

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                          |                                                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                          |                                                                                                                                                                                                                                          |  |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                          |                                                                                                                                                                                                                                          |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                                                                               | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |  |
|                                                                                                          | <input type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input type="checkbox"/> an amended return/report | <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months)                                                     |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                                                                   |                                                                                                                                                                                                                                          |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                             |                                                                                                                                                                                                                                          |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                                                                               | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                                     |  |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                                                                           |                                                                                                                                                                                                                                          |  |

|                |                                                                                                                                                                                                                                                                                                                                                        |           |                                                           |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                         |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>SECURUS 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                             | <b>1b</b> | Three-digit plan number (PN) ▶ <u>333</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                        | <b>1c</b> | Effective date of plan<br><u>09/01/2000</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TILSON HR, INC.</u><br><br><u>1530 AMERICAN WAY, SUITE 222</u><br><u>GREENWOOD, IN 46147</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>35-1954179</u> |
|                |                                                                                                                                                                                                                                                                                                                                                        | <b>2c</b> | Plan Sponsor's telephone number<br><u>317-885-3838</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                        | <b>2d</b> | Business code (see instructions)<br><u>561300</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2019 | BRENT R TILSON                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2019 | BRENT R TILSON                                               |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1539                                                                                                                                                                                                                                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 1144<br><b>6a(2)</b> 995<br><b>6b</b> 0<br><b>6c</b> 361<br><b>6d</b> 1356<br><b>6e</b> 0<br><b>6f</b> 1356<br><b>6g</b> 775<br><b>6h</b> 0                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2G 2J 2K 2R 2S 3B 3F 2F<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                           |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **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 \_\_\_\_\_

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>SECURUS 401(K) PLAN                                                      | B Three-digit plan number (PN) ▶                     | 333 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TILSON HR, INC.                  | D Employer Identification Number (EIN)<br>35-1954179 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38 50            | TPA                                                                                               | 156054                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WELLS FARGO

107 NORTH STATE ROAD 135  
SUITE 203  
GREENWOOD, IN 46142

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 51                  | INVESTMENT ADVISOR                                                                                | 53738                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | INVESTMENT MGMT                                                                                   | 33956                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>SECURUS 401(K) PLAN</b>                                                                                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>333</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TILSON HR, INC.</b>                                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><b>35-1954179</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 199765                | 213962          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 63343                 | 53386           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 6422                  | 3955            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 519096                | 523931          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 30825160              | 23242442        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 232785                | 205125          |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 31846571              | 24242801        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 31846571 | 24242801 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 930936     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2083538    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 36956      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3051430   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 22268      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 22268     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 803844     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 803844    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -1815437  |
| c Other income.....                                                                            | 2c     |            | -12660    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 2049445   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 3607299 |         |
| (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) |         | 3607299 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | 51214   |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 16500   |         |
| (2) Contract administrator fees.....                                                 | 2i(2) | 156054  |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 87693   |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 260247  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 3918760 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -1869315 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  |          |
| (2) From this plan.....                                  | 2l(2) |  | 5734455  |

**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: CLIFTONLARSENALLEN LLP

(2) EIN: 41-0746749

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> | X   |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> | 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) |
|---------------------------------------------------------------|--------------|-------------|
| AMERICAN ALLIANCE OF ORTHOPAEDIC EXECUTIVES, INC. 401(K) PLAN | 81-2059186   | 001         |
| INSPIRITY 401(K) PLAN                                         | 76-0178498   | 001         |
| CLEANSLATE 401(K) PLAN                                        | 35-2103306   | 001         |
| MATT CAROTHERS WEALTH MANAGEMENT TEAM 401(K) PLAN             | 82-2572367   | 001         |

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

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

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

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

| 5b(1) Name of plan(s)                         | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------------------------------|--------------|-------------|
| PETROLEUM PARTS, INC. RETIREMENT SAVINGS PLAN | 32-0029059   | 001         |
|                                               |              |             |
|                                               |              |             |
|                                               |              |             |

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                         |                                                                    |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SECURUS 401(K) PLAN</u>                                     | <b>B</b> Three-digit plan number (PN) ▶<br><u>333</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TILSON HR, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>35-1954179</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>65-0708495</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

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

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

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

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

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

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

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

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current year .....

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

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

**14a****14b****14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year .....

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

**15a****15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year .....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....

**16a****16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_ % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**SECURUS 401(K) PLAN**  
**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTAL INFORMATION**  
**YEARS ENDED DECEMBER 31, 2018 AND 2017**

**SECURUS 401(K) PLAN  
TABLE OF CONTENTS  
YEARS ENDED DECEMBER 31, 2018 AND 2017**

|                                                                     |           |
|---------------------------------------------------------------------|-----------|
| <b>INDEPENDENT AUDITORS' REPORT</b>                                 | <b>1</b>  |
| <b>FINANCIAL STATEMENTS</b>                                         |           |
| <b>STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS</b>              | <b>3</b>  |
| <b>STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS</b>   | <b>4</b>  |
| <b>NOTES TO FINANCIAL STATEMENTS</b>                                | <b>5</b>  |
| <b>SUPPLEMENTAL INFORMATION (ATTACHMENT TO FORM 5500)</b>           |           |
| <b>SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)</b> | <b>12</b> |



## INDEPENDENT AUDITORS' REPORT

Plan Administrator  
Securus 401(k) Plan  
Greenwood, Indiana

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

We have audited the accompanying financial statements of Securus 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management is responsible for the preparation and fair 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 the 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 Plan as of December 31, 2018 and 2017, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

**Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2018, is presented for the purpose 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 audits 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.

*CliftonLarsonAllen LLP*

**CliftonLarsonAllen LLP**

Indianapolis, Indiana  
October 14, 2019

**SECURUS 401(K) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2018 AND 2017**

|                                          | <u>2018</u>                 | <u>2017</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| <b>INVESTMENTS (at Fair Value)</b>       |                             |                             |
| Mutual Funds                             | \$ 23,230,281               | \$ 30,825,160               |
| Self-Directed Brokerage Accounts         | <u>205,125</u>              | <u>232,785</u>              |
| Total Investments at Fair Value          | 23,435,406                  | 31,057,945                  |
| <b>RECEIVABLES</b>                       |                             |                             |
| Co-Employers Contributions               | 213,962                     | 199,765                     |
| Participant Contributions                | 57,341                      | 69,765                      |
| Dividend Income                          | 12,161                      | -                           |
| Notes Receivable from Participants       | <u>523,931</u>              | <u>519,096</u>              |
| Total Receivables                        | <u>807,395</u>              | <u>788,626</u>              |
| <br>Total Assets                         | <br>24,242,801              | <br>31,846,571              |
| <b>LIABILITIES</b>                       |                             |                             |
| <b>EXCESS CONTRIBUTIONS PAYABLE</b>      | <u>20,929</u>               | <u>56,914</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 24,221,872</u></u> | <u><u>\$ 31,789,657</u></u> |

See accompanying Notes to Financial Statements.

**SECURUS 401(K) PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2018 AND 2017**

|                                                                  | <u>2018</u>                 | <u>2017</u>                 |
|------------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS:</b>                                                |                             |                             |
| <b>INVESTMENT INCOME (LOSS)</b>                                  |                             |                             |
| Interest and Dividend Income                                     | \$ 803,844                  | \$ 725,267                  |
| Net Appreciation (Depreciation) in Fair Value of Investments     | <u>(1,828,097)</u>          | <u>3,848,585</u>            |
| Total Investment Income (Loss)                                   | (1,024,253)                 | 4,573,852                   |
| <b>INTEREST INCOME ON NOTES RECEIVABLE<br/>FROM PARTICIPANTS</b> | 22,268                      | 20,089                      |
| <b>CONTRIBUTIONS</b>                                             |                             |                             |
| Participant Salary Deferral                                      | 2,062,609                   | 2,272,029                   |
| Participant Rollover                                             | 36,956                      | 222,469                     |
| Co-Employers                                                     | <u>930,936</u>              | <u>1,154,368</u>            |
| Total Contributions                                              | <u>3,030,501</u>            | <u>3,648,866</u>            |
| Total Additions                                                  | 2,028,516                   | 8,242,807                   |
| <b>DEDUCTIONS:</b>                                               |                             |                             |
| <b>BENEFITS PAID TO PARTICIPANTS</b>                             | 3,601,599                   | 2,770,997                   |
| <b>ADMINISTRATIVE EXPENSES</b>                                   | <u>260,247</u>              | <u>280,668</u>              |
| Total Deductions                                                 | <u>3,861,846</u>            | <u>3,051,665</u>            |
| <b>NET INCREASE (DECREASE)</b>                                   | (1,833,330)                 | 5,191,142                   |
| <b>ASSETS TRANSFERRED FROM CO-EMPLOYERS PLANS</b>                | -                           | 1,036,349                   |
| <b>ASSETS TRANSFERRED TO CO-EMPLOYERS PLANS</b>                  | (5,734,455)                 | (9,933,102)                 |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                        |                             |                             |
| Beginning of Year                                                | <u>31,789,657</u>           | <u>35,495,268</u>           |
| End of Year                                                      | <u><u>\$ 24,221,872</u></u> | <u><u>\$ 31,789,657</u></u> |

See accompanying Notes to Financial Statements.

**SECURUS 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of Securus 401(k) Plan (the Plan) are prepared on the accrual basis of accounting.

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

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

**Notes Receivable from Participants**

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

**Payment of Benefits**

Benefits are recorded when paid.

**Plan Expenses**

Administrative expenses for maintaining the Plan may be paid by the participating co-employers or the Plan, at the co-employers' discretion. Loan administration fees are charged directly to the participant's account and are included in administrative expenses.

**Subsequent Events**

Management evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued. Subsequent to December 31, 2018, and prior to October 14, 2019, approximately \$250,000 of Plan assets were transferred to co-employers plans and approximately \$3.8 million of assets were transferred into the Plan.

**SECURUS 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 2 DESCRIPTION OF PLAN**

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan was organized effective September 1, 2000, as a multiple-employer defined contribution retirement savings plan covering all eligible employees of participating co-employers. The Plan has been amended throughout the years to comply with tax legislation and was most recently amended effective January 1, 2015. Tilson HR, Inc. (the Plan Sponsor) makes the Plan available under a co-employment arrangement with those companies (Co-employers) that elect to participate in the Plan. Each participating Co-employer has established participation requirements for its affected employees, independently of other Co-employers participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions**

Plan participants may authorize the Co-employers to contribute to the Plan up to 100% of their annual compensation, subject to the maximum annual amount permitted under the Internal Revenue Code (IRC). Such amounts may be contributed as pre-tax 401(k) or Roth contributions to the Plan. Participants who attain age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions from amounts representing distributions from other qualified plans.

The Plan includes an auto-enrollment provision that can be elected by each Co-employer. If elected by the Co-employers, newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their contribution rate set at 3% of eligible compensation and their contributions are invested in a designated fund until an investment election is made by the participant.

Matching contributions may be made based on criteria established by each Co-employer's Board of Directors before the beginning of each Plan year. Additional amounts may also be contributed at the option of each Co-employer's Board of Directors at the end of each Plan year and allocated to participants' accounts based upon annual compensation within each Co-employer's participant group.

Participants direct the investment of their contributions, as well as those made by the Co-employers, into various investment options offered by the Plan.

Amounts payable to participants for contributions in excess of amounts allowed under the IRC are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions at December 31 to the applicable participants prior to March 15 of the subsequent year.

**SECURUS 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 2 DESCRIPTION OF PLAN (CONTINUED)**

**Participant Accounts**

Each participant's account is credited with the participant's contributions and Co-employers' contributions, as well as allocations of Plan earnings or losses. Participant accounts may also be charged with an allocation of certain administrative expenses of the Plan. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Co-employers' contribution portion of their account is based on years of continuous service. A participant is generally 100% vested after six years of credited service. Vesting schedules are determined by each Co-employer for its participant group.

**Notes Receivable from Participants**

Participants may borrow from their account a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The terms of the notes range up to five years except notes issued to purchase a principal residence, for which the terms generally cannot exceed 15 years. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through regular payroll deductions.

**Payment of Benefits**

Upon the occurrence of a distributable event due to separation from service by termination, death, disability, or retirement, as defined by the Plan agreement, a participant may elect to receive a lump sum cash distribution equal to the value of the participant's vested interest in his or her account. Hardship and in-service withdrawals, as defined in the Plan agreement, are also permitted from a participant's account. The Plan allows in-service distributions at any time for participants who are 100% vested and age 59½. Benefits are recorded by the Plan when paid.

**Forfeited Accounts**

At December 31, 2018 and 2017, forfeited nonvested accounts of terminated participants totaled \$9,668 and \$37,363, respectively. These accounts will be used to reduce future Co-employers contributions or pay Plan expenses. For the years ended December 31, 2018 and 2017, forfeited nonvested accounts of \$26,118 and \$4,565, respectively, were used to reduce Co-employer contributions, and \$47,531 and \$1,717, respectively, were used to reduce Plan expenses.

**Plan Termination**

Although they have not expressed any intent to do so, the Plan Sponsor or Co-employers have the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants will become 100% vested in their accounts.

**SECURUS 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**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 are described as follows:

*Level 1* – Inputs to the valuation 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 valuation 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; and 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. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used by the Plan for investment assets that are measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2018 and 2017.

*Mutual Funds:* Investments in the 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 Securities and Exchange Commission. These funds are required to publish their daily net asset (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Self-Directed Brokerage Accounts:* Consist of mutual funds and common stocks that are valued at the closing price reported on the active market on which the individual securities are traded.

**SECURUS 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)**

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2018:

|                                    | Level 1              | Level 2     | Level 3     | Total                |
|------------------------------------|----------------------|-------------|-------------|----------------------|
| Mutual Funds                       | \$ 23,230,281        | \$ -        | \$ -        | \$ 23,230,281        |
| Self-Directed Brokerage Accounts   | 205,125              | -           | -           | 205,125              |
| Total investments<br>at Fair Value | <u>\$ 23,435,406</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 23,435,406</u> |

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2017:

|                                    | Level 1              | Level 2     | Level 3     | Total                |
|------------------------------------|----------------------|-------------|-------------|----------------------|
| Mutual Funds                       | \$ 30,825,160        | \$ -        | \$ -        | \$ 30,825,160        |
| Self-Directed Brokerage Accounts   | 232,785              | -           | -           | 232,785              |
| Total investments<br>at Fair Value | <u>\$ 31,057,945</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 31,057,945</u> |

**NOTE 4 PLAN TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor 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. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization 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 5 PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Slavic Mutual Fund Management Corp. (Slavic), the Plan's portfolio manager. Therefore, transactions in these investments qualify as exempt party-in-interest transactions under ERISA. Administrative fees paid by the Plan to the portfolio manager totaled \$182,342 and \$192,909 in 2018 and 2017, respectively.

**SECURUS 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 5 RELATED PARTY TRANSACTIONS (CONTINUED)**

The Plan Sponsor oversees certain accounting, administrative, and investment management services provided by third parties to the Plan for which it received \$24,167 in 2018 and \$26,107 in 2017, which was subsequently remitted to the third parties. Such amounts are included in administrative expenses in the accompanying statements of changes in net assets available for benefits.

Notes receivable from participants are permitted party-in-interest transactions.

**NOTE 6 RISKS AND UNCERTAINTIES**

The Plan's 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 Plan's financial statements.

**NOTE 7 ASSETS TRANSFERRED FROM/TO CO-EMPLOYERS PLANS**

The Plan Sponsor is a Professional Employer Organization (PEO) who provides comprehensive human resource services to its clients. One of these client offerings is the option to participate in the Plan. As a result, these clients, who are considered co-employers of the Plan, elect to have their 401(k) assets transferred in or out of the Plan. These transactions occur in the normal course of operations of the Plan.

**NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

|                                                            | 2018                 | 2017                 |
|------------------------------------------------------------|----------------------|----------------------|
| Net Assets Available for Benefits per Financial Statements | \$ 24,221,872        | \$ 31,789,657        |
| Excess Contributions due to Participants at End of Year    | 20,929               | 56,914               |
| Net Assets per Form 5500                                   | <u>\$ 24,242,801</u> | <u>\$ 31,846,571</u> |

**SECURUS 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)**

The following is a reconciliation of net increase (decrease) per the financial statements to net income (loss) per Form 5500 for the years ended December 31:

|                                                                  | <u>2018</u>                  | <u>2017</u>                |
|------------------------------------------------------------------|------------------------------|----------------------------|
| Net Increase (Decrease) per Financial Statements                 | \$ (1,833,330)               | \$ 5,191,142               |
| Excess Contributions due to Participants at<br>Beginning of Year | (56,914)                     | (70,386)                   |
| Excess Contributions due to Participants at End of Year          | <u>20,929</u>                | <u>56,914</u>              |
| Net Income (Loss) per Form 5500                                  | <u><u>\$ (1,869,315)</u></u> | <u><u>\$ 5,177,670</u></u> |

**SECURUS 401(K) PLAN**  
**E.I.N. 35-1954179 PLAN NO. 333**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2018**

| (a) | (b)                                                         | (c)                                                                                                      | (d)  | (e)              |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral or Maturity Value | Cost | Current<br>Value |
|     | <b>Mutual Funds:</b>                                        |                                                                                                          |      |                  |
|     | American Century                                            | American Century Mid Cap Value                                                                           | **   | \$ 6,256         |
|     | American Funds                                              | American Funds Euro Pacific Growth                                                                       | **   | 1,006,447        |
|     | BlackRock Health                                            | BlackRock Health Sciences                                                                                | **   | 573,236          |
|     | DFA                                                         | DFA Inflation Protected SEC Port                                                                         | **   | 17,482           |
|     | DFA                                                         | DFA Emerging Markets Core Equity Portfolio                                                               | **   | 409,451          |
| *   | Fidelity Advisor Technology                                 | Fidelity 500 Index Fund                                                                                  | **   | 694,217          |
| *   | Fidelity Advisor Technology                                 | Fidelity Advisor Technology                                                                              | **   | 336,093          |
| *   | Fidelity Advisor Technology                                 | Fidelity Advisor Materials                                                                               | **   | 52,305           |
| *   | Fidelity Advisor Technology                                 | Fidelity Advisor New Markets Inc CL I                                                                    | **   | 40,081           |
|     | Franklin                                                    | Franklin Utilities R6                                                                                    | **   | 122,753          |
|     | JPMorgan                                                    | JPMorgan US Research Enhanced EQ                                                                         | **   | 309,748          |
|     | JPMorgan                                                    | JPMorgan Core Plus Bond Fund Class R6                                                                    | **   | 78,632           |
|     | Oppenheimer                                                 | Oppenheimer Dev Markets Class Y                                                                          | **   | 58,622           |
|     | PGIM                                                        | PGIM High Yield CL Z                                                                                     | **   | 121,215          |
|     | Principal                                                   | Principal Large Cap Growth                                                                               | **   | 355,248          |
|     | Vanguard                                                    | Vanguard Energy Fund Admiral                                                                             | **   | 57,436           |
|     | Vanguard                                                    | Vanguard Real Estate Index Admiral                                                                       | **   | 179,392          |
|     | Vanguard                                                    | Vanguard Total Int'l Stock Index Admiral                                                                 | **   | 123,392          |
|     | Vanguard                                                    | Vanguard Equity Income Admiral                                                                           | **   | 504,303          |
|     | Vanguard                                                    | Vanguard Small-Cap Value Index Admiral                                                                   | **   | 152,067          |
|     | Vanguard                                                    | Vanguard Mid-Cap Value Index Admiral                                                                     | **   | 219,029          |
|     | Vanguard                                                    | Vanguard Small-Cap Growth Index Admiral                                                                  | **   | 375,289          |
|     | Vanguard                                                    | Vanguard Mid-Cap Growth Investor                                                                         | **   | 239,209          |
|     | Vanguard                                                    | Vanguard Target Retirement 2025                                                                          | **   | 752,834          |
|     | Vanguard                                                    | Vanguard Target Retirement 2035                                                                          | **   | 602,775          |
|     | Vanguard                                                    | Vanguard Target Retirement 2045                                                                          | **   | 100,546          |
|     | Vanguard                                                    | Vanguard Target Retirement 2065                                                                          | **   | 14,679           |
|     | Vanguard                                                    | Vanguard Target Retirement 2020                                                                          | **   | 834,569          |
|     | Vanguard                                                    | Vanguard Target Retirement 2060                                                                          | **   | 44,856           |
|     | Vanguard                                                    | Vanguard Target Retirement 2055                                                                          | **   | 41,677           |
|     | Vanguard                                                    | Vanguard Target Retirement 2050                                                                          | **   | 105,388          |
|     | Vanguard                                                    | Vanguard Target Retirement 2040                                                                          | **   | 210,616          |
|     | Vanguard                                                    | Vanguard Target Retirement 2030                                                                          | **   | 1,285,242        |
|     | Vanguard                                                    | Vanguard Information Tech Ind Admiral                                                                    | **   | 680,942          |
|     | Vanguard                                                    | Vanguard Industrials Index FD Admiral                                                                    | **   | 520,475          |
|     | Vanguard                                                    | Vanguard Mid Cap Index Admiral                                                                           | **   | 209,524          |
|     | Vanguard                                                    | Vanguard Small-Cap Index Admiral                                                                         | **   | 273,889          |
|     | Vanguard                                                    | Vanguard Total Stock Market Index Admiral                                                                | **   | 5,405,677        |
|     | Vanguard                                                    | Vanguard Total Bond Market Index Admiral                                                                 | **   | 145,005          |
|     | Vanguard                                                    | Vanguard Short Term Bond Index Admiral                                                                   | **   | 66,572           |
|     | Vanguard                                                    | Vanguard Target Ret Inc FD Investor CL                                                                   | **   | 2,604            |
|     | Vanguard                                                    | Vanguard Short Term Federal Admiral                                                                      | **   | 3,343,700        |
|     | Vanguard                                                    | Vanguard Fed Reserve MMKT                                                                                | **   | 2,253,655        |
|     | Wells Fargo                                                 | Wells Fargo Precious Metals Class A                                                                      | **   | 303,153          |
|     | Total Mutual Funds                                          |                                                                                                          |      | 23,230,281       |

**SECURUS 401(K) PLAN**  
**E.I.N. 35-1954179 PLAN NO. 333**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2018**

| (a) | (b)                                                               | (c)                                                                                                      | (d)  | (e)                         |
|-----|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|-----------------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party       | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral or Maturity Value | Cost | Current<br>Value            |
|     | <b><u>Self-Directed Brokerage Accounts:</u></b>                   |                                                                                                          |      |                             |
|     | Common Stock                                                      | Alcoa, Inc.                                                                                              | **   | \$ 1,754                    |
|     | Common Stock                                                      | Apple, Inc.                                                                                              | **   | 47,322                      |
|     | Common Stock                                                      | Arconic Inc.                                                                                             | **   | 3,372                       |
|     | Common Stock                                                      | Blackberry LTD                                                                                           | **   | 3,555                       |
|     | Common Stock                                                      | Cytokinetics, Inc.                                                                                       | **   | 525                         |
|     | Common Stock                                                      | Nabors Industries, Ltd.                                                                                  | **   | 1,000                       |
|     | Common Stock                                                      | Nokia Corp.                                                                                              | **   | 582                         |
|     | Common Stock                                                      | Synaptics Inc.                                                                                           | **   | 11,163                      |
|     | Common Stock                                                      | Teck Resources, Ltd.                                                                                     | **   | 6,462                       |
|     | Common Stock                                                      | Gulf Coast Ultra DP UTS                                                                                  | **   | 10                          |
|     | Mutual Funds                                                      | Schwab Money Market Fund                                                                                 | **   | 129,240                     |
|     | Mutual Funds                                                      | Fidelity Government Cash Reserves                                                                        | **   | 140                         |
|     | Total Self-Directed Brokerage Accounts                            |                                                                                                          |      | 205,125                     |
| *   | <b>Notes Receivable from Participants</b>                         |                                                                                                          |      |                             |
|     | Interest at 4.25%-6.00%,<br>with maturities through February 2041 |                                                                                                          | -    | 523,931                     |
|     |                                                                   |                                                                                                          |      | <u><u>\$ 23,959,337</u></u> |

\* *Party-in-interest, but not prohibited transactions*

\*\* *Cost omitted for participant-directed investment*

## Multiple-Employer Plan Participating Employer Information

| SECURUS 401(K) PLAN                                        |            | Plan #333                            | EIN #: 35-1954179 |
|------------------------------------------------------------|------------|--------------------------------------|-------------------|
| ( a ) Name of participating employer                       | ( b ) EIN  | ( c ) Percent of Total Contributions |                   |
| A.B. YOUNG COMPANY INC                                     | 35-1649583 | 1.61%                                |                   |
| Actegy Health Inc.                                         | 99-0382638 | 0.48%                                |                   |
| Alderson Commercial Group, Inc.                            | 26-0885200 | 0.10%                                |                   |
| American Association of Orthopedic Executives              | 36-2110592 | 0.05%                                |                   |
| Approved Credit Solutionc LLC/Dialing Innovations LLC      | 20-5469593 | 0.07%                                |                   |
| BD Managed Services                                        | 27-0222289 | 2.48%                                |                   |
| BOHLSSEN GROUP                                             | 27-2307778 | 1.69%                                |                   |
| Byrd Enterprises of Arizona Inc.                           | 86-0809821 | 0.14%                                |                   |
| Cambridge Crystallographic Data Centre, Inc.               | 46-3619014 | 0.30%                                |                   |
| CARMEL DADS' CLUB                                          | 23-7173843 | 0.51%                                |                   |
| CHARITABLE RESOURCE FOUNDATION                             | 35-1955579 | 0.10%                                |                   |
| COX SARGEANT and BURNS P.C.                                | 35-2077919 | 1.53%                                |                   |
| CPM CONSTRUCTION PLANNING and MGMT. INC.                   | 35-1488211 | 1.67%                                |                   |
| Creed Medical, Inc.                                        | 35-2136269 | 1.88%                                |                   |
| CSTG, Inc.                                                 | 35-2103306 | 3.34%                                |                   |
| Delta Zeta National Housing Corporation                    | 31-1353726 | 0.32%                                |                   |
| Distance Learning Systems Indiana/Coastal Education Inst.  | 35-2076793 | 1.95%                                |                   |
| DR IRWIN MALAMENT DPM                                      | 35-1551686 | 1.18%                                |                   |
| Flagship Enterprise Center, Inc.                           | 04-3732583 | 2.42%                                |                   |
| FREW PROCESS GROUP                                         | 45-4150508 | 0.67%                                |                   |
| Fuzic Inc.                                                 | 81-2223245 | 0.96%                                |                   |
| GASCO LLC                                                  | 45-4148528 | 0.80%                                |                   |
| GREENWOOD CHAMBER OF COMMERCE                              | 35-1606081 | 0.35%                                |                   |
| Hoosier Cancer Research Network, Inc.                      | 26-0303542 | 9.40%                                |                   |
| Hoosiers for Quality Education / Choice Trust              | 26-1280876 | 2.37%                                |                   |
| HUMANIZING TECHNOLOGIES INC                                | 94-3351229 | 1.96%                                |                   |
| HUNTERSVILLE ROAD INVESTORS LP                             | 35-1895812 | 1.52%                                |                   |
| IMAGINESTICS LLC                                           | 32-0038417 | 1.19%                                |                   |
| INDEPENDENT WELDING DIST COOP INC.                         | 23-7098450 | 9.50%                                |                   |
| Indiana 211 Partnership, Inc.                              | 35-2141347 | 0.59%                                |                   |
| Indy Glass Center, Inc.                                    | 35-1757449 | 3.51%                                |                   |
| Johnson Operations dba Productive Resources                | 61-1399876 | 4.23%                                |                   |
| Kidscommons Columbus' Community Children's Museum          | 35-2033887 | 0.23%                                |                   |
| Lhasa Limited, Inc.                                        | 30-0713945 | 0.13%                                |                   |
| Marketpath, Inc.                                           | 35-2131101 | 0.75%                                |                   |
| Monarch Management & Realty, Inc./Avondale Assoc./Fox Fire | 35-1294928 | 0.59%                                |                   |
| NML - CAROTHERS                                            | 31-3643339 | 0.06%                                |                   |
| Office Pride, Inc.                                         | 35-1853764 | 0.91%                                |                   |
| Official Sports International                              | 22-2538122 | 1.21%                                |                   |
| Optimum Water Solutions, Inc.                              | 47-1183105 | 1.16%                                |                   |
| Petroleum Parts, Inc.                                      | 32-0029059 | 0.13%                                |                   |
| PROFESSIONAL GARAGE DOOR SYSTEMS INC.                      | 35-1504027 | 6.10%                                |                   |
| Quality Environmental Professionals, Inc.                  | 35-1973394 | 0.89%                                |                   |
| Robinson & Farthing LLC                                    | 83-2225949 | 0.64%                                |                   |
| Sink Cancer, LLC                                           | 82-2626270 | 3.85%                                |                   |
| SKYLINE PROPERTY GROUP LLC/SPG CONTRACT SERVICES           | 27-3517298 | 0.80%                                |                   |
| Soladoc, LLC                                               | 46-4207130 | 2.78%                                |                   |
| Solutions Healthcare Management Group, LLC                 | 45-4305795 | 2.75%                                |                   |
| St. Francis Imaging Center, LLC                            | 20-4607426 | 0.95%                                |                   |
| Strand Diagnostics, LLC                                    | 35-2433643 | 0.04%                                |                   |
| SURVEYTECH PC                                              | 26-0079622 | 1.56%                                |                   |
| Suzanne Evans Coaching, LLC dba Help More People           | 35-2356897 | 3.57%                                |                   |
| Tilson HR                                                  | 35-1954179 | 6.93%                                |                   |
| Vision Quest Eyecare, P.C.                                 | 35-2024526 | 4.12%                                |                   |
| WINTERWOOD MORTGAGE GROUP LLC                              | 35-0901024 | 0.95%                                |                   |

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

SECURUS 401(K) PLAN

PLAN #333

EIN #: 35-1954179

| (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 |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | American Century                                           | ACMVX - American Century Mid Cap Value                                                                      |          | 6,256             |
|     | DFA                                                        | DFCEX - DFA Emerging Markets Core Equity                                                                    |          | 409,451           |
|     | DFA                                                        | DIPSX - DFA Inflation Protected SEC Port                                                                    |          | 17,482            |
|     | Wells Fargo                                                | EKWAX - Wells Fargo Precious Metals                                                                         |          | 303,153           |
|     | Fidelity                                                   | FATIX - Fidelity Advisor Technology                                                                         |          | 336,092           |
|     | Fidelity                                                   | FGZMX - Fidelity New Markets Income                                                                         |          | 40,081            |
|     | Fidelity                                                   | FMFEX - Fidelity Advisor Materials I                                                                        |          | 52,305            |
|     | Franklin/Templeton                                         | FUFRX - Franklin Utilities R6                                                                               |          | 122,753           |
|     | Fidelity                                                   | FXAIX - Fidelity 500 Index                                                                                  |          | 694,216           |
|     | JPMorgan                                                   | JCPUX - JPMorgan Core Plus Bond Fund R6                                                                     |          | 78,632            |
|     | JPMorgan                                                   | JPIEX - JPMorgan US Research Enhanced Equity L                                                              |          | 309,748           |
|     | Oppenheimer Funds                                          | ODVYX - Oppenheimer Developing Markets Y                                                                    |          | 58,622            |
|     | Prudential                                                 | PHYZX - Prudential High Yield Z                                                                             |          | 121,861           |
|     | Principal                                                  | PLGIX - Principal Large Cap Growth                                                                          |          | 355,248           |
|     | American Funds                                             | RERGX - American Funds EuroPacifc R6                                                                        |          | 1,006,446         |
|     | BlackRock                                                  | SHSSX - BlackRock Health Sciences Ops I                                                                     |          | 573,236           |
|     | Vanguard                                                   | VBIRX - Vanguard Short-Term Bond Index Admiral                                                              |          | 66,696            |
|     | Vanguard                                                   | VBTLX - Vanguard Total Bond Market Index Admiral                                                            |          | 145,361           |
|     | Vanguard                                                   | VEIRX - Vanguard Equity Income Admiral                                                                      |          | 504,304           |
|     | Vanguard                                                   | VFFVX - Vanguard Target Retirement 2055                                                                     |          | 41,677            |
|     | Vanguard                                                   | VFIFX - Vanguard Target Retirement 2050                                                                     |          | 105,388           |
|     | Vanguard                                                   | VFORX - Vanguard Target Retirement 2040                                                                     |          | 210,616           |
|     | Vanguard                                                   | VGELX - Vanguard Energy Admiral                                                                             |          | 57,436            |
|     | Vanguard                                                   | VGSLX - Vanguard Real Estate Index Admiral                                                                  |          | 179,392           |
|     | Vanguard                                                   | VIMAX - Vanguard Mid Cap Index Admiral                                                                      |          | 209,524           |
|     | Vanguard                                                   | VINAX - Vanguard Industrial Index Admiral                                                                   |          | 520,475           |
|     | Vanguard                                                   | VITAX - Vanguard Information Technology Index Ad                                                            |          | 680,942           |
|     | Vanguard                                                   | VLXVX - Vanguard Target Retirement 2065 Inv                                                                 |          | 14,679            |
|     | Vanguard                                                   | VMFXX - Vanguard Federal Money Market                                                                       |          | 2,258,065         |
|     | Vanguard                                                   | VMGRX - Vanguard Mid Cap Growth                                                                             |          | 239,209           |
|     | Vanguard                                                   | VMVAX - Vanguard Mid Cap Value Index Admiral                                                                |          | 219,029           |
|     | Vanguard                                                   | VSGAX - Vanguard Small Cap Growth Index Adm                                                                 |          | 375,290           |
|     | Vanguard                                                   | VSGDX - Vanguard Short-Term Federal Admiral                                                                 |          | 3,350,325         |
|     | Vanguard                                                   | VSIAX - Vanguard Small Cap Value Index Adm                                                                  |          | 152,067           |
|     | Vanguard                                                   | VSMAX - Vanguard Small Cap Index Admiral                                                                    |          | 273,889           |
|     | Vanguard                                                   | VTHRX - Vanguard Target Retirement 2030                                                                     |          | 1,285,242         |
|     | Vanguard                                                   | VTIAX - Vanguard Total Int'l Stock Index Admiral                                                            |          | 123,392           |
|     | Vanguard                                                   | VTINX - Vanguard Target Retirement Income                                                                   |          | 2,604             |
|     | Vanguard                                                   | VTIVX - Vanguard Target Retirement 2045                                                                     |          | 100,546           |
|     | Vanguard                                                   | VTSAK - Vanguard Total Stock Market Index Admira                                                            |          | 5,405,677         |
|     | Vanguard                                                   | VTTHX - Vanguard Target Retirement 2035                                                                     |          | 602,775           |
|     | Vanguard                                                   | VTTSX - Vanguard Target Retirement 2060                                                                     |          | 44,856            |
|     | Vanguard                                                   | VTTVX - Vanguard Target Retirement 2025                                                                     |          | 752,834           |
|     | Vanguard                                                   | VTWNX - Vanguard Target Retirement 2020                                                                     |          | 834,569           |
|     | Participant Loans                                          | 4.25% - 6.00%                                                                                               |          | 523,931           |