

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AUREON 401(K) SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>04/01/1992</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AUREON HR, INC.</u> <u>7760 OFFICE PLAZA DRIVE SOUTH</u> <u>SUITE 100</u> <u>WEST DES MOINES, IA 50266</u>	2b	Employer Identification Number (EIN) <u>42-1368750</u>
		2c	Plan Sponsor's telephone number <u>800-336-1931</u>
		2d	Business code (see instructions) <u>541600</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2019	MELISSA NESS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 15080
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 12945 6a(2) 13822 6b 0 6c 2631 6d 16453 6e 0 6f 16453 6g 8404 6h 72
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan AUREON 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUREON HR, INC.	D Employer Identification Number (EIN) 42-1368750	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	702804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUREON HR, INC

42-1368750

(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?
25	PLAN SPONSOR	252554	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	230013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UBS FINANCIAL SERVICES

13-2638166

(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?
20	FINANCIAL ADVISOR	209846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 AUREON 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUREON HR, INC.	D Employer Identification Number (EIN) 42-1368750	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	714084	801408
(2) Participant contributions	1b(2)	488011	689792
(3) Other.....	1b(3)	33161	38215
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	2926838	3798565
(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)	208368450	220284110
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	562612	418436

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	213093156	226030526

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	170441	156403
k Total liabilities (add all amounts in lines 1g through 1j)	1k	170441	156403

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	212922715	225874123
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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)	9369139	
(B) Participants	2a(1)(B)	21489418	
(C) Others (including rollovers)	2a(1)(C)	3522555	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		34381112
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	168659	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		168659
(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)	8054232	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8054232
(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)		-19468755
c Other income.....	2c		-53289
d Total income. Add all income amounts in column (b) and enter total.....	2d		23081959

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28109047	
(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)		28109047
f Corrective distributions (see instructions)	2f		
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)	955357	
(3) Investment advisory and management fees.....	2i(3)	439859	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1395216
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29504263

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6422304
l Transfers of assets:			
(1) To this plan.....	2l(1)		27207017
(2) From this plan.....	2l(2)		7833305

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: **LWBJ, LLP**

(2) EIN: **42-1462849**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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)
ABO 401(K) AND PROFIT SHARING PLAN	81-2683891	001
BEAR ELECTRIC, INC. 401(K) PLAN	90-0532005	001
SANTA MARTA 401(K) PLAN	76-0760243	001
CLOVER RIDGE 401(K) PLAN	86-1084720	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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
T-MOBILE US 401(K) PLAN	20-0836269	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>AUREON 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AUREON HR, INC.</u>	D Employer Identification Number (EIN) <u>42-1368750</u>

Part I	Distributions
---------------	----------------------

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

AUREON 401(K) SAVINGS PLAN

Financial Statements
and Supplementary Schedule

December 31, 2018

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Independent Auditors' Report

To the Board of Trustees
Aureon 401(k) Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Aureon 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related 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 audit 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 entity'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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary 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.

LWB, LLP

West Des Moines, Iowa
October 8, 2019

AUREON 401(K) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ 201,188,764	\$ 191,070,122
Money market funds	19,095,346	17,298,328
Self-directed brokerage accounts	418,436	562,612
Total investments	<u>220,702,546</u>	<u>208,931,062</u>
Receivables:		
Employer contributions	801,408	714,084
Participant contributions	728,007	521,172
Notes receivable from participants	3,798,565	2,926,838
Total receivables	<u>5,327,980</u>	<u>4,162,094</u>
Total assets	<u>226,030,526</u>	<u>213,093,156</u>
Liabilities		
Excess contributions payable	<u>156,403</u>	<u>170,441</u>
Net assets available for benefits	<u>\$ 225,874,123</u>	<u>\$ 212,922,715</u>

See accompanying notes.

AUREON 401(K) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2018 and 2017

	2018	2017
Additions		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (19,535,507)	\$ 22,865,628
Interest and dividends	8,067,695	5,770,254
Net investment income (loss)	(11,467,812)	28,635,882
Interest income on notes receivable from participants	168,659	111,752
Contributions:		
Employer	9,369,139	7,447,738
Participants	21,489,418	16,569,509
Rollovers	3,522,555	4,543,281
Total contributions	34,381,112	28,560,528
Total additions	23,081,959	57,308,162
Deductions		
Benefits paid to participants or beneficiaries	28,109,047	21,242,274
Administrative fees	1,395,216	1,127,277
Total deductions	29,504,263	22,369,551
Net increase (decrease) in net assets available for benefits	(6,422,304)	34,938,611
Transfers from participating employers	27,207,017	19,377,083
Transfers to terminating employers	(7,833,305)	(6,206,430)
Net assets available for benefits:		
Beginning of year	212,922,715	164,813,451
End of year	\$ 225,874,123	\$ 212,922,715

See accompanying notes.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements

December 31, 2018

1. Description of the Plan

The following description of the Aureon 401(k) Savings Plan (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 is a multiple employer defined contribution plan intended to conform to and qualify under the provisions of Section 401, Section 413(c), and Section 501 of the Internal Revenue Code ("IRC") of 1986, as amended.

Oasis AHR, Inc. (the "Plan Administrator") (formerly Aureon HR, Inc.), in its capacity as the sponsoring employer, and certain other participating Companies (hereinafter referred to as the "Companies"), together form a co-employer arrangement with respect to the employees of the Companies. The Plan covers all eligible employees of participating Companies. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

In March 2019, the Plan Administrator adopted a resolution to merge the Plan into the Oasis Retirement Savings Plan. The transfer of the Plan's assets is currently ongoing and is scheduled to be completed by November 2019.

Eligibility

Participating Companies elect specific eligibility requirements for Plan entrance for their employees.

Contributions

The Plan allows for employee contributions up to 100% of eligible compensation, as defined by the Plan, subject to Internal Revenue Service ("IRS") limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Companies may provide a matching contribution at their election. The participant contributions and the Companies' matching contributions are allocated to Plan investment options as directed by the participant. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions.

Participant Accounts

Each participant's account is credited with the participant's elective contributions, allocations of employer's matching contributions, and investment income, and charged with withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Participating Companies establish a vesting schedule for their employees relative to employer contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant (or participant's beneficiary in the event of death) may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account or minimum distribution amounts described in the Plan agreement. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, hardship distributions are permitted if certain criteria are met.

Forfeitures

At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$92,522 and \$22,330, respectively. These accounts will be used to reduce employer contributions. During the years ended December 31, 2018 and 2017, employer contributions were reduced by \$156,212 and \$168,535, respectively, from forfeited nonvested accounts.

Plan Termination

Although they have not expressed any intent to do so, the Companies have the right, under the Plan, to discontinue its contributions at any time and withdraw from the Plan at any time. The Trustees may terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 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 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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, including contract administration, recordkeeping, and audit fees. Expenses that are paid by the Companies are excluded from these financial statements. Fees related to administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

3. Income Tax Status

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan document sponsored by Slavic 401k.com, Inc. The IRS has determined and informed the Trustees by a letter dated March 31, 2014, that the prototype plan, as amended, is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator 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, 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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. Fair Value Measurements

The framework for measuring fair value provides a three-tier fair value hierarchy, which categorizes the inputs used in measuring fair value. These categories include (in descending order of priority): Level 1, defined as observable inputs such as quoted prices in active markets for identical assets; Level 2, defined as inputs other than quoted prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring the Plan to develop its own assumptions.

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.

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

Mutual funds and money market funds: Valued based on quoted prices of identical assets in active markets.

Self-directed brokerage accounts: These investments include money market funds, common stocks, mutual funds, and exchange traded funds, all of which are valued based on quoted prices of identical assets in active markets.

The following table shows Plan investments measured at fair value as of December 31, 2018 and 2017 and the input categories associated with those investments:

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Description	2018		2017	
	Level 1	Total	Level 1	Total
Mutual funds	\$ 201,188,764	\$ 201,188,764	\$ 191,070,122	\$ 191,070,122
Money market funds	19,095,346	19,095,346	17,298,328	17,298,328
Self-directed brokerages	418,436	418,436	562,612	562,612
	<u>\$ 220,702,546</u>	<u>\$ 220,702,546</u>	<u>\$ 208,931,062</u>	<u>\$ 208,931,062</u>

5. Related-Party and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Investments is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. As aforementioned, fees paid by the Plan for investment management services are included as a reduction of the return earned on each fund. The Plan also contains participant loans. Certain employees and officers of the Companies, who are also participants in the Plan, perform administrative services for the Plan. The Plan reimbursed the Plan Administrator \$252,554 and \$212,077 for these services during the years ended December 31, 2018 and 2017, respectively.

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 the participants' account balances and the amounts reported in the statements of net assets available for benefits.

7. Subsequent Events

The Plan evaluated subsequent events through October 8, 2019, the date the financial statements were available to be issued.

AUREON 401(K) SAVINGS PLAN
EIN: 42-1368750
PN: 001
Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2018

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Vanguard Federal Money Market	Money Market Fund	\$ 19,095,346
	American Funds Capital World G & I R6	Mutual Fund	3,417,932
	American Funds EuroPacific R6	Mutual Fund	9,644,189
	Delaware Value	Mutual Fund	6,017,796
	DFA Emerging Markets Core Equity	Mutual Fund	3,639,494
	DFA Int'l Small Company	Mutual Fund	870,727
	Eaton Vance High Income Opportunities I	Mutual Fund	726,698
	Franklin Utilities R6	Mutual Fund	1,292,059
	John Hancock Bond I	Mutual Fund	2,914,047
	JPMorgan Mid Cap Growth R5	Mutual Fund	5,017,583
	JPMorgan U.S. Research Enhanced Equity L	Mutual Fund	4,921,606
	MFS Total Return	Mutual Fund	2,482,637
	Nationwide Ziegler NYSE Arca Tech 100 Index	Mutual Fund	1,869,453
	Neuberger Berman Socially Responsible	Mutual Fund	213,125
	SSgA S&P Index 500	Mutual Fund	5,493,596
	T. Rowe Price Int'l Equity Index	Mutual Fund	2,421,538
	T. Rowe Price New American Growth	Mutual Fund	11,034,379
	Vanguard Energy Adm	Mutual Fund	1,339,517
	Vanguard Industrial Index Adm	Mutual Fund	4,096,563
	Vanguard Inflation Protected Securities	Mutual Fund	807,582
	Vanguard Information Technology Index Adm	Mutual Fund	5,928,474
	Vanguard Intermediate-Term Bond Index Adm	Mutual Fund	2,072,292
	Vanguard Mid Cap Index Adm	Mutual Fund	4,350,422
	Vanguard Real Estate Index Adm	Mutual Fund	1,921,188
	Vanguard Short-Term Federal Adm	Mutual Fund	27,639,482
	Vanguard Small Cap Growth Index Adm	Mutual Fund	3,718,791
	Vanguard Small Cap Index Adm	Mutual Fund	3,496,800
	Vanguard Small Cap Value Index Adm	Mutual Fund	1,611,181
	Vanguard Target Retirement 2015	Mutual Fund	330,211
	Vanguard Target Retirement 2020	Mutual Fund	2,800,238
	Vanguard Target Retirement 2025	Mutual Fund	6,197,772
	Vanguard Target Retirement 2030	Mutual Fund	5,082,812
	Vanguard Target Retirement 2035	Mutual Fund	5,429,972
	Vanguard Target Retirement 2040	Mutual Fund	4,872,445
	Vanguard Target Retirement 2045	Mutual Fund	4,276,783
	Vanguard Target Retirement 2050	Mutual Fund	2,676,738
	Vanguard Target Retirement 2055	Mutual Fund	710,891
	Vanguard Target Retirement 2060	Mutual Fund	708,895
	Vanguard Target Retirement 2065	Mutual Fund	88,090
	Vanguard Target Retirement Income	Mutual Fund	262,286
	Vanguard Total Stock Market Index Adm	Mutual Fund	46,900,958
	Wells Fargo Special Mid Cap Value Inst	Mutual Fund	1,891,522
*	Personal Choice Retirement Accounts	Self-directed brokerage accounts	418,436
*	Participants	Notes receivable (rates ranging from 4.00% to 6.50%)	3,798,565
			<u>\$ 224,501,111</u>
* Party-in-interest			

Column (d) has been omitted from this schedule as is not applicable for participant-directed accounts.

See accompanying independent auditors' report.

Multiple-Employer Plan Participating Employer Information

AUREON 401(K) SAVINGS PLAN

PLAN # 001

EIN: 42-1368750

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
2pifi, Inc	81-4870865	0.30%
4 Touch, LLC dba QA Graphics	20-5858578	0.14%
Action Reprographics, Inc.	42-0668173	0.04%
AgeWell Living	27-1852888	0.10%
AgriSmart Information Systems LLC	26-1861507	0.19%
All American Records Management	27-0832951	0.03%
Alpine Auto Body, Inc. dba Alpine Carstar	84-1127246	0.36%
Ambassador Title Services	27-4752733	0.22%
American Trust Senior Care LLC dba Discovery Management	26-4399821	8.78%
Amoret Farms, Inc.	39-1904034	0.01%
Amrhein Pharmacy, Inc.; Medicap #70	43-0926359	0.16%
Animal Rescue League of Iowa, Inc.	42-0680427	0.19%
Armsco/Native Hospitality Group LLC/Delectable Egg Enterpris	84-1535657	0.12%
Arona Corporation dba Aaron's Sales & Lease	42-1455271	1.26%
Aspect, Inc.	20-2251944	0.41%
Association of Boards of Certification	54-0944673	0.26%
Aureon HR, Inc.	42-1368750	15.48%
B&B Enterprises of Fayetteville, Inc.;Medicap #128	56-1867768	0.10%
Barton Creek Senior Living, Inc. dba Querencia at Barton Cr	20-1203479	0.93%
Bishop Electric, Inc.	42-1284616	0.11%
Black Hawk County Gaming Association	80-0103166	0.08%
Bluestone Engineering, LLC	20-1637343	0.81%
Boise Retirement Community	20-3659420	0.18%
Boys & Girls Club of the Midlands	47-0467350	1.29%
Brain Injury Association of Iowa dba Brain Injury Alliance o	42-1182407	0.18%
Buckingham Senior Living Community dba Buckingham	30-0097872	0.94%
Busboom Management Group, LLC	20-3583529	0.11%
C&A Transportation and Logistics, Inc.	20-2453432	0.13%
Camp Hertko Hollow	76-0717999	0.03%
Capital Alliance Corporation	75-1597911	0.07%
Catholic Care Campus, Inc. dba Santa Marta	76-0760243	0.01%
CC Anderson PC dba Medicap 350 Pharmacy	68-0551875	0.08%
Cedar Valley Habitat for Humanity	42-1320296	0.20%
Center Associates	42-0805386	0.65%
Chamness Technology, INC./ chamness Biodegradables, LLC	42-1308310	0.00%
Christian Living Service, Inc	37-1753293	0.10%
Christopher's Fine Jewelry & Rare Coins, LTD.	42-1481142	0.12%
Chrysalis Foundation	42-1337635	0.12%
Colorado Comfort Products, Inc	84-0645100	0.18%
Colorado Outdoor	86-0832912	0.41%
Community & Family Resources	42-0938934	0.05%
Community Foundation of Greater Des Moines	42-6139033	0.69%
Community Management Specialist, Inc.	84-1246705	0.23%
Connect Your Home, LLC	90-0959759	0.15%
ConnectFive, Inc.	26-1630284	0.41%
Conterra Holdings, LLC	46-3023816	0.45%
Cornerstone Commercial Contractors	42-1449149	0.04%
Cornerstone Community Credit Union	42-5068209	0.09%
Cortes Construction, Inc.	80-0724307	0.02%
CrossRoads Shooting Sports, LLC	47-1147662	0.03%
CSL Woodward Master Operator LLC dba Cedarbrook Senior Livin	46-1129918	0.15%
Custom Flag Company	26-0016883	0.13%
D & N Enterprises / Medicap #29	39-1886479	0.02%

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
D.C. Communications	42-1356040	0.02%
Damone Holdings, Inc.	38-3288110	0.00%
Davey Coach Sales Inc.	84-1205448	0.22%
Daymark Operations LLC	81-4398144	0.02%
Delectable Egg DTC LLC	45-4288940	0.00%
Discovery Village at Naples, LLC	45-1263515	0.14%
Dominion Management, LLC/Somerby Senior Living Services, LLC	20-8621988	2.34%
E W Nutrition USA, Inc.	26-4688256	0.48%
Eagle Technology Management	42-1526811	1.56%
Eastern Iowa Health Center	20-2405575	1.97%
Edgewood Pharmacy	56-0733004	0.02%
Encore Living Group, LLC	27-2017911	0.32%
Engineering Resource Group	42-1448031	0.19%
Enterprise Iowa	42-1483700	0.00%
EVizzit dba Integrated Telehealth Partners	45-4320054	0.03%
Executive Cleaners, Inc./Two Men & A Truck	42-1487396	0.31%
First Pacific Group	68-0488086	0.28%
FISH 2 O GROUP	81-4607330	0.81%
Foothills Energy Services, Inc.	80-0457444	0.54%
Forbes Pharmacy Corp.	42-1078504	0.14%
Future Net, Inc. dba Eyes Open Iowa	42-1472525	0.03%
GBSL Staffing AL, LLC dba Oak Grove Inn	82-3642396	0.01%
Geothermal Eco Options, Inc.	45-2720576	0.11%
Gilbert & Cook, Inc.	42-1407818	1.26%
Gilbert AL Partners, LP	38-3972972	0.04%
Glen Raven Pharmacy, Inc.	56-2150901	0.03%
Global Vet LINK	42-1514408	0.61%
Globe Acceptance, Inc.	06-1723458	0.02%
Great Lakes Communication	20-2658447	0.32%
Greater Des Moines Botanical Garden	42-0540765	0.34%
Greenbrier Development LLC.	20-4280923	0.61%
Greenbrier Senior Living	61-1744704	0.17%
Greystone Marketing Services Company, LLC	20-2011713	0.39%
Growers Edge	81-1057515	1.09%
H & M Drugs, Inc.; Medicap #225	23-2980588	0.02%
Haila Architecture Structure Planning Ltd.	81-3619460	0.27%
Halbrook Excavating, Inc	42-1417064	0.10%
Hamilton Juffer & Associates, LLP, Rahamilton, PC,Majuffer,P	20-3626340	0.52%
Hamilton's Funeral Home, Inc.	42-0925007	0.67%
Heartland Plant Innovations, Inc.	26-2721741	0.10%
Heartland Youth for Christ	42-0845219	0.01%
Hemphill Search Group, Inc.	47-0829586	0.31%
Heritage San Antonio AL Partners, LP	47-3525023	0.02%
Hoffman Partners, LLC	03-0405507	0.04%
Home Opportunities Made Easy, Inc. dba HOME, Inc.	42-0931497	0.08%
Horizons Unlimited of Palo Alto County	42-0943483	0.21%
Hoyt Sherman Place Foundation	42-1433940	0.15%
HRG Management Services, LLC	47-2269943	0.02%
IGL Staffing, LLC	47-4043696	0.32%
Industrial Technology Corporation	42-1145340	0.08%
Inland Coatings Holdings, LLC	36-4794818	0.19%
IntegrUS Credit Union	42-0224025	0.01%
Intraco, Inc. dba Cablevey	42-0988325	1.08%
Iowa 4-H Foundation	42-6061606	0.08%
Iowa Agriculture Literacy Foundation	31-1672416	0.16%
Iowa Arthritis & Osteoporosis Center	47-3818676	1.88%

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Iowa Association of Business and Industry	42-0332900	0.44%
Iowa Beef Industry Council	42-0931773	0.08%
Iowa Behavioral Health Association	42-1388307	0.12%
Iowa Cattlemen's Association	42-0924739	0.07%
Iowa Communications Alliance	46-4012454	0.15%
Iowa County Recordors Association	42-1213325	0.10%
Iowa Diabetes & Endocrinology Research Center, PLC	26-0210887	0.29%
Iowa Gaming Association	42-1456072	0.11%
Iowa Health Care Association	42-6067903	0.62%
Iowa Healthiest State Initiative	45-4570642	0.10%
Iowa Pork Producers Association	42-6123593	0.50%
Iowa Steel Fabrication, LLC	46-2326382	0.52%
Iowa Taxpayers Association	42-0336050	0.05%
Iowa Wireless Services, LLC dba I Wireless	39-1909784	1.21%
Iowa-Illinois Safety Council	42-1087375	0.05%
IWLC	45-2932668	0.01%
John Madden Company	84-1443706	0.06%
Johnston Urbandale Soccer Club, Inc	42-1247416	0.01%
Junior Achievement of Central Iowa	42-0759070	0.09%
Jupiter Elite, Inc.	81-4830040	0.02%
Keystone Property Mgt., LLC	47-3831277	0.06%
KJAA, Inc.; Medicaap #7	45-0514276	0.11%
La Quercia, LLC	42-1515626	0.00%
Lakeview Surgery Center, LC	42-1516120	1.13%
Lang Technologies dba Full Count	46-3083618	0.52%
Laramy-K Optical, Inc.	42-1343924	0.17%
Largefoot LLC	46-2160011	0.15%
Las Ventanas Retirement Community	20-0566413	0.03%
Laurence J. Pino, P.A.	30-0601650	0.01%
LeadingAge Iowa	23-7345539	0.14%
LSCO, Inc dba. Career Links	42-1449282	0.02%
Macari-Healey Publishing Co, LLC	45-2971774	0.18%
Mahaska Veterinary Clinic PLC	42-0807399	0.02%
Margamon PC; Medicaap #282	42-1502421	0.16%
Mariposa Phoenix AL Partners dba Mariposa Point at Algodon	36-4847339	0.01%
Masterpiece Living, LLC	26-1337962	0.18%
McKinley Advertising Company	42-1308975	0.04%
MCP of Wilson; Medicaap #109	56-1914106	0.10%
Mesa AL Partners, LP	32-0477888	0.01%
Metco Credit Union	42-0835734	0.13%
MM Composite, Inc.	39-2080075	0.10%
Mokosak Advisory Group, LLC	26-3318305	0.17%
Monarch Investment & Mangement Group	20-1188057	1.01%
MTS Iowa, Inc. dba Majestic Trucks	32-0166951	0.19%
My Diabetes Home, LLC	27-2679800	0.03%
National Student Exchange	31-0925267	0.07%
Neighborhood Centers of Johnson County	42-1060964	0.25%
Nelson Manufacturing Company	42-1009698	0.50%
New Vision Development Partners, Inc.	27-0996412	0.04%
North American Minerals	38-2248283	0.06%
Northwest Senior Housing, dba Edgemere	75-2771278	2.22%
Olson Explosives, Inc.	42-0985009	0.19%
One Ton Welding, Inc.	42-1506430	0.02%
Optimum Networking, Inc	84-1313411	0.20%
Orchestrate, LLC	45-3086056	0.06%
Organization of MISO States	16-1671529	0.13%

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Orthopaedic Outpatient Surgery Center, LC	42-1508092	1.31%
Ouray Sportswear, LLC	20-8963711	0.28%
Parc Communities, LLC	46-0615203	0.01%
Pelgas, Inc.	42-1486420	0.20%
Picture Woods	84-0845653	0.13%
Plains Area Mental Health, Inc.	42-1000717	0.95%
Polk County Credit Union	42-6064396	0.01%
Pospisil Painting	42-1090181	0.04%
Presbyterian Communities and Services	26-1459224	3.93%
Printers Pride, Inc.	59-1860006	0.09%
Project Iowa	80-0731028	0.10%
PSL Associates, LLC	83-1427127	0.04%
Quad Cities Community Foundation	42-6122716	0.33%
RC Family Farms, Inc.	20-4011488	0.24%
RCS Millwork, LC	42-1465708	1.15%
Redstone Village	63-1169107	0.17%
Resource Transport	84-1565287	0.05%
Revert Inc.	84-1543344	0.36%
River Highlands, LLC	47-5467465	0.01%
Roadrunner Fabrication	84-1312147	0.14%
Rocket Referrals LLC	46-3126880	0.12%
Santimco, Inc.; Medicap #217	31-1513612	0.06%
Savannah Homes	42-1467986	0.02%
Senior Housing Consultants, Inc.	76-0741352	0.04%
Senior Housing Healthcare Inc.	20-3308829	2.02%
Senior Housing Management Inc.	11-3712998	0.46%
Seniority, Inc.	94-3287180	1.39%
SHYFT Collective, LLC	27-0731211	0.76%
Similasan Corporation	33-0222888	0.14%
Sincera Solutions, Inc.	26-0141901	0.12%
Sioux Valley Community Credit Union	42-0837840	0.09%
SkinGym Dermatology	46-1214389	0.04%
Springs Staffing, LLC	47-3508120	0.08%
St. Louis Gear Company	43-0627232	0.22%
St. Mark Lutheran Church of Cedar Rapids, Iowa	42-0810662	0.06%
Statistics & Control, Inc.	20-2187996	0.50%
Summit Therapy LLC	27-0835947	0.05%
Surpass Senior Living, LLC	36-4804935	0.17%
Surprise AL Partners, LP	35-2545211	0.03%
Swine Health Information Center	47-3408746	0.09%
Technology Association of Iowa	39-1908574	0.05%
Telligen Community Initiative	20-2017785	0.04%
Terminal Consolidation Company/Trans Services Inc	43-1014425	0.29%
Tero International, Inc.	42-1402246	0.21%
The Aspens at MariposaPoint, LP	82-2039065	0.00%
The Boulder Company	42-1116596	1.52%
The Des Moines Playhouse	42-0776415	0.14%
The Heart Connection	42-1313167	0.07%
The Landmark Towers Condominium Assoc. Inc	26-2058257	0.05%
The Nathan Yip Foundation	82-0549095	0.01%
The Native Fund	27-4082308	0.05%
TIG Distributing, Inc.	20-4042322	0.34%
Tim W. James OD, PC dba Ken-Caryl Vision Center	84-0856910	0.03%
Tuscan Gardens Management Corporation + Tuscan Gardens Deve	45-2175695	0.06%
Twin Creeks AL Partners, LP	47-1488951	0.01%
Valore Management, Inc dba Apartment Concepts Unlimited	20-8040843	0.05%

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Vander Haag's, Inc./Ryden, Inc.	42-0896487	2.84%
Vantec, Inc.	42-1245139	0.62%
VenuWorks, Inc.	42-1463763	3.91%
WalkMed, LLC	81-4917665	0.14%
Watermere at Southlake Condominium Association	26-1779598	0.04%
Waypoint Services for Women, Children & Families/Waypoint Ki	42-0680307	0.18%
West Des Moines Chamber of Commerce	20-5465820	0.10%
Whitaker Hagenow Gustoff LLP	27-1413286	0.00%
Wi, LLC	32-0262231	0.27%
Willow Creek Baptist Church	42-1050909	0.06%
Wixted, Inc. dba Wixted & Company	20-0075025	0.36%
Woodriver Energy, LLC	46-4484599	0.20%
Wyoming Community Foundation	83-0287513	0.57%
Youth Emergency Services & Shelter of Iowa	23-7442304	0.63%
Zenergii LLC dba Climatrol Quality Aluminum Products	81-3685490	0.04%

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

AUREON 401(K) SAVINGS PLAN

PLAN#001

EIN #: 42-1368750

(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 Funds	RERGX - American Funds EuroPacifc R6		9,644,189
	American Funds	RFNGX - American Funds Fundamental Investors R6		-
	American Funds	RWIGX - American Funds Capital World G & I R6		3,417,932
	Delaware	DDVIX - Delaware Value		6,017,796
	DFA	DFCEX - DFA Emerging Markets Core Equity		3,639,494
	DFA	DFISX - DFA Int'l Small Company		870,727
	Eaton Vance	EIHIX - Eaton Vance High Income Opportunities I		726,698
	Fidelity	FDVAX - Fidelity Advisor Diversified Int'l A		(0)
	Fidelity Self-Directed Brokera	FISDB - Fidelity SDB		418,436
	Franklin/Templeton	FUFRX - Franklin Utilities R6		1,292,059
	Gabelli Funds/SSga	SVSPX - SSgA S&P Index 500		5,493,596
	Hotchkiss & Wiley	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		1,869,453
	John Hancock	JHBIX - John Hancock Bond I		2,914,047
	JPMorgan	JMGFX - JPMorgan Mid Cap Growth R5		5,017,583
	JPMorgan	JPIEX - JPMorgan US Research Enhanced Equity L		4,921,606
	MFS	MSFRX - MFS Total Return		2,482,637
	Neuberger & Berman	NBSRX - Neuberger Berman Socially Responsible		213,125
	T Rowe Price	PIEQX - T_ Rowe Price Int'l Equity Index		2,421,538
	T Rowe Price	PRFDX - T_ Rowe Price Equity-Income		-
	T Rowe Price	PRNEX - T_ Rowe Price New Era		-
	T Rowe Price	PRWAX - T_ Rowe Price New American Growth		11,034,380
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		807,582
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		2,072,292
	Vanguard	VFFVX - Vanguard Target Retirement 2055		710,891
	Vanguard	VFIFX - Vanguard Target Retirement 2050		2,676,738
	Vanguard	VFORX - Vanguard Target Retirement 2040		4,872,445
	Vanguard	VGELX - Vanguard Energy Admiral		1,339,517
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		1,921,188
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		4,350,422
	Vanguard	VINAX - Vanguard Industrial Index Admiral		4,096,563
	Vanguard	VITAX - Vanguard Information Technology Index Ad		5,928,474
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		88,090
	Vanguard	VMFXX - Vanguard Federal Money Market		19,095,346
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		3,718,791
	Vanguard	VSGBX - Vanguard Short-Term Fed		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		27,639,482
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		1,611,181
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		3,496,800
	Vanguard	VTHRX - Vanguard Target Retirement 2030		5,082,812
	Vanguard	VTINX - Vanguard Target Retirement Income		262,286
	Vanguard	VTIVX - Vanguard Target Retirement 2045		4,276,783
	Vanguard	VTSAK - Vanguard Total Stock Market Index Admira		46,900,958
	Vanguard	VTTHX - Vanguard Target Retirement 2035		5,429,972
	Vanguard	VTTSX - Vanguard Target Retirement 2060		708,895
	Vanguard	VTTVX - Vanguard Target Retirement 2025		6,197,772
	Vanguard	VTWNX - Vanguard Target Retirement 2020		2,800,238
	Vanguard	VTXVX - Vanguard Target Retirement 2015		330,211
	Wells Fargo	WFMIX - Wells Fargo Special Mid Cap Value Inst		1,891,522
	Participant Loan	4% to 6.50%		3,798,565

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

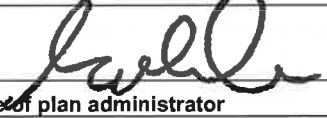
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **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
AUREON 401(K) SAVINGS PLAN**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan
04/01/1992**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)
AUREON HR, INC.**2b** Employer Identification Number (EIN)
42-1368750**2c** Plan Sponsor's telephone number
(800) 336-1931**2d** Business code (see instructions)
5416007760 OFFICE PLAZA DRIVE SOUTH
SUITE 100
WEST DES MOINESIA 50266**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		<u>10/18/19</u>	Melissa Ness
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 15,080
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 12,945 6a(2) 13,822 6b 0 6c 2,631 6d 16,453 6e 0 6f 16,453 6g 8,404 6h 72
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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