Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOURCEPOINTE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

2000B SOUTHBRIDGE PARKWAY
SUITE 200
BIRMINGHAM, AL 35209

2b Employer Identification Number (EIN)
73-1664238

2c Plan Sponsor's telephone number
205-868-1557

2d Business code (see instructions)
541990

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

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

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ROLAND CRISS FIDUCIARY SERVICES
RON W. HAGAN
GOVERNORS ROW 2011 E. LAMAR BLVD
SUITE 150
ARLINGTON, TX 76006

3b Administrator's EIN: 75-2866255

3c Administrator's telephone number: 817-861-7963

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1547
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1451
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1626
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	140
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1766
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	1767
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1015
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3B 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☐		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
SOURCEPOINTE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOURCEPOINTE, LLC

D Employer Identification Number (EIN)
73-1664238

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

PMD ADVISORY

20-5897876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	204838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	NONE	193979	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE TRUST COMPANY

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	10860	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TD AMERITRADE TRUST COMPANY	19	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TD BANK USA, N.A. 13-3732274	TDATC RECEIVES FEE FROM TD BNK. FORMULA: (PE - BF - SA -I) -RS = TDATC MRKTNG FEE (PE = PORTFOLIO EARNINGS, BF = TD BNK FEE, SA = PERIODIC SPECIAL ASSESSMNTS CHARGED BY FDIC, I = INT PD TO PLAN & RS = 35 BPS OF REV SHARING PD TO THE PLAN)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
SOURCEPOINTE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOURCEPOINTE, LLC

D Employer Identification Number (EIN)
73-1664238

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7101	10886
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	97697	103201
(2) Participant contributions	1b(2)	5953	126608
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	717646	108273
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	558527	624652
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28860297	31193162
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	30247221	32166782
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	59
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	59
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30247221	32166723

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1346548	
	(B) Participants	2a(1)(B)	3594797	
	(C) Others (including rollovers)	2a(1)(C)	757640	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5698985
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	570	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	25607	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26177
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1340244	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1340244
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3260562
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3804844
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2052602	
(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)		2052602
f Corrective distributions (see instructions)	2f		17599
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	204839	
(3) Investment advisory and management fees	2i(3)	204838	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		409677
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2479878
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1324966
l Transfers of assets:			
(1) To this plan	2l(1)		594536
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CULOTTA SCROGGINS HENDRICKS GILLESP **(2)** EIN: 62-1210711

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		80369
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
SOURCEPOINTE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOURCEPOINTE, LLC

D Employer Identification Number (EIN)
73-1664238

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 20-0937408

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOURCEPOINTE RETIREMENT PLAN

FINANCIAL STATEMENTS AND

SUPPLEMENTAL SCHEDULES

FOR THE YEARS ENDED

DECEMBER 31, 2018 AND 2017

SourcePointe Retirement Plan
Table of Contents
For the Years Ended December 31, 2018 and 2017

INDEPENDENT AUDITOR'S REPORT Page 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits - Modified Cash Basis 2

Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis 3

Notes to Financial Statements 4 - 9

SUPPLEMENTAL SCHEDULES

Schedule of Assets (Held at End of Year) 10

Schedule of Delinquent Participant Contributions 11

CSH&G

Culotta, Scroggins, Hendricks & Gillespie, PC

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Administrator
SourcePointe Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SourcePointe Retirement Plan, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by TD Ameritrade Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Culotta, Scroggins, Hendricks & Gillespie, P.C.

Culotta, Scroggins, Hendricks & Gillespie, P.C.
Certified Public Accountants and Consultants
Vestavia Hills, Alabama

October 14, 2019

3049 Massey Road • Vestavia Hills, Alabama 35216
P: 205-871-1210 • F: 205-871-1518 • www.cshgcpa.com

SOURCEPOINTE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
- MODIFIED CASH BASIS
AS OF DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
CASH - NONINTEREST BEARING	$ 10,886	$ 7,101
INVESTMENTS (at fair value)		
Mutual funds	31,193,162	28,860,297
Money market	108,273	717,646
Total Investments	31,301,435	29,577,943
RECEIVABLES		
Participant notes receivable	624,652	558,527
Employer contribution receivable	103,201	97,697
Employee contribution receivable	126,608	5,953
Total Receivables	854,461	662,177
TOTAL ASSETS	32,166,782	30,247,221
LIABILITIES		
Due to participants	59	-
TOTAL LIABILITIES	59	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 32,166,723	$ 30,247,221

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
- MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2018

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME (LOSS)		
Net depreciation in fair value of investments	$	(3,260,562)
Interest		570
Dividends		1,340,244
Interest from participant notes receivable		25,607
Total Investment Income (Loss)		(1,894,141)
CONTRIBUTIONS		
Employer		1,346,548
Employee		3,594,797
Rollover contributions		757,640
Transfers from other plans		594,536
Total Contributions		6,293,521
Total Additions		4,399,380
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		2,052,602
Corrective distributions		17,599
Administrative expenses		409,677
Total Deductions		2,479,878
Net increase		1,919,502
Net Assets Available for Benefits:		
Beginning of year		30,247,221
End of year	$	32,166,723

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
NOTES TO FINANICAL STATEMENTS
DECEMBER 31, 2018 AND 2017

NOTE 1. DESCRIPTION OF PLAN

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

A. General – The Plan is a multiple employer defined contribution plan sponsored by SourcePointe LLC (a professional employer organization holding company) which allows the adoption of the Plan by certain employers who elect to participate. The principal employer adoption agreement makes the Plan available to eligible employees who have met the employer's age and employment requirements. These requirements are determined by each employer. An employer who adopts the Plan may make modifications to lessen but not increase the age or service period required to be eligible to participate. The Plan is an employee retirement plan that incorporates the deferral provisions of Section 401(k) of the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

B. Contributions - Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may make a discretionary matching contribution, as determined by the employer, of the compensation that a participant elects to contribute to the Plan. Contributions are subject to certain limitations.

C. Participant Accounts - Each participant's account is credited with the participant's contributions, employer's contributions, and Plan earnings thereon and charged with an allocation of administrative expenses. Matching contributions are based on a percentage determined by the employer. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as selected by their individual employers. Vested funds are available for withdrawal at retirement, termination, or when certain withdrawal specifications are met. The federal and state income taxes of the participants are typically deferred on the contributions until the funds are withdrawn from the Plan, with the exception of participant ROTH contributions.

E. Payment of Benefits - Upon retirement, death, or disability, the participant (or beneficiary) may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. If employment is terminated for reasons other than retirement, death, or disability, participants may be entitled to all or part of their account, depending on their vested percentage, in the form of a lump-sum distribution. The Plan includes provisions for certain hardship withdrawals.

F. Administration – The Plan's sponsor is the Company. The Plan's administrator is Roland|Criss, and the third-party provider and record-keeper is BlueStar Retirement Services, Inc. Specific functions of the Plan's administration has been designated to the SourcePointe LLC Retirement Plan Committee, to whom the Plan's named administrator, Roland|Criss, reports.

NOTE 1. DESCRIPTION OF PLAN - Continued

G. Forfeited Accounts - Forfeited non-vested accounts totaled $10,886 and $7,101, as of December 31, 2018 and 2017, respectively. The Plan allows forfeitures to reduce administrative expenses followed by employer contributions that would otherwise be paid by the Company. An employee has a forfeiture date on the last day of five consecutive one-year breaks in service. Upon termination, if an employee is paid their vested balance, any unvested balance in matching contributions is forfeited. The Plan includes provisions to allow forfeited balances to be restored upon re-hire.

H. Participant Notes Receivable – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are to be secured by the balance in the participant's account and will bear interest at rates comparable to those identifiable from commercial institutions for similar notes. Generally, payments of principal and interest are to be paid ratably through payroll deductions. Payments must be made at least on a quarterly basis. Note terms will not exceed five years unless the note is for the purchase of a principal residence in which case the term will be determined at the time the note is approved. Outstanding notes receivable from participants totalled $624,652 and $558,527, as of December 31, 2018 and 2017, respectively.

I. Investment options – Upon enrollment in the Plan, a participant may direct their account balances, employer contributions and employee contributions in percentage increments in any of twenty-seven investment options. These options as of December 31, 2018, are as follows:

Vanguard Target Retirement 2015 Fund
Vanguard Target Retirement 2020 Fund
Vanguard Target Retirement 2025 Fund
Vanguard Target Retirement 2030 Fund
Vanguard Target Retirement 2035 Fund
Vanguard Target Retirement 2040 Fund
Vanguard Target Retirement 2045 Fund
Vanguard Target Retirement 2050 Fund
Vanguard Target Retirement 2055 Fund
Vanguard Target Retirement 2060 Fund
Vanguard Target Retirement 2065 Fund
Vanguard Target Retirement Income Fund
Vanguard 500 Index Fund
Vanguard Mid-Cap Value Index Fund
Vanguard Small-Cap Index Fund
Vanguard Total Bond Market Index Fund
Vanguard Total International Stock Index Fund
Vanguard Wellesley Income Fund
Columbia Balanced Fund
Columbia Contrarian Core Fund
DoubleLine Total Return Bond Fund
Janus Henderson Enterprise Fund
Janus Henderson Triton Fund
Oakmark International Fund
Alger Spectra Fund
JPMorgan Equity Income Fund
TD Bank USA Institutional MMDA

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the modified cash basis of accounting. Under this basis of accounting, income is recorded as received and expenses are recorded when paid with the exception of investments being modified to be reported at fair market value. Contributions are reported on a Plan year accrual basis. Modifications to the cash basis include plan year contributions receivable and amounts due to participants, including interest accrued on participant notes receivable.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes receivable are reclassified as distributions based on the terms of the Plan document.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are reported at fair value as certified by TD Ameritrade Trust Company. 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. Net appreciation (depreciation) in fair value of investments is the difference between the proceeds received or aggregate fair market value of investments determined at the end of the year and the aggregate fair market value of investments determined at the beginning of the year or cost if acquired during the year. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis.

ESTIMATES

The preparation of financial statements in conformity with the modified cash basis requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES

Administrative expenses of the Plan are paid by the Plan, as provided in the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of the notes receivable from participants are charged directly to the participant’s account. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

NOTE 3. FAIR VALUE MEASUREMENTS

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

NOTE 3. FAIR VALUE MEASUREMENTS - Continued

VALUATION HEIRARCHY

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs are based on inputs other than quoted prices included within level 1 that are observable for valuing an asset or liability, either directly or indirectly; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

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

Mutual Funds: The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017:

	As of December 31, 2018			
		Fair Value Hierarchy Level		
	Assets Measured at Fair Value	Level 1	Level 2	Level 3
Mutual Funds	$ 31,193,162	$ 31,193,162	$ -	$ -
Money Market	108,273	108,273	-	-
Total Invested Assets	$ 31,301,435	$ 31,301,435	$ -	$ -

	As of December 31, 2017			
		Fair Value Hierarchy Level		
	Assets Measured at Fair Value	Level 1	Level 2	Level 3
Mutual Funds	$ 28,860,297	$ 28,860,297	$ -	$ -
Money Market	717,646	717,646	-	-
Total Invested Assets	$ 29,577,943	$ 29,577,943	$ -	$ -

NOTE 4. PLAN TERMINATION

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

NOTE 5. TAX STATUS

The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the SourcePointe Retirement Plan Committee and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe 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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The SourcePointe Retirement Plan Committee believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 6. RISKS AND UNCERTAINTIES

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

NOTE 7. INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

The SourcePointe LLC Retirement Plan Committee has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the balances for investment assets and transactions in those assets included in the accompanying financial statements and supplemental schedules as of December 31, 2018 and 2017, and for the years then ended have been compiled from statements certified as complete and accurate by trustee TD Ameritrade Trust Company, in accordance with DOL regulations.

Participant notes receivable in the amount of $624,652 and $558,527 as of December 31, 2018 and 2017, respectively, are not certified by TD Ameritrade Trust Company. TD Ameritrade Trust Company did not perform record-keeping services related to the notes, therefore did not certify the information. BlueStar Retirement Services, Inc. (TPA), did provide record-keeping services related to participant notes receivable and provided a Type 2 SSAE 16 report which covered the periods January 1, 2018 through December 31, 2018 and January 1, 2017 through December 31, 2017, and included an unqualified opinion on controls and their operating effectiveness related to BlueStar's record-keeping services of participant loans.

NOTE 7. INFORMATION PREPARED AND CERTIFIED BY TRUSTEES - Continued

The following table presents a summary of certified information provided:

	2018	2017
Mutual Funds	$ 31,193,162	$ 28,860,297
Money Market	108,273	717,646
Cash - Noninterest Bearing	10,886	7,101
Investment income (loss)	(1,919,748)	
Contributions (net of change in receivables of $126,159)	6,167,362	
Benefits and distributions paid	2,070,201	
Administrative expenses	409,677	

NOTE 8. PARTY-IN-INTEREST TRANSACTIONS

Plan investments were administered by BlueStar Retirement Services, Inc. during 2018 and 2017. BlueStar Retirement Services, Inc. acts as record-keepers as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Total fees paid by the Plan for the services provided by BlueStar Retirement Services, Inc. for the years ended December 31, 2018 and 2017, were $193,979 and $152,148, respectively.

PMD Advisory, a participating employer of the Plan, receives indirect payments from the Plan through their broker-dealer Cambridge Investment Research, Inc. for providing investment advisory services for participants of the Plan, as well as assistance to Plan management with selection of the Plan's investment options that are offered to participants; therefore, these transactions qualify as party-in-interest transactions. Total fees paid by the Plan to Cambridge Investment Research, Inc. for these services provided by PMD Advisory totaled $204,838 and $138,270 for the years ended December 31, 2018 and 2017, respectively. On November 15, 2018, the SourcePointe Retirement Plan moved all investment advisory services from PMD Advisory to CapTrust Financial Advisors. The Plan had no fees related to services performed by CapTrust Financial Advisors during 2018.

Certain participant directed investments are held in money market accounts administered by TD Ameritrade Trust Company. TD Ameritrade Trust Company is the custodian of the Plan's assets and, therefore, these transactions qualify as party-in-interest transactions. Total fees paid to TD Ameritrade Trust Company for services related to the Plan for December 2018 and 2017 were $10,860 and $9,201, respectively.

NOTE 9. DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through October 14, 2019, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	** (d) Cost	(e) Current value
	TD Ameritrade Trust Company	Alger Spectra Fund (I)	$ -	$ 899,935
	TD Ameritrade Trust Company	Columbia Balanced Fund (Y)	-	2,284,119
	TD Ameritrade Trust Company	Columbia Contrarian Core Fund (Y)	-	1,412,552
	TD Ameritrade Trust Company	DoubleLine Total Return Bond Fund (I)	-	86,482
	TD Ameritrade Trust Company	Janus Henderson Enterprise Fund (N)	-	1,654,091
	TD Ameritrade Trust Company	Janus Henderson Triton Fund (N)	-	850,408
	TD Ameritrade Trust Company	JPMorgan Equity Income Fund (R6)	-	2,702,913
	TD Ameritrade Trust Company	Oakmark International Fund INSTL	-	64,083
*	TD Ameritrade Trust Company	TD Bank USA Institutional MMDA	-	108,273
*	TD Ameritrade Trust Company	TD Bank USA MMDA	-	10,886
	TD Ameritrade Trust Company	Vanguard 500 Index Fund (Adm)	-	1,584,644
	TD Ameritrade Trust Company	Vanguard Mid-Cap Value Index Fund (Adm)	-	279,797
	TD Ameritrade Trust Company	Vanguard Small-Cap Index (Adm)	-	703,067
	TD Ameritrade Trust Company	Vanguard Target Retirement 2015 Fund Inv	-	1,139,802
	TD Ameritrade Trust Company	Vanguard Target Retirement 2020 Fund Inv	-	1,217,319
	TD Ameritrade Trust Company	Vanguard Target Retirement 2025 Fund Inv	-	3,142,999
	TD Ameritrade Trust Company	Vanguard Target Retirement 2030 Fund Inv	-	3,434,898
	TD Ameritrade Trust Company	Vanguard Target Retirement 2035 Fund Inv	-	3,333,919
	TD Ameritrade Trust Company	Vanguard Target Retirement 2040 Fund Inv	-	1,883,311
	TD Ameritrade Trust Company	Vanguard Target Retirement 2045 Fund Inv	-	1,103,270
	TD Ameritrade Trust Company	Vanguard Target Retirement 2050 Fund Inv	-	822,500
	TD Ameritrade Trust Company	Vanguard Target Retirement 2055 Fund Inv	-	449,710
	TD Ameritrade Trust Company	Vanguard Target Retirement 2060 Fund Inv	-	121,214
	TD Ameritrade Trust Company	Vanguard Target Retirement Income Fund Inv	-	668,635
	TD Ameritrade Trust Company	Vanguard Total Bond Market Index (Adm)	-	37,672
	TD Ameritrade Trust Company	Vanguard Total International Stock Index (Adm)	-	71,369
	TD Ameritrade Trust Company	Vanguard Wellesley Income Fund (Adm)	-	1,244,453
	Participant Notes Receivable	1.5% - 5.75%	-	624,652
			$ -	$ 31,936,973

* Represents a party-in-interest as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed

See accompanying notes and independent auditor's report.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► SourcePointe Retirement Plan

Employer Identification No.: ► 73-1664238

Plan year (beginning/ending):► 01/01/2018 - 12/31/2018 Plan number:► 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
80,369		80,369		

Multiple Employer Plan Participating Employer Information

SourcePointe Retirement Plan

Employer Identification Number: 73-1664238 **Plan Number: 001**

For plan year (beginning/ending): **01/01/2018- 12/31/2018**

(a) Name of participating employer	*(b) EIN*	*(c) Percent of Total Contributions*
68 Ventures, LLC	81-3290751	5.93%
ALABAMA FAMILY DENTISTRY LLC	63-1264278	3.17%
AllSouth Appliance Group, Inc.	72-1353380	0.44%
Amwaste, LLC	27-2237143	0.28%
Anchor Pardue Insurance, Inc.	63-1035461	1.09%
Arbour Valley Management	84-1693540	1.12%
Bay Motor Winding, Inc.	64-0674340	2.34%
Beds Express, LLC	82-4238235	2.67%
Bellator Real Estate & Development	45-5226962	0.64%
BENT BROOK GOLF COURSE	81-4004507	0.97%
BIRMINGHAM INFECTIOUS DISEASES	45-5399027	0.85%
Bison Abstracting, LLC	81-5449841	0.01%
CENTRAL ALABAMA RESEARCH LLC	71-0945933	0.59%
ChemStation Gulf Coast	81-4337576	0.81%
Christ Health Center, Inc.	20-1935552	7.91%
Commercial Construction & Maintenance, Inc.	47-0935496	1.00%
CONTROL SYSTEMS INC	63-1236215	0.71%
CORNETT PUBLISHING COMPANY Inc.	63-1173007	1.56%
Cougar Oil, Inc.	63-0596053	0.32%
DEAVER INDUSTRIES INC	63-0936142	2.39%
FIVE STAR LUMBER INC	63-1237880	1.59%
Food Sales East, LLC	47-4175292	7.68%
Garber Grounds	47-252057	0.08%
Global Medical Partners, Inc.	45-2843139	0.00%
Good People Brewing Co., LLC	20-5029632	0.33%
GREYSTONE GOLF & COUNTRY CLUB	63-1032330	4.80%
Highland Commercial Mortgage, LLC	27-1161830	4.82%
Holden Energy Transport, LLC	47-2655234	0.30%
LIFESTYLE MANAGEMENT	63-1221672	1.47%
MediSYS	63-1016068	1.11%
MEDWORKS MANAGEMENT LLC	27-2243293	3.52%
Mississippi Aquarium	81-4974774	0.05%
MOUNTAINVIEW CHEM DRY	20-0620135	0.36%
MST Dental, P.C.	63-0847718	1.79%
Multipoint Communications, Inc.	59-3633815	1.00%
PITTMAN INDUSTRIAL MARKETING	63-1035249	1.22%
PMD Consulting	83-3658871	1.90%
Precision Graphics, Inc.	04-3699405	0.75%
PROGRESSIVE METAL FINISHERS INC	63-1009487	0.60%
QCS Acquisition Corporation	83-3291995	3.27%

Multiple Employer Plan Participating Employer Information

SourcePointe Retirement Plan

Employer Identification Number: 73-1664238 **Plan Number: 001**

For plan year (beginning/ending): **01/01/2018- 12/31/2018**

(a) Name of participating employer	*(b) EIN*	*(c) Percent of Total Contributions*
RURAL URGENT CARE, LLC	47-3524701	5.94%
Sandblast By Creative Concepts, Inc.	63-1187568	2.67%
Selge Holdings & Ventures	26-3916157	1.79%
Service Construction Supply Inc.	63-1260413	1.97%
SourcePointe, LLC	73-1664238	4.91%
Southern Land Title, LLC	63-0830564	0.57%
Special Shapes Refractory Co.	63-0959489	2.85%
Specialty Turf Supply Inc	20-0074634	1.13%
Stealth Entry	27-0212709	0.49%
The All Good Collective, LLC	82-3146049	0.04%
The Foundry	63-0624278	1.22%
THIBADO INC	63-1072600	1.79%
Thomson Dental	45-2715699	0.29%
Thrive Title, LLC	81-4627171	0.17%
Tusco, Inc	63-0799869	2.02%
Virtual Care LLC	81-4755406	0.70%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SourcePointe Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

SourcePointe, LLC

2000B Southbridge Parkway
Suite 200
Birmingham AL 35209

2b Employer Identification Number (EIN)
73-1664238

2c Plan Sponsor's telephone number
205-868-1557

2d Business code (see instructions)
541990

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

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

SIGN HERE	[signature]	10/15/2019	Ron W. Hagan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► SourcePointe Retirement Plan

Employer Identification No.: ► 73-1664238

Plan year (beginning/ending):► 01/01/2018 - 12/31/2018 Plan number:► 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
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SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

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	Participant Notes Receivable	1.5% - 5.75%	-	624,652
			$ -	$ 31,936,973

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See accompanying notes and independent auditor's report.