Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MADISON ACQUISITION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MADISON ACQUISITION GROUP LLC

35 MONTAUK HWY
SOUTHAMPTON, NY 11968

2b Employer Identification Number (EIN)
27-1109369

2c Plan Sponsor's telephone number
631-283-0888

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	JENNIFER ROGERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	164
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	162
a(2) Total number of active participants at the end of the plan year	**6a(2)**	215
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	19
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	234
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	61
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(4)** General assets of the sponsor	[ ]

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] 0 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan
MADISON ACQUISITION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MADISON ACQUISITION GROUP LLC

D Employer Identification Number (EIN)
27-1109369

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

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)

LEVELIZED COMPENSATION ADVISOR

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	6991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
MADISON ACQUISITION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MADISON ACQUISITION GROUP LLC

D Employer Identification Number (EIN)
27-1109369

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

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE SOLUTION J

b Name of sponsor of entity listed in (a): WILMINGTON TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	301976

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
MADISON ACQUISITION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MADISON ACQUISITION GROUP LLC

D Employer Identification Number (EIN)
27-1109369

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	64797	0
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	7779	96132
(9) Value of interest in common/collective trusts	1c(9)	0	301976
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1101506	2919454
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1174082	3317562
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1174082	3317562

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	416603	
	(C) Others (including rollovers)	2a(1)(C)	5431	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		422034
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2124	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1026	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3150
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	58235	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		58235
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-223785
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		259634
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20356	
(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)		20356
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8148	
(3) Investment advisory and management fees	2i(3)	4865	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13013
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33369
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		226265
l Transfers of assets:			
(1) To this plan	2l(1)		1917215
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: WEINER LLC **(2)** EIN: 46-3535167

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
MADISON ACQUISITION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MADISON ACQUISITION GROUP LLC

D Employer Identification Number (EIN)
27-1109369

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Madison Acquisition Group LLC 401(k) Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2018 and 2017

Madison Acquisition Group LLC 401(k) Savings Plan
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December 31, 2018 and 2017

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Independent Auditor's Report

To the Plan Administrator
Madison Acquisition Group LLC 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Madison Acquisition Group LLC 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mid Atlantic Trust Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the 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 these financial statements.

167 Franklin Turnpike Waldwick, NJ 07463 Tel: 201.746.9700 Fax: 201.444-4450 www.weinerllc.com

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2017, the Plan adopted new accounting guidance, ASU 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Assets Value per Share (or Its Equivalent). Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule H, line 4 (i) – schedule of assets (held at end of year) as of December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Weiner LLC

October 11, 2019

167 Franklin Turnpike Waldwick, NJ 07463 Tel: 201.746.9700 Fax: 201.444-4450 www.weinerllc.com

Madison Acquisition Group LLC 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments		
Mutual funds at fair value	$ 2,919,454	$ 1,101,506
Money market fund	-	64,797
Stable value fund	301,976	-
Total investments	3,221,430	1,166,303
Notes receivable from participants	96,132	7,779
Net assets available for benefits	$ 3,317,562	$ 1,174,082

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

Madison Acquisition Group LLC 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Change to net assets attributed to	
Investment (loss) income	
Net depreciation in fair value of investments	$ (223,785)
Dividends	58,235
Interest income	2,124
Net investment loss	**(163,426)**
Interest on notes receivable from participants	**1,026**
Contributions	
Participants	422,034
Total additions	**259,634**
Deductions from net assets attributed to	
Benefits paid to participants	20,356
Administrative expenses	13,013
Total deductions	**33,369**
Net increase in net assets	**226,265**
Transfers to this plan	1,917,215
Net assets available for benefits - beginning	1,174,082
Net assets available for benefits - ending	**$ 3,317,562**

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

1. Description of Plan

The following description of Madison Acquisition Group LLC 401(k) Savings Plan (the "Plan") only provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Madison Acquisition Group LLC (the "Company") who have reached the age of 21, and have completed 6 months of service. The Company includes Madison Acquisition Group LLC, Audi of Princeton Operating Company LLC, GJM OPCO LLC, Bibendum CDJRF LLC, Bibendum ARM LLC, Ajax Holdings LLC, Act Two Holding LLC, and Honda of Princeton Operating Company LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Paychex, Inc. ("Paychex"), performs recordkeeping for the Plan, and Mid Atlantic Trust Company ("MATC") is the custodian of the Plan's investments and the Plan's Investment Advisor.

Employee Contributions

Each employee (also referred to herein as "Participants"), who has met eligibility requirements, as defined by the Plan, may contribute to the Plan between 1% and 20% of their eligible compensation, as defined by the Plan, on a pre-tax basis ("Elective Deferrals") or after-tax basis ("Roth Elective Deferrals"), not to exceed the maximum allowable under the Internal Revenue Code ("IRC") for any Plan Year ($18,500 for 2018). Employees who reach age 50 during a Plan Year may elect to contribute certain additional amounts beyond those defined limits ($6,000 for 2018). Employees may make contributions in any combination of Elective Deferrals or Roth Elective Deferrals. In addition, employees may contribute amounts representing distributions from other qualified plans ("Employee Rollovers") to the extent permitted by the IRC regardless of whether they have met the eligibility requirements for participation in the Plan.

Employer Contributions

The Company may make a discretionary matching contribution to the Plan. In accordance with the Plan document, the Company has not elected to make matching contributions to the Plan for the year ended December 31, 2018. All contributions are subject to certain limitations imposed by the Plan and the IRC.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of employer contributions, if any, plan earnings, and charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant's contributions and earnings on investments made with those contributions. The benefit to which a Participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants become vested with respect to employer discretionary matching contributions at a rate of 20% coincident with the completion of the second year of service and an additional 20% each year

thereafter until becoming 100% vested after 6 years of service. In addition, upon retirement, permanent disability, or death before retirement, the participant will be fully vested, regardless of years of service. Forfeitures of the non-vested portion of accumulated balances for terminated employees are allocated to all eligible participants based on compensation.

Notes Receivable from Participants
At the discretion of the Plan, participants may borrow from their accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000, or one-half of their vested account balance. The term of participant loans may range from one to five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with prevailing rates. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. The notes currently bear interest between 4.25% and 6% per annum. Principal and interest is paid ratably through payroll deductions, in payments made not less frequently than quarterly. Effective September 24, 2009, participants may only have one loan outstanding at a time. Participants that had more than one loan prior to that date were grandfathered in concerning the new loan policy.

Payment of Benefits
Upon death, retirement, disability, or termination of employment, the participant will become entitled to the total vested value of his or her account, determined as of the valuation date. The Plan also provides for in-service withdrawals by qualified participants. Distributions will be paid either by a single lump sum or annual installments over a number of years, based upon the election of the participant or the Plan, as defined in the Plan or the IRC.

Forfeitures
Forfeitures of discretionary matching contributions are used to reduce the Company's future matching contributions or the Plan's administrative expenses. No forfeitures were used in 2018 to reduce the Company's matching contributions or the Plan's administrative expenses.

As of December 31, 2018 forfeitures of $5,596 were available to reduce future Company matching contributions and future plan administrative expenses.

Investment Options
Participants may direct their contributions into a variety of mutual funds, money market fund, and stable value fund held at MATC. The MATC funds include a variety of investment options that have various objectives and degrees of financial risk.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP") and, accordingly, are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

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

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Net appreciation 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. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefits to participants are recorded when paid.

Administrative Expenses
The costs of administering the Plan, other than individual account service charges, are paid by the Plan.

New Accounting Pronouncements
In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent),which* exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. The adoption of this pronouncement did not have a material impact on the financial statements. The Plan adopted this pronouncement during the year ended December 31, 2017.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value heicharchy 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 Financial Accounting Standards board Accounting Standards Codification 820 are described as follows:

Level 1 – Inputs to the valuations methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuations methodology include:

- 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 valuations methodology are unobserrvable and significant to the fair value measurement.

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for major asset categories measured at fair value:

Mutual funds - Valued at the net asset value (NAV) of the units owned. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

Stable value fund - Valued at the net asset value (NAV) of the units owned. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

There have been no changes in methodologies used at December 31, 2018 and 2017.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following are the Plan's investments summarized by the fair value hierarchy as described above, 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	$ 2,919,454	$ -	$ -	$ 2,919,454
Stable value fund[1]				301,976
Total assets at fair value	$ 2,919,454	$ -	$ -	$ 3,221,430

	Assets at Fair Value as of December 31, 2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	$ 1,101,506	$ -	$ -	$ 1,101,506
Money market fund	64,797			64,797
Total assets at fair value	$ 1,166,303	$ -	$ -	$ 1,166,303

[1] Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized 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 amounts presented in the statement of financial position.

4. Investment Information Certified by the Plan's Custodian

The following is a summary of the investment information regarding the Plan as of December 31, 2018 and 2017, and for the year ended December 31, 2018, included in the Plan's financial statements, that was prepared or derived from information provided by MATC, the custodian of the Plan, and furnished to the plan administrator. The Plan administrator has obtained a certification from the custodian that such information is complete and accurate.

	2018	2017
Mutual funds	$ 2,919,454	$ 1,101,506
Stable value fund	301,976	-
Money market accounts	-	64,797
Notes receivable from participants	96,132	7,779
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Interest Income	2,124	-
Dividends	58,235	-
Interest on participant notes receivable	1,026	120

5. Income Tax Status

The Plan is based on the Prototype Nonstandardized Profit Sharing Plan with CODA of Great-West, the recordkeeper, which received an opinion letter from the Internal Revenue Service ("IRS"), dated March 31, 2014, stating that this Prototype Plan was designed in accordance with the provisions of the IRC. The Plan has not yet filed for its own determination letter from the IRS. However, the Plan administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

7. Plan Merger

Effective January 1, 2018, the Plan Sponsor elected to terminate HOP Retirement Plan ("HOP Plan") and transfer net assets into one multiple employer plan under the Plan. Upon the merger on October 31, 2018, net assets of $1,917,215 were transferred into the Plan.

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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 statement of net assets available for benefits.

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As described in Note 1, the Plan has several arrangements with Paychex to provide services related to plan operations. These transactions are party in interest transactions under ERISA. Fees paid by the Plan to Paychex for administrative expenses totaled $13,013 for the year ended December 31, 2018. Participant loans are also related party-in-interest transactions

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The Plan's management has evaluated subsequent events through October 11, 2019, the date that the financial statements were available for issuance.

Madison Acquisition Group LLC 401(k) Savings Plan
EIN: 27-1109369 Plan: 001
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2018

	(a) Identity of Issue, Borrower, Lessor of Similar Party	(b) Descriptions of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost	(d) Current Value
	DFA U.S. Large Cap Value Portfolio Institutional Class	Mutual funds, 1184 units	**	38,053
	Eaton Vance Large-Cap Value Fund Class C	Mutual funds, 3 units	**	43
	Federated Kaufmann Fund Class C Shares	Mutual funds, 33 units	**	133
	Fidelity Advisor Value Strategies C	Mutual funds, 1 unit	**	5
	Fidelity Advisor Small Cap C	Mutual funds, 3 units	**	39
	Fidelity 500 Index	Mutual funds, 1895 units	**	165,084
	Fidelity Real Estate Index	Mutual funds, 34 units	**	492
	Fidelity Mid Cap Index	Mutual funds, 4324 units	**	80,551
	American Funds The Growth Fund of America Class R-6	Mutual funds, 1700 units	**	72,693
	American Funds The Growth Fund of America Class R-1	Mutual funds, 3 units	**	123
	ClearBridge Appreciation Fund Class C	Mutual funds, 6 units	**	118
	ClearBridge Mid Cap Fund Class C	Mutual funds, 4 units	**	85
	MFS Massachusetts Investors Trust Class R1	Mutual funds, 1 unit	**	7
	Vanguard Information Technology Index Fund Admiral Shares	Mutual funds, 103 units	**	8,799
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual funds, 1358 units	**	85,876
	American Funds EuroPacific Growth Fund Class R-1	Mutual funds, 1 unit	**	47
	Federated International Small-Mid Company Fund Class C	Mutual funds, 1 unit	**	9
	Fidelity Emerging Markets Index	Mutual funds, 75 units	**	716
	American Funds New World Fund Class R-1	Mutual funds, 1 unit	**	9
	Oppenheimer International Growth Fund Class C	Mutual funds, 1 unit	**	42
	Vanguard Developed Markels Index Fund Admiral Shares	Mutual funds, 8460 units	**	101,184
	Federated High-Income Bond Fund Class C Shares	Mutual funds, 16 units	**	108
	Federated Fund for U.S. Government Securities Class C shares	Mutual funds, 1 unit	**	6
	Federated Total Return Bond Fund Class C Shares	Mutual funds, 6 units	**	58
	Fidelity Inflation-Prot Bd Index	Mutual funds, 269 units	**	2,553
	PGIM Total Return Bond Fund -Class R6	Mutual funds, 5211 units	**	72,595
	Vanguard High-Yield Corporate Fund Admiral Shares	Mutual funds, 5351 units	**	29,055
	American Funds American Balanced Fund Class R-6	Mutual funds, 253 units	**	6,299
	BlackRock LifePath Index 2060 K	Mutual funds, 4478 units	**	54,591
	BlackRock LifePath Index 2055 K	Mutual funds, 11353 units	**	156,329
	BlackRock LifePath Index 2050 K	Mutual funds, 13012 units	**	175,798
	BlackRock LifePath Index 2045 K	Mutual funds, 13228 units	**	176,459
	BlackRock LifePath Index 2040 K	Mutual funds, 37162 units	**	485,705
	BlackRock LifePath Index 2035 K	Mutual funds, 13218 units	**	170,116
	BlackRock LifePath Index 2030 K	Mutual funds, 26221 units	**	329,341
	BlackRock LifePath Index Retire K	Mutual funds, 25382 units	**	292,911
	BlackRock LifePath Index 2025 K	Mutual funds, 31434 units	**	388,207
	BlackRock LifePath Index 2020 K	Mutual funds, 2087 units	**	24,862
	Fidelity Advisor Freedom Income C	Mutual funds, 6 units	**	66
	Fidelity Advisor Freedom 2035 C	Mutual funds, 1 unit	**	1
	Fidelity Advisor Freedom 2025 C	Mutual funds, 1 unit	**	3
	Fidelity Advisor Freedom 2040 C	Mutual funds, 22 units	**	275
	Fidelity Advisor Freedom 2030 C	Mutual funds, 1 unit	**	4
	Fidelity Advisor Freedom 2020 C	Mutual funds, 1 unit		4
	Metlife Gac 25554 Cl J	Stable value fund, 15,964 units	**	301,976
*	Participant Loans	Notes at 4.25% to 6% per annum; principal amounts due at various times through December 21, 2023	-	-
				$ 3,221,430

* Represents a Party of Interest
** Cost omitted for participant-directed investments

See accompanying independent auditor's report

Madison Acquisition Group LLC 401(k) Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2018 and 2017

Madison Acquisition Group LLC 401(k) Savings Plan
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Independent Auditor's Report

To the Plan Administrator
Madison Acquisition Group LLC 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Madison Acquisition Group LLC 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mid Atlantic Trust Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the 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 these financial statements.

167 Franklin Turnpike Waldwick, NJ 07463 Tel: 201.746.9700 Fax: 201.444-4450 www.weinerllc.com

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2017, the Plan adopted new accounting guidance, ASU 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Assets Value per Share (or Its Equivalent). Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule H, line 4 (i) – schedule of assets (held at end of year) as of December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Weiner LLC

October 11, 2019

167 Franklin Turnpike Waldwick, NJ 07463 Tel: 201.746.9700 Fax: 201.444-4450 www.weinerllc.com

Madison Acquisition Group LLC 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments		
Mutual funds at fair value	$ 2,919,454	$ 1,101,506
Money market fund	-	64,797
Stable value fund	301,976	-
Total investments	3,221,430	1,166,303
Notes receivable from participants	96,132	7,779
Net assets available for benefits	$ 3,317,562	$ 1,174,082

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

Madison Acquisition Group LLC 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Change to net assets attributed to	
Investment (loss) income	
Net depreciation in fair value of investments	$ (223,785)
Dividends	58,235
Interest income	2,124
Net investment loss	**(163,426)**
Interest on notes receivable from participants	**1,026**
Contributions	
Participants	422,034
Total additions	**259,634**
Deductions from net assets attributed to	
Benefits paid to participants	20,356
Administrative expenses	13,013
Total deductions	**33,369**
Net increase in net assets	**226,265**
Transfers to this plan	1,917,215
Net assets available for benefits - beginning	1,174,082
Net assets available for benefits - ending	**$ 3,317,562**

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

1. Description of Plan

The following description of Madison Acquisition Group LLC 401(k) Savings Plan (the "Plan") only provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Madison Acquisition Group LLC (the "Company") who have reached the age of 21, and have completed 6 months of service. The Company includes Madison Acquisition Group LLC, Audi of Princeton Operating Company LLC, GJM OPCO LLC, Bibendum CDJRF LLC, Bibendum ARM LLC, Ajax Holdings LLC, Act Two Holding LLC, and Honda of Princeton Operating Company LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Paychex, Inc. ("Paychex"), performs recordkeeping for the Plan, and Mid Atlantic Trust Company ("MATC") is the custodian of the Plan's investments and the Plan's Investment Advisor.

Employee Contributions

Each employee (also referred to herein as "Participants"), who has met eligibility requirements, as defined by the Plan, may contribute to the Plan between 1% and 20% of their eligible compensation, as defined by the Plan, on a pre-tax basis ("Elective Deferrals") or after-tax basis ("Roth Elective Deferrals"), not to exceed the maximum allowable under the Internal Revenue Code ("IRC") for any Plan Year ($18,500 for 2018). Employees who reach age 50 during a Plan Year may elect to contribute certain additional amounts beyond those defined limits ($6,000 for 2018). Employees may make contributions in any combination of Elective Deferrals or Roth Elective Deferrals. In addition, employees may contribute amounts representing distributions from other qualified plans ("Employee Rollovers") to the extent permitted by the IRC regardless of whether they have met the eligibility requirements for participation in the Plan.

Employer Contributions

The Company may make a discretionary matching contribution to the Plan. In accordance with the Plan document, the Company has not elected to make matching contributions to the Plan for the year ended December 31, 2018. All contributions are subject to certain limitations imposed by the Plan and the IRC.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of employer contributions, if any, plan earnings, and charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant's contributions and earnings on investments made with those contributions. The benefit to which a Participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants become vested with respect to employer discretionary matching contributions at a rate of 20% coincident with the completion of the second year of service and an additional 20% each year

thereafter until becoming 100% vested after 6 years of service. In addition, upon retirement, permanent disability, or death before retirement, the participant will be fully vested, regardless of years of service. Forfeitures of the non-vested portion of accumulated balances for terminated employees are allocated to all eligible participants based on compensation.

Notes Receivable from Participants
At the discretion of the Plan, participants may borrow from their accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000, or one-half of their vested account balance. The term of participant loans may range from one to five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with prevailing rates. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. The notes currently bear interest between 4.25% and 6% per annum. Principal and interest is paid ratably through payroll deductions, in payments made not less frequently than quarterly. Effective September 24, 2009, participants may only have one loan outstanding at a time. Participants that had more than one loan prior to that date were grandfathered in concerning the new loan policy.

Payment of Benefits
Upon death, retirement, disability, or termination of employment, the participant will become entitled to the total vested value of his or her account, determined as of the valuation date. The Plan also provides for in-service withdrawals by qualified participants. Distributions will be paid either by a single lump sum or annual installments over a number of years, based upon the election of the participant or the Plan, as defined in the Plan or the IRC.

Forfeitures
Forfeitures of discretionary matching contributions are used to reduce the Company's future matching contributions or the Plan's administrative expenses. No forfeitures were used in 2018 to reduce the Company's matching contributions or the Plan's administrative expenses.

As of December 31, 2018 forfeitures of $5,596 were available to reduce future Company matching contributions and future plan administrative expenses.

Investment Options
Participants may direct their contributions into a variety of mutual funds, money market fund, and stable value fund held at MATC. The MATC funds include a variety of investment options that have various objectives and degrees of financial risk.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP") and, accordingly, are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

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

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Net appreciation 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. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits
Benefits to participants are recorded when paid.

Administrative Expenses
The costs of administering the Plan, other than individual account service charges, are paid by the Plan.

New Accounting Pronouncements
In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent),which* exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. The adoption of this pronouncement did not have a material impact on the financial statements. The Plan adopted this pronouncement during the year ended December 31, 2017.

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	Fidelity 500 Index	Mutual funds, 1895 units	**	165,084
	Fidelity Real Estate Index	Mutual funds, 34 units	**	492
	Fidelity Mid Cap Index	Mutual funds, 4324 units	**	80,551
	American Funds The Growth Fund of America Class R-6	Mutual funds, 1700 units	**	72,693
	American Funds The Growth Fund of America Class R-1	Mutual funds, 3 units	**	123
	ClearBridge Appreciation Fund Class C	Mutual funds, 6 units	**	118
	ClearBridge Mid Cap Fund Class C	Mutual funds, 4 units	**	85
	MFS Massachusetts Investors Trust Class R1	Mutual funds, 1 unit	**	7
	Vanguard Information Technology Index Fund Admiral Shares	Mutual funds, 103 units	**	8,799
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual funds, 1358 units	**	85,876
	American Funds EuroPacific Growth Fund Class R-1	Mutual funds, 1 unit	**	47
	Federated International Small-Mid Company Fund Class C	Mutual funds, 1 unit	**	9
	Fidelity Emerging Markets Index	Mutual funds, 75 units	**	716
	American Funds New World Fund Class R-1	Mutual funds, 1 unit	**	9
	Oppenheimer International Growth Fund Class C	Mutual funds, 1 unit	**	42
	Vanguard Developed Markels Index Fund Admiral Shares	Mutual funds, 8460 units	**	101,184
	Federated High-Income Bond Fund Class C Shares	Mutual funds, 16 units	**	108
	Federated Fund for U.S. Government Securities Class C shares	Mutual funds, 1 unit	**	6
	Federated Total Return Bond Fund Class C Shares	Mutual funds, 6 units	**	58
	Fidelity Inflation-Prot Bd Index	Mutual funds, 269 units	**	2,553
	PGIM Total Return Bond Fund -Class R6	Mutual funds, 5211 units	**	72,595
	Vanguard High-Yield Corporate Fund Admiral Shares	Mutual funds, 5351 units	**	29,055
	American Funds American Balanced Fund Class R-6	Mutual funds, 253 units	**	6,299
	BlackRock LifePath Index 2060 K	Mutual funds, 4478 units	**	54,591
	BlackRock LifePath Index 2055 K	Mutual funds, 11353 units	**	156,329
	BlackRock LifePath Index 2050 K	Mutual funds, 13012 units	**	175,798
	BlackRock LifePath Index 2045 K	Mutual funds, 13228 units	**	176,459
	BlackRock LifePath Index 2040 K	Mutual funds, 37162 units	**	485,705
	BlackRock LifePath Index 2035 K	Mutual funds, 13218 units	**	170,116
	BlackRock LifePath Index 2030 K	Mutual funds, 26221 units	**	329,341
	BlackRock LifePath Index Retire K	Mutual funds, 25382 units	**	292,911
	BlackRock LifePath Index 2025 K	Mutual funds, 31434 units	**	388,207
	BlackRock LifePath Index 2020 K	Mutual funds, 2087 units	**	24,862
	Fidelity Advisor Freedom Income C	Mutual funds, 6 units	**	66
	Fidelity Advisor Freedom 2035 C	Mutual funds, 1 unit	**	1
	Fidelity Advisor Freedom 2025 C	Mutual funds, 1 unit	**	3
	Fidelity Advisor Freedom 2040 C	Mutual funds, 22 units	**	275
	Fidelity Advisor Freedom 2030 C	Mutual funds, 1 unit	**	4
	Fidelity Advisor Freedom 2020 C	Mutual funds, 1 unit		4
	Metlife Gac 25554 Cl J	Stable value fund, 15,964 units	**	301,976
*	Participant Loans	Notes at 4.25% to 6% per annum; principal amounts due at various times through December 21, 2023	-	-
				$ 3,221,430

* Represents a Party of Interest
** Cost omitted for participant-directed investments

See accompanying independent auditor's report