

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
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
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.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ACCESS POINT, L. L. C. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
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) <u>ACCESS POINT, L.L.C.</u> <u>28800 ORCHARD LAKE ROAD</u> <u>FARMINGTON HILLS, MI 48334</u>	1c Effective date of plan <u>01/01/2001</u>	2b Employer Identification Number (EIN) <u>38-3565270</u>	
		2c Plan Sponsor's telephone number <u>866-513-3861</u>	
		2d Business code (see instructions) <u>541600</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.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/15/2019</u>	<u>KRIS HANSBERGER</u>
	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ 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 2913
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2483 6a(2) 2235 6b 0 6c 557 6d 2792 6e 0 6f 2792 6g 1488 6h 9
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 2T 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **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)** ☐ **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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 ACCESS POINT, L. L. C. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS POINT, L.L.C.	D Employer Identification Number (EIN) 38-3565270	

Part I	Service Provider Information (see instructions)
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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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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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	275496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCESS POINT, L.L.C.

38-3565270

(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?
14	PLAN ADMINISTRATOR	71809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(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?
28	PORTFOLIO MGMT	61398	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan ACCESS POINT, L. L. C. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS POINT, L.L.C.	D Employer Identification Number (EIN) 38-3565270	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	168999	206919
(2) Participant contributions	1b(2)	126856	204820
(3) Other.....	1b(3)	20637	10346
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	587803	699042
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	37533409	41296907
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	610625	546133

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	39048329 42964167
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	39048329 42964167

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1886940
	(B) Participants	2a(1)(B)	3924818
	(C) Others (including rollovers)	2a(1)(C)	339771
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6151529
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(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)	31078
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	31078
(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)	1281493
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1281493
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-3052786
c Other income.....	2c		-88428
d Total income. Add all income amounts in column (b) and enter total	2d		4322886

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5119182	
(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)		5119182
f Corrective distributions (see instructions)	2f		69672
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	347305	
(3) Investment advisory and management fees.....	2i(3)	61398	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		408703
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5597557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1274671
l Transfers of assets:			
(1) To this plan.....	2l(1)		6072742
(2) From this plan.....	2l(2)		882233

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**

(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
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
UNITED AMERICAN PAYROLL 401(K) PLAN TRUST	38-3631024	333
PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN	65-0976069	002
TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	46-1334892	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333

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
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)
SALES DRIVEN LLC DBA RAYBEND RETIREMENT SAVINGS PLAN	35-2407744	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.)

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

A Name of plan <u>ACCESS POINT, L. L. C. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCESS POINT, L.L.C.</u>	D Employer Identification Number (EIN) <u>38-3565270</u>

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): <u>65-0708495</u>		
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

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):

ACCESSPOINT, LLC 401(K) PLAN

Farmington Hills, Michigan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Including Independent Auditors' Report

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

ACCESSPOINT, LLC 401(K) 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

Plan Administrators
AccessPoint, LLC 401(k) Plan
Farmington Hills, Michigan

Report on the Financial Statements

We have audited the accompanying financial statements of AccessPoint, LLC 401(k) Plan (the "plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the AccessPoint, LLC 401(k) Plan as of December 31, 2018 and 2017, and the changes in net assets available for benefits for the year ended December 31, 2018 in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i, Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Baker Tilly Virchow Krause, LLP

Southfield, Michigan
October 11, 2019

ACCESSPOINT, LLC 401(K) PLAN

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

	ASSETS	
	<u>2018</u>	<u>2017</u>
Assets		
Investments at fair value	<u>\$ 41,843,042</u>	<u>\$ 38,144,034</u>
Receivables		
Participants' contributions	215,166	147,493
Employer contributions	206,919	168,999
Notes receivable from participants	<u>699,042</u>	<u>587,803</u>
Total Receivables	<u>1,121,127</u>	<u>904,295</u>
TOTAL ASSETS	<u>42,964,169</u>	<u>39,048,329</u>
	LIABILITIES	
Amounts to be refunded to participants	<u>42,353</u>	<u>99,672</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 42,921,816</u>	<u>\$ 38,948,657</u>

See accompanying notes to financial statements.

ACCESSPOINT, LLC 401(K) PLAN

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

ADDITIONS

Investment income	
Interest and dividends	\$ 1,281,493
Interest income on notes receivable from participants	31,078
Contributions	
Participant contributions	3,924,818
Employer contributions	1,886,940
Rollovers	339,771
Total Contributions	6,151,529
Total Additions	7,464,100

DEDUCTIONS

Net depreciation in fair value of investments	3,141,212
Benefits paid to participants	5,131,535
Administrative expenses	408,703
Total Deductions	8,681,450
Net Decrease	(1,217,350)
Net Transfers into Plan	5,190,509

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	38,948,657
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NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	\$ 42,921,816
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ACCESSPOINT, LLC 401(K) 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 AccessPoint, LLC 401(k) Plan (the "plan") provides only general information. Participants should refer to the plan document for a more complete description of the plan's provisions. The plan is a multiple-employer plan sponsored by Access Point, LLC and approximately 100 companies (collectively, the "company") as of December 31, 2018 and includes participating employers who have completed adoption agreements (the "Participating Employers").

General

The plan is a defined contribution plan established by the company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Eligibility is determined by each Participating Employer within their respective adoption agreement. The plan's Board of Trustees is responsible for oversight of the plan. The Investment Committee determines the appropriateness of the plan's investment offerings, monitors investment performance and reports to the Board of Trustees.

Contributions

Participants may make contributions through pretax deferrals and after-tax Roth contributions. The amount of the elective deferral is based on a certain percentage of the participant's compensation, as defined in each Participating Employers' adoption agreement. Employer contributions are solely at the discretion of the Participating Employers or their boards of directors. Such contributions, if any, shall be allocated to each participant's account of the respective company based on certain limitations defined in the Participating Employers' adoption agreement. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and earnings thereon and an allocation of (a) the company's contribution, (b) plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant vested account balance.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the company's contribution portion of their accounts is based on years of continuous service. Employer contributions vest based on the election of each Participating Employer within their respective adoption agreement.

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 rates of 4.25 to 6.00 percent at December 31, 2018, which are commensurate with local prevailing rates at inception of loan. Principal and interest is paid ratably through payroll deductions. Terms range from one to ten years or greater for the purchase of a primary residence.

ACCESSPOINT, LLC 401(K) 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 (cont.)

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. In addition, some plans allow for hardship distributions if certain criteria are met. The plan agreements should be consulted for the details of these benefit provisions.

Forfeited Accounts

As of December 31, 2018 and 2017, forfeited nonvested accounts totaled \$31,078 and \$12,583, respectively. These accounts will be used to reduce future company contributions.

Plan Transfers

In connection with the Participating Employers adopting the plan, the Participating Employers may transfer assets from a plan previously sponsored by them to this plan. Total transfers into the plan amounted to \$6,072,742 from other qualified plans and total transfers out of the plan amounted to \$882,233 for the year ended December 31, 2018. Transfers out are due to the plan sponsor terminating its relationship with Participating Employers. Participants should refer to the plan agreement for more complete information.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value.

Use of Estimates

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

Investment Valuation and Income Recognition

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. The plan's Investment Committee determines the plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. See Note 3 for discussion of fair value measurements.

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

ACCESSPOINT, LLC 401(K) 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.)

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 have been recorded as of December 31, 2018 and 2017.

Expenses

Certain expenses of maintaining the plan are paid by the plan, unless otherwise paid by the company. Expenses that are paid by the company 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.

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. ASU No. 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, Fair Value Measurement. The amendments are based on the concepts in the FASB Concepts Statement, *Conceptual Framework for Financial Reporting—Chapter 8: Notes to Financial Statements*, which the Board finalized on August 28, 2018. ASU No. 2018-13 is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted. Management is currently assessing the impact that ASU No. 2018-13 will have on the plan's financial statements.

Subsequent Events

The plan has evaluated subsequent events for recognition or disclosure through October 11, 2019, the date the financial statements were available to be issued.

ACCESSPOINT, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

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

NOTE 3 - Fair Value Measurements

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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have 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 and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

Self-directed brokerage accounts: These accounts include common stocks and mutual funds, each of which is valued at the closing price reported on the active market where the securities are traded.

ACCESSPOINT, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

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

NOTE 3 - Fair Value Measurements (cont.)

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				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 41,296,909	\$ -	\$ -	\$ 41,296,909
Self brokerage accounts	<u>546,133</u>	<u>-</u>	<u>-</u>	<u>546,133</u>
Total Assets in the Fair Value Hierarchy	<u>\$ 41,843,042</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 41,843,042</u>
Assets at Fair Value as of December 31, 2017				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 37,533,404	\$ -	\$ -	\$ 37,533,404
Self-brokerage accounts	<u>610,630</u>	<u>-</u>	<u>-</u>	<u>610,630</u>
Total Assets in the Fair Value Hierarchy	<u>\$ 38,144,034</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,144,034</u>

NOTE 4 - Administration of Plan Assets

The plan's assets are administered under a contract with Slavic Integrated Administration, Inc. d/b/a Slavic 401k.com, Inc. ("Slavic"), the recordkeeper of the plan. The recordkeeper is contracted to perform recordkeeping services for processing user entities' transactions. Slavic uses a third-party sub-service organization, Mid-Atlantic Trust Company ("MATC"), for trading-related services, investment valuation, trust and custody services. The plan contracts MATC to be the asset trustee and invest funds received from contributions, investment sales, interest, and dividend income.

NOTE 5 - Related Party and Party In Interest Transactions

Certain transactions of the plan's investments are managed by the recordkeeper and asset trustee as defined by the plan, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the plan for the investment manager services are included in net depreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. 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 company. No such officer or employee receives compensation from the plan.

ACCESSPOINT, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

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

NOTE 6 - Plan Termination

Although it has not expressed any intent to do so, the company 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 their company contributions.

NOTE 7 - Tax Status

The IRS has determined and informed the company by a letter dated March 31, 2014, that the plan and related trust are designed in accordance with applicable sections of the IRC. Although the plan has been amended since receiving the determination letter, the plan administrator believes that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require 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.

NOTE 8 - Risks and Uncertainties

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

As of December 31, 2018 and 2017, the plan had investments of \$18,498,900 and \$16,933,229 that were concentrated in two funds.

NOTE 9 - Reconciliation of Financial Statements to Schedule H Form 5500

The financial statements have been prepared using the accrual method of accounting while the plan's Form 5500 has been prepared on the modified cash-basis method of accounting. The reconciliation between the financial statements and Form 5500 are as follows:

	<u>2018</u>	<u>2017</u>
Total net assets per Form 5500, Schedule H	\$ 42,964,169	\$ 39,048,329
Return of excess contributions not included in net assets on Form 5500	<u>(42,353)</u>	<u>(99,672)</u>
Net Assets Available for Benefits per Financial Statements	<u>\$ 42,921,816</u>	<u>\$ 38,948,657</u>
Net income per Form 5500, Schedule H	\$ 3,915,840	
Change in amounts to be refunded to participants	<u>57,319</u>	
Net Increase in Net Assets per Financial Statements	<u>\$ 3,973,159</u>	

SUPPLEMENTAL INFORMATION

ACCESSPOINT, LLC 401(K) PLAN

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

Plan 001

EIN 38-3565270

As of December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Investments:				
	Mutual Fund	American Funds Capital World G & I R6	N/R	\$ 489,913
	Mutual Fund	American Funds EuroPacific R6	N/R	1,923,297
	Mutual Fund	Blackrock Health Sciences	N/R	982,309
	Mutual Fund	DFA Emerging Markets Core Equity	N/R	580,663
	Mutual Fund	DFA US Large Cap Value Port Inst	N/R	390,251
	Mutual Fund	Fidelity Select Technology	N/R	451,601
	Mutual Fund	Fidelity Spartan 500 Index Adv	N/R	1,280,027
	Mutual Fund	Franklin Utilities Fund Class R6	N/R	219,175
	Mutual Fund	Fidelity Bond US Index	N/R	651,628
	Mutual Fund	JPMorgan Discipline Equity	N/R	412,620
		Janus Henderson VIT Enterprise Portfolio Int		
	Mutual Fund	Class	N/R	654,993
	Mutual Fund	NYSE ARCA Tech 100 Index A	N/R	251,964
	Mutual Fund	Principal Investors High Yield II	N/R	119,242
	Mutual Fund	Principal Large Cap Growth	N/R	617,889
	Mutual Fund	T. Rowe New Era Fund	N/R	108,559
	Mutual Fund	T. Rowe Price Emerging Markets Stock	N/R	452,549
	Mutual Fund	Vanguard Energy Admiral	N/R	139,050
	Mutual Fund	Vanguard Short-Term Inflation-Protected	N/R	1,454
	Mutual Fund	Vanguard FTSE Social Index	N/R	132,550
	Mutual Fund	Vanguard Industrial Index Admiral	N/R	1,055,080
	Mutual Fund	Vanguard Inflation Protected Securities	N/R	125,193
	Mutual Fund	Vanguard Intermediate Term Bond Index Ad	N/R	375,364
	Mutual Fund	iShares MSCI EAFE International	N/R	392,863
	Mutual Fund	Vanguard Mid Cap Index Admiral	N/R	497,161
	Mutual Fund	Vanguard MidCap Value Index Fund Adm	N/R	173,990
	Mutual Fund	Vanguard Money Market Prime	N/R	393,850
	Mutual Fund	Vanguard REIT Index Admiral	N/R	254,559
	Mutual Fund	Vanguard Retirement 2015	N/R	135,322
	Mutual Fund	Vanguard Retirement 2055	N/R	144,530
	Mutual Fund	Vanguard Retirement Income	N/R	32,706
	Mutual Fund	Vanguard Short Term Federal Admiral	N/R	6,668,369
	Mutual Fund	Vanguard Short-Term Bond Index Admiral	N/R	99,190
	Mutual Fund	Vanguard Small Cap Growth Index Admiral	N/R	412,675
	Mutual Fund	Vanguard Small Cap Index Admiral	N/R	547,090
	Mutual Fund	Vanguard Information Technology Index Fund	N/R	1,419,057
	Mutual Fund	Vanguard Target Retirement 2065 Fund Investor	N/R	24,716

ACCESSPOINT, LLC 401(K) PLAN

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR) (cont.)

Plan 001

EIN 38-3565270

As of December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Fund	Vanguard Small Cap Value Ind Fund Adm	N/R	138,779
	Mutual Fund	Vanguard Target 2020	N/R	86,980
	Mutual Fund	Vanguard Target 2030	N/R	787,423
	Mutual Fund	Vanguard Target 2040	N/R	395,248
	Mutual Fund	Vanguard Target Retirement 2025	N/R	554,117
	Mutual Fund	Vanguard Target Retirement 2035	N/R	833,546
	Mutual Fund	Vanguard Target Retirement 2045	N/R	330,503
	Mutual Fund	Vanguard Target Retirement 2050	N/R	172,134
	Mutual Fund	Vanguard Target Retirement 2060	N/R	77,307
	Mutual Fund	Vanguard Federal Money Mark Fund Inv	N/R	3,425,499
	Mutual Fund	Vanguard Total Stock Market Index Admiral	N/R	11,830,531
	Mutual Fund	Wells Fargo Precious Metals	N/R	53,393
				<u>41,296,909</u>
	Various	Self-Directed Brokerage Account Investments		<u>546,133</u>
	Notes Receivable from Participants:			
*	Participant Loans	Maturities varying from 0 to 10 years and interest rates of 4.25% to 6.00%	\$0	<u>699,042</u>
				<u>\$ 42,542,084</u>

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

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

ACCESS POINT, L.L.C. 401(k) PLAN

PLAN # 001

EIN #:

38-3565270

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		392,965
	DFA	DFCEX - DFA Emerging Markets Core Equity		580,664
	DFA	DFLVX - DFA US Large Cap Value Prtf Instl		390,251
	Wells Fargo	EKWAX - Wells Fargo Precious Metals		53,393
	Fidelity	FAIDX - Fidelity Advisor Int'l Discovery A		-
	Fidelity Self-Directed Brokera	FISDB - Fidelity SDB		546,133
	Fidelity	FSPTX - Fidelity Select Technology		451,601
	Franklin/Templeton	FUFRX - Franklin Utilities R6		219,174
	Fidelity	FUSVX - Fidelity 500 Index Premium		-
	Fidelity	FXAIX - Fidelity 500 Index		1,280,027
	Fidelity	FXNAX - Fidelity US Bond Index		651,178
	Janus	JAAGX - Janus Henderson Enterprise Port_ Inst_		654,992
	JPMorgan	JPIEX - JPMorgan US Research Enhanced Equity L		412,620
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		251,964
	Principal	PHYTX - Principal Investors High Yield II		119,242
	Principal	PLGIX - Principal Large Cap Growth		617,889
	Federated	POIXX - Federated Prime Obligation Fund		-
	T Rowe Price	PRMSX - T_ Rowe Price Emerging Markets Stock		452,549
	T Rowe Price	PRNEX - T_ Rowe Price New Era		108,559
	American Funds	RERGX - American Funds EuroPacific R6		1,923,297
	American Funds	RGAEX - American Growth Fund Of America CI R4		-
	American Funds	RWIGX - American Funds Capital World G & I R6		489,921
	BlackRock	SHISX - BlackRock Health Sciences Svc		982,309
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		125,193
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		375,364
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		99,190
	Vanguard	VFFVX - Vanguard Target Retirement 2055		144,530
	Vanguard	VFIFX - Vanguard Target Retirement 2050		172,134
	Vanguard	VFORX - Vanguard Target Retirement 2040		395,248
	Vanguard	VFTSX - Vanguard FTSE Social Index		132,550
	Vanguard	VGELX - Vanguard Energy Admiral		139,050
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		254,559
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		497,161
	Vanguard	VINAX - Vanguard Industrial Index Admiral		1,055,080
	Vanguard	VITAX - Vanguard Information Technology Index Ad		1,419,056
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		24,716
	Vanguard	VMFXX - Vanguard Federal Money Market		3,425,499
	Vanguard	VMMXX - Vanguard Money Market Prime		393,849
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		173,990
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		412,675
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		6,668,368
	Vanguard	VSIAx - Vanguard Small Cap Value Index Adm		138,779
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		547,090
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		1,454
	Vanguard	VTHRX - Vanguard Target Retirement 2030		787,423
	Vanguard	VTINX - Vanguard Target Retirement Income		32,706
	Vanguard	VTIVX - Vanguard Target Retirement 2045		330,503
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		11,830,877
	Vanguard	VTTX - Vanguard Target Retirement 2035		833,545
	Vanguard	VTTX - Vanguard Target Retirement 2060		77,307
	Vanguard	VTTVX - Vanguard Target Retirement 2025		554,117
	Vanguard	VTWXX - Vanguard Target Retirement 2020		86,980
	Vanguard	VTXVX - Vanguard Target Retirement 2015		135,322
	Loans	4.25% - 6%		699,042

Multiple-Employer Plan Participating Employer Information

ACCESS POINT, L.L.C. 401(k) PLAN		PLAN # 001	EIN #: 38-3565270
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Access ED HR - Livingston Classical Cyber Academy	46-3079900	0.00%	
Access ED HR - American International Academy	12-3456781	0.20%	
Access ED HR - Bay County Public School Academy	46-3079957	0.31%	
Access ED HR - Branch Line School	46-3079956	0.49%	
Access ED HR - Calhoun Community High School	46-3079980	3.02%	
Access ED HR - Casman Academy	46-3079951	0.21%	
Access ED HR - Charlevoix Montessori	12-3488888	0.02%	
Access ED HR - Genesee STEM Academy	46-3079981	0.19%	
Access ED HR - Grand Traverse Academy	12-3456822	7.30%	
Access ED HR - Greenspire	46-3079952	0.54%	
Access ED HR - Island City Academy	46-3079949	1.09%	
Access ED HR - Muskegon Heights Charter School	46-3079958	0.63%	
Access ED HR - New School High	46-3079960	0.01%	
Access ED HR - Richfield Academy	46-3079930	1.42%	
Access ED HR - Walden Green Montessori	46-3079959	0.63%	
Access ED HR - Woodland Schools	46-3079954	1.62%	
Access Health, Inc.	38-3481152	0.21%	
Access Point Services Company	38-3522117	3.85%	
Allegan County Resource Development Committee	38-1790220	1.36%	
AP Preferred Solutions	86-1153730	0.46%	
Applegate Insulation	38-3507880	3.51%	
Application Specialist Kompany, Inc.	38-3111093	2.34%	
Arete Industries	38-3615878	0.67%	
Attentive Industries, Inc.	38-3183149	0.53%	
Auburn Animal Hospital	38-3613092	0.09%	
B & H Machine Sales	38-2025138	0.44%	
B & M Staffing Inc	47-4766780	0.46%	
Battle Creek Area Habitat for Humanity	38-2846821	0.09%	
Blueprint Financial	37-3566030	0.14%	
Bonita Bay Community Association, Inc.	59-2497446	4.91%	
Bonita Boat Harbor, LLC	46-1910571	0.66%	
Burning Glass Consulting	46-3090857	0.18%	
Chronic Care Management, LLC	46-5217360	0.13%	
Citizens for Traditional Values	38-2701546	0.00%	
Club Royale Sales & Services, Inc.	38-3341944	0.14%	
Commerce Village Veterinary Hospital PC	45-5091091	0.26%	
Commercial Financial Management, Inc.	38-2034895	0.52%	
Computers at Work, Inc. dba VTECH	31-1758837	1.45%	
Concorde Holdings, Inc.	27-3306599	2.85%	
Core Partners Associates/Core Construction Services	46-1467174	4.52%	
CS Company, LLC dba Custom Stems	27-2843949	0.18%	
Custom Tank Services	45-4039693	0.11%	
Dearborn Primary Care P.C.	32-0432612	0.98%	
Departure Travel, Inc.	38-3490635	0.13%	
Dimensional Measurement, Inc.	20-4410708	0.87%	
DL Engineering & Technology/dba Rytam Technology, Inc.	38-3143834	0.09%	
Dominion Realty Services, LLC	83-0684666	2.27%	
Eastern Congo Initiative	45-4103655	0.15%	
Electronic Restoration Services, Inc & Co-Adopting Companies	38-3252064	7.90%	
Elegus EPS, LLC	61-1799342	0.43%	
Engaged Education, Inc.	46-3358836	0.13%	
ERAΕ AMS USA	98-0610301	1.17%	
Fabrications Plus, LLC	38-3345140	0.06%	
Fluid Air Controls, LLC	27-0547020	0.00%	
Gemini Forms & Systems, Inc	38-2816498	0.46%	
Global Productivity Solutions, LLC	38-3540968	0.94%	
Golf Association of Michigan	38-6105801	0.86%	
Grace University Medical Group, P.C.	38-2951325	1.75%	
Grand Circus Detroit, LLC	46-2170503	0.69%	

Habitat for Humanity Michigan Fund	11-3829932	0.51%
International Automotive Oversight Bureau	38-3518710	2.49%
IP Security Reps	20-8419840	1.14%
Ladd Road Collision	38-2880991	0.39%
M. Bauer Catering, LLC	47-1665358	0.07%
M. Sohail Jilani, MD	20-0566194	1.61%
Maple Hill Builders, LLC	20-2127671	0.27%
Maple Island Log Homes/Timeless Wood Care	38-2479927	0.04%
Mary E. Barna DPM & Associates, P.C.	38-2804759	0.43%
Monarch Home Health Services	20-1742452	0.04%
Muller-BBM Vibroacoustic Systems, Inc.	38-3391328	0.86%
Munson Services, Inc.	38-3144382	0.55%
National Trailer Center of Michigan	20-2704608	0.38%
Northern Michigan Glass	38-3576327	1.31%
Oakland Macomb Orthopedic Surgeons	45-4154640	0.08%
O'Brien Harris Woodworks LLC	47-3473547	0.01%
Omni United (USA), LLC	20-0631946	1.00%
Paris Academies of Compelling Education, Inc.	81-2446287	0.53%
Potomac River Holdings dba Amify	45-1562104	0.37%
Providence Consulting Company	20-0674926	0.84%
Quikly	45-4772512	2.40%
Reliance Hospitalists, PLLC	81-5017313	0.86%
RMS Associates, LLC	30-0033644	0.16%
ROK Construction Services, LLC	54-2194419	0.02%
SaiComm, LLC dba Urban Alarm	20-0326687	0.08%
Sales Driven, LLC dba Raybend	35-2407744	0.23%
Senate Republican Campaign Committee	38-2585753	0.07%
Sierra Management, Inc.	38-3051254	0.54%
Southern Michigan Rubber	38-2915610	0.07%
Southfield OB/GYN Associates	38-3531566	0.10%
Southwest Florida Copier Service Inc.	65-0630815	0.71%
Stickleme, LLC	27-0859226	0.26%
Stratford-Cambridge Group	38-3201390	0.99%
Student Statesmanship Institute	38-3033262	0.01%
Superior Communications	38-3329618	0.07%
Target Point Consulting	68-0552158	3.60%
Team Core, LLC	83-0939982	0.21%
The Britt Law Group PC	82-3607993	0.35%
The Commons Club at The Brooks, Inc.	27-0396390	1.96%
The Paws Clinic	27-3257737	0.37%
The Whole Brain Group	20-8084198	0.17%
Timeless WCP, LLC	27-4546193	0.16%
Top Driver Acquisition, LLC	30-0157366	1.58%
Traveling Medical Services, P.C.	38-3292586	0.06%
Trinity Management Group, Inc.	38-3452088	0.12%
VanBeek's Custom Wood Products, Inc.	38-3076253	0.28%
VanTiem Insurance & Financial Services	45-2498933	0.88%
Verandah Community Association, Inc.	02-0657569	0.01%
Versatile Mortgage LLC	38-3675081	0.24%
Winning Futures	20-2263860	0.92%
Wood Tech, Inc.	38-2469136	0.02%
Worldwide Trophy Adventures, LLC	38-3937883	1.06%
WWP Strategies	26-1492001	1.36%
Wyant, Inc.	32-0046555	0.56%