-3233818                     | 0.00%                           |
| CoAdvantage Corporation          | 27-3007025                     | 0.00%                           |
| Trust Hospitality LLC            | 32-0288144                     | 3.67%                           |
| Association Specialty Group, LLC | 36-4827387                     | 0.06%                           |
| Actsoft, Inc.                    | 59-3490657                     | 75.15%                          |
| eventPower                       | 54-1813925                     | 21.12%                          |
| CoAdvantage Corporation          | 27-3007025                     | -0.02%                          |
| 4675 Investments, Inc. dba Wes   | 59-3702694                     | 0.01%                           |
| 924 Petcoral LLC                 | 47-4659190                     | 0.02%                           |
| A-1 24 Hour Service Inc.         | 65-0891963                     | 0.05%                           |
| Action Air, Inc.                 | 65-0285865                     | 0.10%                           |
| Adler Family Dental LLC          | 22-3780238                     | 2.05%                           |
| Advanced Marketing & Processin   | 59-3811155                     | 0.70%                           |
| After Market Services, Inc. db   | 59-2733205                     | 0.32%                           |
| AGS Installations, Inc dba Roo   | 26-3492498                     | 0.01%                           |
| Aircraft Maintenance Specialis   | 65-0088882                     | 1.70%                           |
| AIS-JAX, Inc.                    | 02-0710297                     | 0.15%                           |
| All American Surveyors of Flor   | 59-3464599                     | 0.36%                           |
| Alliance Retail Construction,    | 32-0266470                     | 1.86%                           |
| Allstate Storefront Systems, I   | 75-2696794                     | 0.17%                           |
| Alpha Omega Co USA, Inc          | 58-2580239                     | 0.27%                           |
| American Academy of Pediatrics   | 58-1164164                     | 0.67%                           |
| ARC Dialysis LLC                 | 81-4179179                     | 0.41%                           |
| Image 360 Arlington              | 75-2674909                     | 0.16%                           |
| ASPENBLUFF, LLC DBA Aspen Cou    | 82-3987019                     | 0.04%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Asset Navigator, LLC            | 26-0302557                     | 0.10%                           |
| Autoworks of Tampa, Inc.        | 46-2050267                     | 0.02%                           |
| Barlop, Inc.                    | 59-2288364                     | 1.08%                           |
| Beller Smith, P.L.              | 27-1220989                     | 1.06%                           |
| Berkley Primary Care, PLC       | 14-1839021                     | 0.10%                           |
| B-Line Holdings, LLC            | 59-3690511                     | 0.10%                           |
| Brownings Nursery & Landscapin  | 59-2031099                     | 0.18%                           |
| Bruce Williams Benchmark Homes  | 02-0794906                     | 0.22%                           |
| Bug Master Pest Control & Exte  | 59-2023174                     | 0.50%                           |
| Bulk Manufacturing of Florida,  | 59-3665344                     | 1.13%                           |
| Cain Enterprises, LLC dba Engi  | 56-2558251                     | 0.12%                           |
| Calev Systems LLC               | 65-1034034                     | 1.43%                           |
| Cape Coral Housing Development  | 65-0383037                     | 0.23%                           |
| Capri Isles Golf, Inc           | 59-1380785                     | 1.70%                           |
| Carewave, Inc                   | 56-2349464                     | 0.24%                           |
| Carlyle Jupiter Island          | 65-0840198                     | 0.10%                           |
| Central Engineering Supply Co.  | 75-0181620                     | 0.96%                           |
| Clarke Construction Group, Inc  | 84-1709113                     | 0.17%                           |
| Clean Air Technologies - HVACR  | 65-0506464                     | 0.02%                           |
| Coastal Neurology, Inc.         | 59-3609982                     | 2.01%                           |
| Cochran Consulting, Inc         | 75-2118274                     | 1.75%                           |
| Commercial Wood Designs, Inc.   | 27-0087018                     | 0.01%                           |
| Construction Solutions, Inc     | 59-3333568                     | 0.43%                           |
| Contemporary Plastic Surgery    | 43-2011710                     | 0.42%                           |
| Converged Services Inc          | 26-3265020                     | 0.00%                           |
| Council For Quality Growth      | 58-1664710                     | 0.30%                           |
| Curbco, Inc.                    | 65-0073113                     | 0.65%                           |
| Custom Designed Security Syste  | 59-2128804                     | 0.02%                           |
| Cutting Loose Salon, Inc.       | 26-0705355                     | 0.00%                           |
| D. Grover, Inc.                 | 20-1594165                     | 0.31%                           |
| Dalia Accounting Service, Inc   | 65-0907960                     | 0.75%                           |
| Daniel C. Bush, DDS PLLC        | 74-1963414                     | 0.16%                           |
| Daniel's Plumbing Service, Inc  | 65-0306836                     | 1.17%                           |
| DBK, Inc.                       | 26-3451020                     | 0.23%                           |
| Delwin Realty                   | 51-2246622                     | 0.13%                           |
| Dennie Miller Plumbing, Inc.    | 65-0667969                     | 0.00%                           |
| Digital Boardwalk, Inc.         | 26-4639955                     | 0.48%                           |
| Dodd Enterprises                | 59-2242307                     | 0.28%                           |
| Dovetail-Wood Traditions, Inc   | 20-1563175                     | 0.01%                           |
| Dr Mace T Koenig Family Dentis  | 42-1653856                     | 0.10%                           |
| Duffy Air Systems, Inc          | 65-0488079                     | 0.87%                           |

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| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Edwards & Mims Insurance Agenc  | 57-0407578                     | 0.26%                           |
| Emma Jewel Charter School, Inc  | 27-4427509                     | 0.14%                           |
| Enviro-Ag Engineering, Inc.     | 75-2489308                     | 4.42%                           |
| Environmental BioTech Internat  | 20-8233871                     | 0.15%                           |
| F&F Environmental, Inc          | 59-3514368                     | 0.04%                           |
| Fiberlite Umbrellas, Inc.       | 65-0184256                     | 0.46%                           |
| Fischer Hardware Inc            | 76-0291076                     | 0.00%                           |
| Florida Gulf Coast Vacation Ho  | 45-1257505                     | 0.10%                           |
| Florida Transport Service, Inc  | 59-1551645                     | 0.35%                           |
| Flower Mound Dermatology        | 11-3691473                     | 0.06%                           |
| Forma-Kool Manufacturing, Inc.  | 38-2324437                     | 0.63%                           |
| Freedom Portables, LLC          | 20-5256764                     | 0.03%                           |
| G & S Sales, Inc.               | 75-2197738                     | 1.89%                           |
| Not Taken                       | 65-0335861                     | 0.00%                           |
| Gatorland Kubota Equipment Com  | 47-1805614                     | 0.05%                           |
| Gene Love Contracting, Inc.     | 57-1043571                     | 0.01%                           |
| George Kostakis, P.A.           | 59-2916508                     | 0.19%                           |
| GJ Endeavors Inc dba Sport Cli  | 86-1090999                     | 0.00%                           |
| Not Taken                       | 65-0660751                     | 0.00%                           |
| Green Earth Building Maintenan  | 27-0274846                     | 0.05%                           |
| Gulfstream Termite & Environme  | 56-2481792                     | 0.49%                           |
| Not Taken                       | 59-2834161                     | 0.00%                           |
| Hawk Island Leasing, LLC dba T  | 26-2353794                     | 0.14%                           |
| Heron Creek Associates, LTD     | 65-0870275                     | 0.25%                           |
| Holliday Karatinos Law Firm, P  | 87-0778702                     | 0.97%                           |
| Horizon Italian Tile            | 75-2633490                     | 0.12%                           |
| Horizon Sarasota Management En  | 65-1076843                     | 0.16%                           |
| Horticultural Arts & Park Inst  | 59-3378866                     | 0.01%                           |
| HTLC Ventures Inc.              | 59-3731484                     | 0.10%                           |
| Humane Society Of Manatee Coun  | 59-1819652                     | 0.48%                           |
| Hurley Corp. dba H & E Air Car  | 51-0425920                     | 0.20%                           |
| Hydro-E-Lectric                 | 04-3157845                     | 0.07%                           |
| I-Log, LLC                      | 20-3683553                     | 0.10%                           |
| Not Taken                       | 59-3144784                     | 0.00%                           |
| Insight Wealth Partners, LLC    | 27-2626130                     | 0.68%                           |
| Integrated Support Services     | 54-2117810                     | 1.46%                           |
| Intermark Management Corp       | 57-0836340                     | 1.80%                           |
| International Medical Manageme  | 45-4786965                     | 0.00%                           |
| Intra Dental, Inc. dba Corners  | 20-8984561                     | 0.16%                           |
| J. Cauley & Associates, LLC     | 45-1662045                     | 0.11%                           |
| J. Meyers Custom Builder Inc.   | 59-3524628                     | 0.02%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Jeff Montgomery Associates      | 59-2366512                     | 0.22%                           |
| John A. Tucker, M.D., P.A.      | 63-0994137                     | 0.09%                           |
| Kahn Properties, Inc.           | 57-0871207                     | 0.94%                           |
| Karlville Development, LLC      | 65-0989770                     | 0.03%                           |
| Key Hotel Group, LLC            | 46-1409914                     | 0.58%                           |
| Kilbourne Heating & Air Condit  | 59-2842891                     | 0.10%                           |
| Point Charlotte, LLC            | 82-2307206                     | 0.13%                           |
| Lamotte Builders                | 57-0724098                     | 0.14%                           |
| Laser Pegs Ventures LLC         | 27-3356323                     | 0.07%                           |
| Not Taken                       | 59-3648783                     | 0.00%                           |
| Linksters Management, LLC       | 26-1403283                     | 1.84%                           |
| Locklear & Associates Professi  | 45-5224708                     | 0.04%                           |
| Maccio Enterprises, LLC dba Th  | 82-1199589                     | 0.14%                           |
| Mackel Arthur Carter Enterpris  | 27-2045135                     | 0.50%                           |
| Malin-Diaz Irrigation           | 59-3646033                     | 0.10%                           |
| Mariner Advisory Group, LLC.    | 34-1089734                     | 0.14%                           |
| Mario Almeida, M.D. P.A.        | 65-0310039                     | 0.81%                           |
| Mark Bond & Company, Inc.       | 75-2174264                     | 0.52%                           |
| Master The Possibilities, Inc.  | 46-2693153                     | 0.01%                           |
| McClure Contracting, Inc.       | 20-4213794                     | 0.23%                           |
| Mid-Florida Primary Care, P.A.  | 03-0374583                     | 1.66%                           |
| Modern Air Solutions, LLC       | 46-1813227                     | 0.10%                           |
| Monaco Boutique & Salon, Inc.   | 45-5236609                     | 0.00%                           |
| Mts Of Jax, Inc.                | 46-3387334                     | 0.01%                           |
| National Envy Employee Leasing  | 81-3577240                     | 0.08%                           |
| Nature'S Garden Landscaping De  | 65-0238350                     | 0.05%                           |
| Nauset Enterprises, Inc. dba A  | 59-3529402                     | 0.18%                           |
| Navarre Lumber & Supply, Inc    | 59-2982397                     | 0.43%                           |
| Neil L Matthews D.D.S.          | 38-3380242                     | 0.00%                           |
| New Millenium Smiles dba Savan  | 58-2531858                     | 0.69%                           |
| Nexcor Technologies, Inc.       | 23-3014348                     | 0.41%                           |
| Niroc Consultants, Inc.         | 27-3237191                     | 0.31%                           |
| NLTG, Inc dba The One to One G  | 04-3147676                     | 0.12%                           |
| North County Charter School, I  | 65-0865183                     | 0.43%                           |
| O'Donnell Dannwolf And Partner  | 56-2438333                     | 0.25%                           |
| Ozare Care, Inc.                | 65-1092691                     | 0.94%                           |
| Palm Beach Capital Management   | 81-0725332                     | 1.37%                           |
| Palmer Ranch Master Property O  | 59-2782438                     | 0.14%                           |
| Patti Froeber Comprehensive De  | 41-1992469                     | 0.65%                           |
| Peake, Fowler & Associates, PA  | 57-1102076                     | 1.52%                           |
| Philip A. Bates, P.A.           | 59-3467087                     | 0.01%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| Physicians Development Program  | 65-0134855                     | 0.02%                           |
| Port Orange Pediatrics PA       | 57-1230607                     | 0.21%                           |
| Port Orange South Daytona Cham  | 59-2074508                     | 0.09%                           |
| Psycho Tattoo Inc.              | 58-2239104                     | 0.42%                           |
| QP3 Training Systems, Inc.      | 59-3646862                     | 0.53%                           |
| Not Taken                       | 59-2504671                     | 0.00%                           |
| Real Property Tax Advisors, In  | 16-1617905                     | 0.42%                           |
| Rex Houston Air Conditioning &  | 27-0095853                     | 0.04%                           |
| Riggs Partners, Inc.            | 57-0980003                     | 2.72%                           |
| Riverwood Community Associatio  | 65-0346024                     | 0.02%                           |
| S.T. Machine, Inc.              | 65-0582733                     | 0.35%                           |
| Sean Patrick Enterprises, Inc.  | 65-0740101                     | 1.11%                           |
| Seibert and Son, Inc.           | 58-1293673                     | 0.25%                           |
| Senator International Freight   | 65-0914038                     | 1.53%                           |
| Sescort, Inc.                   | 13-3739542                     | 0.07%                           |
| Shadow Health, Inc.             | 90-0728777                     | 0.68%                           |
| Sleep Disorder Center Of Ft Wa  | 59-3182353                     | 0.03%                           |
| Sombus Networks Inc             | 27-3923622                     | 0.11%                           |
| Southern Crescent Pediatrics    | 58-1487734                     | 2.21%                           |
| Southern Montgomery County      | 74-1670450                     | 0.31%                           |
| Stonebrook Family Medicine      | 20-0596759                     | 0.84%                           |
| Street Smart Youth Project      | 80-0241296                     | 0.03%                           |
| Tec Services Group, Inc         | 22-3949732                     | 0.03%                           |
| The Brentwood Company, Inc.     | 59-1035928                     | 1.91%                           |
| The Practice Of Distinction, L  | 46-2478284                     | 0.16%                           |
| Tire Zone Of Okeechobee Inc     | 26-0855130                     | 0.04%                           |
| Total Office Solutions, Inc.    | 57-0902779                     | 0.19%                           |
| United Refrigeration Inc.       | 59-2182393                     | 0.77%                           |
| Valdosta Country Club, Inc      | 58-0471100                     | 0.01%                           |
| Voltair Consulting Engineers I  | 20-4452969                     | 0.91%                           |
| W.H. Barnes, Inc. dba Best Flo  | 59-3481433                     | 0.17%                           |
| We Rek, Inc.                    | 52-1046704                     | 0.06%                           |
| Wofford Electric & Pump Supply  | 76-0659866                     | 0.24%                           |
| Wolfe & Taylor, Inc.            | 47-2446000                     | 2.12%                           |
| Yabzu Enterprises, Inc dba Esc  | 81-3398874                     | 0.01%                           |
| Yesterdays Business Computers   | 22-3469798                     | 0.14%                           |
| Young Presidents Organization-  | 58-1835904                     | 0.33%                           |
| Young's Electrical Contracting  | 65-1094639                     | 1.37%                           |
| Yra Design Inc                  | 32-0534481                     | 0.31%                           |
| BBD USA LLC                     | 38-4016359                     | 0.13%                           |
| California Pipeline Inspection  | 47-3211297                     | 0.02%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name     | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-------------------------------------|--------------------------------|---------------------------------|
| Centralink Corp. DBA Centralin      | 95-4873856                     | 0.28%                           |
| CFG DCS, INC DBA CFG DCS            | 82-2511609                     | 0.29%                           |
| Check Agencies of California,       | 94-2964123                     | 5.47%                           |
| Cuddle Barn, Inc. DBA Cuddle B      | 45-3835604                     | 0.22%                           |
| Cummings Appraisal Group, Inc.      | 20-8640410                     | 0.29%                           |
| Dune Entertainment Partners LL      | 46-3754540                     | 1.25%                           |
| ehs International Inc.              | 27-3972378                     | 0.02%                           |
| enBio, Corp.                        | 26-3530484                     | 0.53%                           |
| Not Taken                           | 99-9999999                     | 0.00%                           |
| Gamie, LLC DBA C3 Risk & Insurance  | 81-4114310                     | 0.85%                           |
| Malone EMS, Inc.                    | 27-2439210                     | 0.08%                           |
| Medallion Enterprises, Inc.         | 95-4539968                     | 0.20%                           |
| Mispro Biotech Services Corporation | 80-0568381                     | 0.20%                           |
| Softline Solutions LLC              | 26-3605289                     | 0.05%                           |
| Stonehedge Management Corporation   | 46-0706740                     | 0.33%                           |
| The Lyndon Group, LLC DBA Lyndon Gr | 95-4821947                     | 0.14%                           |
| U.S. Continental Marketing, Inc.    | 33-0480861                     | 0.57%                           |
| University Club of Pasadena         | 95-1321550                     | 0.01%                           |
| Used Cardboard Boxes, Inc.          | 20-5115837                     | 0.10%                           |
| MedQIA, LLC dba MedQIA Imaging      | 20-5787819                     | 0.78%                           |
| Vision Media Management             | 46-4810267                     | 6.80%                           |
| MediaQurator, LLC DBA MediaQurator  | 82-4918496                     | 0.45%                           |
| EMU Health Services                 | 81-1789833                     | 0.00%                           |
| EMUSC, LLC                          | 81-3077386                     | 0.00%                           |
| Patient Comp LLC                    | 83-1558230                     | 0.00%                           |
| Ed Schlitt LC                       | 65-0881989                     | 0.00%                           |
| Schlitt Property Management Inc.    | 65-0881989                     | 0.00%                           |
| The Villages Spires Condominiu      | 59-1540770                     | 0.00%                           |
| Dallas Afterschool                  | 76-0838983                     | 0.00%                           |
| US Power Partners, LLC              | 83-0930872                     | 0.00%                           |
| US Power Services, LLC              | 20-0079717                     | 0.00%                           |
| MB&R Engineering, Inc.              | 58-2486929                     | 0.00%                           |
| Phoenix Data Security, Inc.         | 45-2211547                     | 0.00%                           |
| Not Taken                           | 99-9999999                     | 0.00%                           |
| Bonita Springs-Estero Realtors      | 59-1708371                     | 0.00%                           |
| Everything for Offices              | 84-1087408                     | 0.00%                           |
| Archimedean Academy                 | 02-0607904                     | 0.00%                           |
| Zion Revenue Solutions, LLC         | 47-3130668                     | 0.00%                           |
| Cattle Dog Coffee Roasters, Inc.    | 26-1542839                     | 0.00%                           |
| Byzloan Tampa, LLC                  | 83-1487052                     | 0.00%                           |
| Tiro Security                       | 45-5604173                     | 0.00%                           |

|                                                                           |                                                        |
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| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
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**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name   | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-----------------------------------|--------------------------------|---------------------------------|
| American Academy of Nurse Prac    | 52-2216259                     | 0.00%                           |
| Breathe Easy Medical, Inc.        | 20-1560238                     | 0.00%                           |
| Crooms Fleet Services, Inc.       | 46-4545555                     | 0.00%                           |
| Walter Schupfer Management Corp   | 11-3345336                     | 0.00%                           |
| Atlantis Management Services L    | 65-1063729                     | 0.00%                           |
| LAN Infotech, LLC                 | 80-0392071                     | 0.00%                           |
| Not Taken                         | 99-9999999                     | 0.00%                           |
| Funderburk Electrical Services    | 26-4489977                     | 0.00%                           |
| Cebert Wealth                     | 46-5291738                     | 0.00%                           |
| Mazzola Oil Service, Inc.         | 20-4138659                     | 0.00%                           |
| Tiger Valve Company, LLC          | 46-1197792                     | 0.00%                           |
| Melissa Shoes                     | 26-1830997                     | 0.00%                           |
| Melissa Delamo LLC                | 47-2326726                     | 0.00%                           |
| Belladonna XX LLC                 | 47-4350392                     | 0.00%                           |
| Melissa Loves Miami LLC           | 46-2763775                     | 0.00%                           |
| Melissa Orlando LLC               | 47-3105820                     | 0.00%                           |
| Brighton Animal Clinic            | 81-1565037                     | 0.00%                           |
| MNT Travel Corp                   | 83-3272281                     | 0.00%                           |
| Best Western Plus Siesta Key      | 46-0543005                     | 0.00%                           |
| Universal Specialty Pharmacy, LLC | 82-1705409                     | 0.00%                           |
| Target Graphics, Inc.             | 65-0064589                     | 0.00%                           |
| M & S Steel, Inc.                 | 58-1705022                     | 0.00%                           |
| Not Taken                         | 46-3434445                     | 0.00%                           |
| Texnmex RTO Ventures LLC          | 45-5454612                     | 0.00%                           |
| Rhodes & Brito Architects         | 59-3373968                     | 0.00%                           |
| Kristin M. Jackson, LLC           | 99-9999999                     | 0.00%                           |
| Life's Abundance, Inc.            | 46-5246499                     | 0.00%                           |
| Premier Care Homecare             | 20-4448771                     | 0.00%                           |
| The Filta Group, Inc.             | 98-0375567                     | 0.00%                           |
| Sohacki Industries, Inc.          | 59-3090535                     | 0.00%                           |
| The Law Office of Eric A. Shor    | 23-2983232                     | 0.00%                           |
| Carlisle Property Management,     | 65-0712618                     | 0.00%                           |
| Synergy Golf Group, LLC           | 83-2599698                     | 0.00%                           |
| BabySparks                        | 46-1892580                     | 0.00%                           |
| Packard Capital, LLC              | 99-9999999                     | 0.00%                           |
| Crest Builders, Inc.              | 37-1753278                     | 0.00%                           |
| Apartment Concepts Unlimited      | 20-8040843                     | 0.00%                           |
| Pro Medical East, LLC             | 22-3822364                     | 0.00%                           |
| Kapp Morrison, LLP                | 81-2894063                     | 0.00%                           |
| Ace Electric Service Company,     | 27-1494757                     | 0.00%                           |
| The Lions Model Management, LLC   | 46-4941174                     | 0.00%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
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**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name     | (b) Participating Employer EIN | (c) Percentage of Contributions |
|-------------------------------------|--------------------------------|---------------------------------|
| Third Wave Business Systems, L      | 22-3413093                     | 0.00%                           |
| Southeastern Marine Power, LLC      | 20-3844386                     | 0.00%                           |
| Sanctuary Medical Aesthetic Ce      | 99-9999999                     | 0.00%                           |
| Precipio, Inc.                      | 99-9999999                     | 0.00%                           |
| VectorGlobal WMG, Inc.              | 99-9999999                     | 0.00%                           |
| Bonita Bay Community Associati      | 99-9999999                     | 0.00%                           |
| Volvo of North Miami                | 99-9999999                     | 0.00%                           |
| Slate Property Group, LLC           | 99-9999999                     | 0.00%                           |
| Phase Engineering, Inc.             | 99-9999999                     | 0.00%                           |
| Carras Services, LLC                | 99-9999999                     | 0.00%                           |
| Imperial Fire Protection, Inc.      | 99-9999999                     | 0.00%                           |
| Rising Pharmaceuticals              | 99-9999999                     | 0.00%                           |
| Elite Management Group LLC          | 99-9999999                     | 0.00%                           |
| Juice Beauty, Inc.                  | 99-9999999                     | 0.00%                           |
| 365 Enterprises LLC                 | 99-9999999                     | 0.00%                           |
| Advanced Ventures, LLC              | 99-9999999                     | 0.00%                           |
| Law Offices of Langley & Chang      | 99-9999999                     | 0.00%                           |
| Adams County Dairies                | 99-9999999                     | 0.00%                           |
| Alpen HPP, LLC                      | 99-9999999                     | 0.00%                           |
| Polaris Group                       | 99-9999999                     | 0.00%                           |
| Benson Engineering Company          | 99-9999999                     | 0.00%                           |
| Spruce Capital Partners, LLC        | 99-9999999                     | 0.00%                           |
| Delta G. Consulting Engineers,      | 99-9999999                     | 0.00%                           |
| Warren Packaging, Inc.              | 99-9999999                     | 0.00%                           |
| Suncoast Sales, LLC                 | 99-9999999                     | 0.00%                           |
| National Envy Development Acqu      | 99-9999999                     | 0.00%                           |
| Nutrakey                            | 99-9999999                     | 0.00%                           |
| Northwest Seafood, Inc.             | 99-9999999                     | 0.00%                           |
| Twin Tails Seafood Corp.            | 99-9999999                     | 0.00%                           |
| Great Job Spot, Inc.                | 99-9999999                     | 0.00%                           |
| Broedell Plumbing Supply, Inc.      | 99-9999999                     | 0.00%                           |
| Elite Property Research, LLC        | 99-9999999                     | 0.00%                           |
| Wellesley Information Services, LLC | 99-9999999                     | 0.00%                           |
| Elixinol, LLC                       | 99-9999999                     | 0.00%                           |
| Pacernote Capital, LLC              | 99-9999999                     | 0.00%                           |
| iNX Building Maintenance Solutions, | 99-9999999                     | 0.00%                           |
| Paces MedEquip, LLC                 | 99-9999999                     | 0.00%                           |
| Advanced Telecom, Inc.              | 99-9999999                     | 0.00%                           |
| Espen Technology, Inc.              | 99-9999999                     | 0.00%                           |
| Indoor Plant People, Inc.           | 59-3144784                     | 0.00%                           |
| Cain Enterprises, LLC dba Engi      | 56-2558251                     | 0.12%                           |

|                                                                           |                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------|
| A. Name Of Plan<br><b>CoAdvantage Corporation Retirement Savings Plan</b> | B. Three-Digit<br><b>Plan Number 333</b>               |
| C. Plan Year<br><b>1/1/2018 - 12/31/2018</b>                              | D. Employer Identification Number<br><b>27-3007025</b> |

**Multiple-Employer Plan Participating Employer Information**

| (a) Participating Employer Name | (b) Participating Employer EIN | (c) Percentage of Contributions |
|---------------------------------|--------------------------------|---------------------------------|
| University Club of Pasadena     | 95-1321550                     | 0.01%                           |

# **COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN**

Tampa, Florida

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Including Independent Auditors' Report

As of December 31, 2018 and 2017  
and for the Year Ended December 31, 2018

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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## **Independent Auditors' Report**

To the Plan Administrator of  
CoAdvantage Corporation Retirement Savings Plan  
Tampa, Florida

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of CoAdvantage Corporation Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year 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 presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan ("Trustee"), and Massachusetts Mutual Life Insurance Company, the custodian of the group annuity contract ("Custodian"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee and Custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the Trustee and Custodian as of and for the year ended December 31, 2018, that the information provided to the plan administrator by the Trustee and Custodian 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 the 2018 financial statements.

### **Other Matter – Supplementary Information**

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

### **Other Matter — 2017 Financial Statements**

The financial statements of the Plan as of December 31, 2017, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee and Custodian. Their report, dated October 15, 2018, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee and Custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee and Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Baker Tilly Virchow Krause, LLP*

Chicago, Illinois  
September 20, 2019

## COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2018 and 2017

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| <b>ASSETS</b>                                    |                       |                       |
|--------------------------------------------------|-----------------------|-----------------------|
|                                                  | <u>2018</u>           | <u>2017</u>           |
| Investments:                                     |                       |                       |
| Guaranteed interest account, at contract value   | \$ 44,902,521         | \$ 31,707,239         |
| Mutual funds, at fair value                      | 426,235,236           | 351,635,591           |
| Insurance company general account, at fair value | 18,890                | 18,890                |
| Self-directed brokerage account, at fair value   | <u>1,395,720</u>      | <u>-</u>              |
| Total investments                                | 472,552,367           | 383,361,720           |
| Receivables:                                     |                       |                       |
| Participant contributions                        | 1,453,216             | 1,079,385             |
| Employer contributions                           | 1,474,393             | 354,205               |
| Notes receivable from participants               | <u>9,516,355</u>      | <u>6,365,791</u>      |
| Total receivables                                | <u>12,443,964</u>     | <u>7,799,381</u>      |
| <b>TOTAL ASSETS</b>                              | <u>484,996,331</u>    | <u>391,161,101</u>    |
| <b>LIABILITIES</b>                               |                       |                       |
| Excess contributions payable                     | <u>457,970</u>        | <u>494,486</u>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>         | <u>\$ 484,538,361</u> | <u>\$ 390,666,615</u> |

See accompanying notes to financial statements.

## COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2018

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#### ADDITIONS

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| Interest and dividends                                | \$ 24,960,981      |
| Interest income on notes receivable from participants | 419,568            |
| Contributions:                                        |                    |
| Participant                                           | 45,364,998         |
| Employer                                              | 17,077,526         |
| Rollover                                              | <u>15,610,585</u>  |
| Total contributions                                   | <u>78,053,109</u>  |
| Total additions                                       | <u>103,433,658</u> |

#### DEDUCTIONS

|                                                        |                              |
|--------------------------------------------------------|------------------------------|
| Net depreciation in fair value of investments          | 54,549,837                   |
| Benefits paid to participants                          | 47,181,880                   |
| Administrative expenses                                | <u>2,288,809</u>             |
| Total deductions                                       | <u>104,020,526</u>           |
| Net decrease                                           | (586,868)                    |
| Transfers into Plan (Note 11)                          | 142,150,717                  |
| Transfers out of Plan (Note 11)                        | (47,692,103)                 |
| Net assets available for benefits - Beginning of year  | <u>390,666,615</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR</b> | <b><u>\$ 484,538,361</u></b> |

See accompanying notes to financial statements.

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 1 - Description of the Plan**

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

#### *General*

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

The Plan uses Massachusetts Mutual Life Insurance Company for recordkeeping and custodial services of its group annuity contract ("Custodian"). The Custodian has entered into a trust arrangement with Reliance Trust Company to act as the trustee of the remaining investments ("Trustee"). The Plan also has one investment with Transamerica Life Insurance Company ("Transamerica").

#### *Contributions*

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

#### *Participant Accounts*

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

#### *Vesting*

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

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 1 - Description of the Plan (cont.)**

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#### *Forfeited Accounts*

As of December 31, 2018 and 2017, forfeited nonvested accounts totaled \$1,522,566 and \$788,000, respectively. These accounts will be used to pay plan expenses or to reduce the Adopting Employer's future matching contributions. In 2018, the Employer contributions and administrative expenses were reduced by \$562,560 from forfeited nonvested accounts.

#### *Notes Receivable From Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 3.25 percent to 6.75 percent at December 31, 2018, which are commensurate with local prevailing rates at inception of loan as determined quarterly by the plan administrator. Principal and interest is paid ratably through regular payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence.

#### *Payment of Benefits*

On termination of service due to death, disability, retirement, or other reasons, a participant may receive a lump-sum distribution equal to the value of the participant's vested interest in their account. Participants may take in-service withdrawals upon attainment of age 59<sup>1/2</sup> or for immediate and heavy financial hardship needs, as defined in the plan document.

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

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#### *Basis of Accounting*

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

Investment held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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.

#### *Use of Estimates*

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

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 2 - Summary of Significant Accounting Policies (cont.)**

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#### *Investment Valuation and Income Recognition*

Investments in mutual funds and the insurance company general account are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 for discussion of fair value measurements.

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

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. Consult the Plan's group annuity contract for further information. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

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

#### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent participant loans are recorded as distributions on the basis of the terms of the plan document.

#### *Expenses*

Certain expenses of maintaining the Plan are paid by the Adopting Employers and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

#### *Payment of Benefits*

Benefits are recorded when paid.

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### NOTE 2 - Summary of Significant Accounting Policies (cont.)

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#### *Subsequent Events*

The Plan has evaluated subsequent events for recognition or disclosure through September 20, 2019, the date the financial statements were available to be issued.

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### NOTE 3 - Information Certified by Trustee

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The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2018 and 2017. Accordingly, the Trustee and Custodian have certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018, and the related investment activity reported in the statement of changes in net assets available for benefits for the year ended December 31, 2018.

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### NOTE 4 - Fair Value Measurements

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- > quoted prices for similar assets or liabilities in active markets;
- > quoted prices for identical or similar assets or liabilities in inactive markets;
- > inputs other than quoted prices that are observable for the asset or liability;
- > inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

### NOTE 4 - Fair Value Measurements (cont.)

The following is a description of the valuation methodologies used for assets measured at fair value. There has been no changes in the methodologies used at December 31, 2018 and 2017.

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

Self-directed brokerage accounts are valued at the quoted market price of the respective security held within the account.

The insurance company general investment is considered a deposit liability with no defined maturity and is stated at fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

|                                   | Assets at Fair Value as of December 31, 2018 |                     |             |                       |
|-----------------------------------|----------------------------------------------|---------------------|-------------|-----------------------|
|                                   | Level 1                                      | Level 2             | Level 3     | Total                 |
| Mutual funds                      | \$ 426,235,236                               | \$ -                | \$ -        | \$ 426,235,236        |
| Self-directed brokerage account   | -                                            | 1,395,720           | -           | 1,395,720             |
| Insurance company general account | -                                            | 18,890              | -           | 18,890                |
|                                   | <u>\$ 426,235,236</u>                        | <u>\$ 1,414,610</u> | <u>\$ -</u> | <u>\$ 427,649,846</u> |
|                                   | Assets at Fair Value as of December 31, 2017 |                     |             |                       |
|                                   | Level 1                                      | Level 2             | Level 3     | Total                 |
| Mutual funds                      | \$ 351,635,591                               | \$ -                | \$ -        | \$ 351,635,591        |
| Insurance company general account | -                                            | 18,890              | -           | 18,890                |
|                                   | <u>\$ 351,635,591</u>                        | <u>\$ 18,890</u>    | <u>\$ -</u> | <u>\$ 351,654,481</u> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

For years ended December 31, 2018 and 2017, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

### NOTE 5 - Administration of Plan Assets

The Plan's assets are administered under a contract with the Trustee. The Trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 6 - Related Party and Party In Interest Transactions**

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Certain of the Plan's investments are managed by the Custodian and Transamerica, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the contract administration fees were approximately \$1,701,817 for the year ended December 31, 2018. In addition, the Custodian receives revenue from service providers for services it provides to the funds. This revenue is used to offset certain amounts owed to the Custodian for its administrative services. If the revenue received by the Custodian from such service providers exceeds the amount owed, the Custodian remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The Principal Participating Employer may make a payment to the Custodian for administrative expenses not covered by revenue sharing.

During 2018, the Plan also paid the Principal Participating Employer approximately \$277,410 for administrative services. The Plan also paid approximately \$140,165 to other service providers for investment, legal, auditing and third party administration services.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Principal Participating Employer. No such officer or employee receives compensation from the Plan.

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### **NOTE 7 - Plan Termination**

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Although it has not expressed any intent to do so, the Principal Participating Employer has the right 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 percent vested in the Adopting Employer's contributions.

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### **NOTE 8 - Tax Status**

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

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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#### NOTE 9 - Risks and Uncertainties

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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 statements of net assets available for benefits.

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#### NOTE 10 - Reconciliation of Financial Statements to Form 5500

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

|                                                                        | <u>2018</u>          | <u>2017</u>          |
|------------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements         | \$484,538,361        | \$390,666,615        |
| Less: assets held by Transamerica recorded on the financial statements | (18,890)             | (18,890)             |
| Less: contributions receivable                                         | (2,927,609)          | (1,433,590)          |
| Plus: excess contributions payable                                     | 457,970              | 494,486              |
| Plus: assets held by Transamerica recorded on Form 5500                | <u>1,272,012</u>     | <u>1,272,012</u>     |
| Net assets available for benefits per Form 5500                        | <u>\$483,321,844</u> | <u>\$390,980,633</u> |

The following is a reconciliation of the net decrease in net assets per the financial statements to net loss per Form 5500 for the year ended December 31, 2018:

|                                                         |                       |
|---------------------------------------------------------|-----------------------|
| Net decrease in net assets per the financial statements | \$ (586,868)          |
| Plus: contributions receivable - beginning of year      | 1,433,590             |
| Less: contributions receivable - end of year            | (2,927,609)           |
| Less: excess contributions payable - beginning of year  | (494,486)             |
| Plus: excess contributions payable - end of year        | <u>457,970</u>        |
| Net loss per Form 5500                                  | <u>\$ (2,117,403)</u> |

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 and 2017 and for the Year Ended December 31, 2018

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### **NOTE 11 - Transfers In and Out**

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On October 1, 2017, CoAdvantage Corporation purchased 100% of the stock of TCM Pemco Holdings, Inc. ("PEMCO") and the Plan was amended effective July 30, 2018 to allow former employees of PEMCO and Adopting Employers of the PEMCO 401(k) Plan to be eligible to participate in the Plan. As a result of the acquisition, \$55,397,607 of Plan assets were transferred to the Plan in 2018.

On October 19, 2017, CoAdvantage Corporation acquired 100% of the stock of Strategic Administrative Services, Inc., Strategic Staffing Services, Inc., and Strategic HR Management Services, Inc. (collectively "Total HR") and the Plan was amended effective January 1, 2018 to allow former employees of Total HR and Adopting Employers of the Strategic Staffing Services dba H.R. 401(k) Plan to be eligible to participate in the Plan. As a result of the acquisition, \$14,235,211 of Plan assets were transferred into the Plan in 2018.

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

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

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### **NOTE 12 - Excess Contributions Payable**

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The Plan's statements of net assets available for benefits at December 31, 2018 and 2017 includes \$457,970 and \$494,486, respectively of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

## **SUPPLEMENTAL INFORMATION**

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4(i), SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan 001

EIN 39-2015032

As of December 31, 2018

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity<br>Date, Rate of Interest, Collateral, Par or Maturity<br>Value (if applicable) | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Investments:</b>                                                |                                                                                                                                     |             |                      |
|     | American Funds                                                     | American Funds Balanced                                                                                                             | N/R         | \$ 30,633,334        |
|     | American Funds                                                     | American Funds New World                                                                                                            | N/R         | 6,031,539            |
| *   | MassMutual                                                         | MassMutual Cashout Fund                                                                                                             | N/R         | 341,417              |
|     | Dodge & Cox                                                        | Dodge & Cox Global Stock                                                                                                            | N/R         | 5,830,585            |
|     | Dodge & Cox                                                        | Dodge & Cox Stock Fund                                                                                                              | N/R         | 16,312,098           |
|     | Harbor Funds                                                       | Harbor Mid Cap Value                                                                                                                | N/R         | 5,610,348            |
| *   | MassMutual                                                         | MassMutual Holding Account                                                                                                          | N/R         | 301,827              |
|     | Invesco, Ltd.                                                      | Invesco Equity and Income                                                                                                           | N/R         | 25,471,797           |
|     | Lord Abbett                                                        | Lord Abbett High Yield                                                                                                              | N/R         | 5,392,468            |
|     | Oakmark Funds                                                      | Oakmark Fund                                                                                                                        | N/R         | 8,853,141            |
|     | Oakmark Funds                                                      | Oakmark International Fund                                                                                                          | N/R         | 6,443,541            |
|     | PIMCO                                                              | PIMCO Real Return                                                                                                                   | N/R         | 3,901,649            |
|     | Amundi Pioneer                                                     | Pioneer Strategic Income                                                                                                            | N/R         | 3,117,981            |
| *   | MassMutual                                                         | Premier US Government Money Market                                                                                                  | N/R         | 3,537,457            |
|     | Putnam Investments                                                 | Putnam Small Cap Value                                                                                                              | N/R         | 4,297,332            |
| *   | MassMutual                                                         | Select Sands/Jackson Growth Opportunities                                                                                           | N/R         | 25,989,256           |
|     | T. Rowe Price                                                      | Select T. Rowe Price/Frontier Mid Cap Growth II                                                                                     | N/R         | 10,022,000           |
|     | Templeton                                                          | Templeton Global Bond                                                                                                               | N/R         | 1,641,941            |
|     | Vanguard Group                                                     | Vanguard Explorer                                                                                                                   | N/R         | 8,243,105            |
|     | Vanguard Group                                                     | Vanguard Institutional Index                                                                                                        | N/R         | 37,092,787           |
|     | Vanguard Group                                                     | Vanguard Mid Cap Index                                                                                                              | N/R         | 7,952,251            |
|     | Vanguard Group                                                     | Vanguard Small Cap Index                                                                                                            | N/R         | 8,725,367            |
|     | Vanguard Group                                                     | Vanguard Strategic Equity                                                                                                           | N/R         | 3,585,414            |
|     | Vanguard Group                                                     | Vanguard Strategic Small Cap Equity                                                                                                 | N/R         | 2,612,150            |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2015                                                                                                     | N/R         | 3,577,349            |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2020                                                                                                     | N/R         | 20,566,217           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2025                                                                                                     | N/R         | 23,115,076           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2030                                                                                                     | N/R         | 29,371,759           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2035                                                                                                     | N/R         | 22,317,376           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2040                                                                                                     | N/R         | 21,859,821           |
|     | Vanguard Group                                                     | Vanguard Target Retirement 2045                                                                                                     | N/R         | 14,108,621           |

# COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4(i), SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

Plan 001

EIN 39-2015032

As of December 31, 2018

| (a)                                                   | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including Maturity<br>Date, Rate of Interest, Collateral, Par or Maturity<br>Value (if applicable) | (d)<br>Cost | (e)<br>Current Value |
|-------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Investments:</b>                                   |                                                                    |                                                                                                                                     |             |                      |
|                                                       | Vanguard Group                                                     | Vanguard Target Retirement 2050                                                                                                     | N/R         | 11,355,895           |
|                                                       | Vanguard Group                                                     | Vanguard Target Retirement 2055                                                                                                     | N/R         | 7,348,738            |
|                                                       | Vanguard Group                                                     | Vanguard Target Retirement 2060                                                                                                     | N/R         | 1,547,691            |
|                                                       | Vanguard Group                                                     | Vanguard Retirement Income                                                                                                          | N/R         | 4,781,398            |
|                                                       | Vanguard Group                                                     | Vanguard Wellesley Income                                                                                                           | N/R         | 4,535,821            |
|                                                       | Western Asset                                                      | Western Asset Core Bond                                                                                                             | N/R         | 18,920,644           |
|                                                       | Morgan Stanley                                                     | Morgan Stanley Institutional International Advantage Fund                                                                           | N/R         | 10,888,045           |
| *                                                     | Transamerica                                                       | Transamerica Stable Value Advantage                                                                                                 | N/R         | 18,890               |
|                                                       | Schwab Investments                                                 | Schwab PCRA                                                                                                                         | N/R         | 1,395,720            |
| <b>Fully Benefit Responsive Investment Contracts:</b> |                                                                    |                                                                                                                                     |             |                      |
| *                                                     | MassMutual                                                         | Guaranteed Interest Account                                                                                                         | N/R         | 44,902,521           |
| <b>Notes Receivable from Participants:</b>            |                                                                    |                                                                                                                                     |             |                      |
| *                                                     | Participant Loans                                                  | Maturities through 2048 at interest rates varying from 3.25% to 6.75%                                                               | 0           | <u>9,516,355</u>     |
|                                                       |                                                                    |                                                                                                                                     |             | <u>\$482,068,722</u> |

\* A party in interest as defined by ERISA  
N/R - Cost omitted for participant directed investments

This schedule has been prepared based on information certified as complete and accurate by Reliance Trust Company, Trustee, and Massachusetts Mutual Life Insurance Company, Custodian.