

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> 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 ☐ 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 <u>THE CONNECTME 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
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>MODERN HR, INC.</u> <u>9000 SUNSET BLVD</u> <u>SUITE 900</u> <u>WEST HOLLYWOOD, CA 90069</u>	1c Effective date of plan <u>01/01/2002</u>		
	2b Employer Identification Number (EIN) <u>81-0741257</u>		
	2c Plan Sponsor's telephone number <u>310-270-9851</u>		
	2d Business code (see instructions) <u>561300</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	GRACE DRULIAS
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 13235
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) 11587 6a(2) 9917 6b 19 6c 1552 6d 11488 6e 1 6f 11489 6g 4264 6h 66
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: 2T 2E 2G 2J 2K 3D 2F 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
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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)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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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 THE CONNECTME 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MODERN HR, INC.	D Employer Identification Number (EIN) 81-0741257

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	930040	4264	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 10117319**5** Current value of plan's interest under this contract in separate accounts at year end **5** 70127357**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION**b** Balance at the end of the previous year **7b** 9759396**c** Additions: (1) Contributions deposited during the year **7c(1)** 881193
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 127540
(4) Transferred from separate account **7c(4)** 1152744
(5) Other (specify below) **7c(5)** 352176

▶ STABLE FORFS, ADDITIONS TO FORFS, EBA ADDITIONS, LOAN PRINCIPAL AND INTEREST

(6) Total additions **7c(6)** 2513653**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 12273049**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 826136(2) Administration charge made by carrier **7e(2)** 16223(3) Transferred to separate account **7e(3)** 1002802(4) Other (specify below) **7e(4)** 310569

▶ LOANS ISSUED, ALLOCATED FORFS/ADV ER, OTHER EXPENSES

(5) Total deductions **7e(5)** 2155730**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 10117319

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan THE CONNECTME 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MODERN HR, INC.	D Employer Identification Number (EIN) 81-0741257	

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
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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 52 62 64 67	RECORDKEEPER	39720	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY-PLAN	54000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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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>THE CONNECTME 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MODERN HR, INC.</u>	D Employer Identification Number (EIN) <u>81-0741257</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BOND RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>39-0989781-100</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>673078</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY SMALL CAP VALUE IN</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>39-0989781-401</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>694248</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AMCAP RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>39-0989781-249</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3280824</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED INV OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>39-0989781-026</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3646456</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE INV</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>39-0989781-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1727683</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA MID CAP VALUE INV OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>39-0989781-397</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2042096</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA INFL-PROTECTED SEC PORTFOLIO RE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>39-0989781-526</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>286427</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED INSTITUTIONAL HIGH YIELD		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-575	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1279729
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DIVERSIFIED DIVIDEND RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-579	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1316568
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-082	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1156860
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-583	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2291414
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1242768
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN MID CAP GROWTH OPPORTUNITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-073	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1489753
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 933166
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1408208
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA U.S. BOND INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64508
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2020 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6778912

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2025 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6086636
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2030 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4006532
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6429551
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4427169
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2045 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4995480
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2050 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2496574
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2055 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1500630
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2060 RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-612	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 320882
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX RETIREM

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1220020
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-143	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 653120
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5038090
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD PACIFIC STOCK INDEX RET OP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 910540
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a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS BOND RET OP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.

c EIN-PN 39-0989781-614	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1729435
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 THE CONNECTME 401(K) PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 MODERN HR, INC.	D Employer Identification Number (EIN) 81-0741257

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	275244
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
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)	2396819	2492592
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	69588532	70127357
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	9759396	10117319
	(15) Other	1c(15)		

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	81744747	83012512

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	81744747	83012512
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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)	1163209	
(B) Participants	2a(1)(B)	9924581	
(C) Others (including rollovers)	2a(1)(C)	1116254	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12204044
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)	120961	
(F) Other	2b(1)(F)	129256	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		250217
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(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)		

		(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)		-5032294
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7421967

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12058705	
(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)		12058705
f Corrective distributions (see instructions)	2f		103251
g Certain deemed distributions of participant loans (see instructions)	2g		12891
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	54000	
(4) Other	2i(4)	39720	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		93720
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12268567

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4846600
l Transfers of assets:			
(1) To this plan.....	2l(1)		6114365
(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: WALTERS & SKLYAR LLP

(2) EIN: 47-5677171

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		500000
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)
SPIN-OFF TERMINATION PLAN FOR VIEWPOINTS RESEARCH INSTITUTE	95-4875805	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>THE CONNECTME 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MODERN HR, INC.</u>	D Employer Identification Number (EIN) <u>81-0741257</u>

Part I	Distributions
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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	<u>0</u>
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>13-3689044</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.)
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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):

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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Walters & Sklyar LLP

Independent Auditors' Report

To the Plan Administrator and Participants of
The CONNECTME 401(k) Plan
Los Angeles, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The CONNECTME 401(k) Plan, formerly CPE HR Multiple Employer 401(k) Plan, (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 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 5, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Walters & Sklyar LLP

Woodland Hills, California

October 11, 2019

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
ASSETS:		
Investments, participant-directed:		
At contract value:		
Stable value fund	\$ 10,297,819	\$ 9,759,396
At fair value:		
Pooled separate accounts	<u>70,380,079</u>	<u>69,588,532</u>
Total investments, participant-directed	<u>80,677,898</u>	<u>79,347,928</u>
Receivables:		
Notes receivable from participants	2,492,592	2,396,819
Employer contributions	<u>275,244</u>	<u>-</u>
Total receivables	<u>2,767,836</u>	<u>2,396,819</u>
Total assets	<u>83,445,734</u>	<u>81,744,747</u>
LIABILITIES:		
Corrective distributions payable	<u>518,848</u>	<u>591,124</u>
Total liabilities	<u>518,848</u>	<u>591,124</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>82,926,886</u>	\$ <u>81,153,623</u>

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

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2018

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Interest \$ 129,256

Total investment income 129,256

Interest income on notes receivable from participants 120,961

Contributions:

Employers 1,163,209

Participants 9,924,581

Rollovers 1,116,254

Total contributions 12,204,044

Total additions 12,454,261

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Net change in fair value of investments 5,051,396

Benefits paid to participants 11,935,239

Corrective distributions 605,896

Certain deemed distributions of notes receivable from participants 12,891

Administrative expenses 95,741

Total deductions 17,701,163

TRANSFERS OF ASSETS:

Transfers to the plan, net 7,020,165

Total transfers of assets 7,020,165

Net change 1,773,263

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 81,153,623

End of year \$ 82,926,886

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

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of The CONNECTME 401(k) Plan (the Plan), formerly CPE HR Multiple Employer 401(k) Plan, provides only general information. For a more complete description of the Plan's provisions, refer to the agreement governing the Plan (the Plan Agreement) and the individual employer adoption and acceptance agreements (the Adoption Agreements).

General

The Plan is a multiple employer defined contribution plan administered by CPE HR, Inc. for the benefit of the employees of the participating employers (the Participating Employers) that are covered by the agreements between the Participating Employers and CPE HR, Inc., as defined by the Plan Agreement. Effective January 1, 2016, CPE HR, Inc. was restructured, and as a result, Modern HR, Inc. became the new plan administrator. Each employer participating in the Plan signs an individual Adoption Agreement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC), and has been amended at various dates through December 31, 2018 to comply with applicable laws and regulations.

Plan Administration

The Plan is administered by Modern HR, Inc., and Massachusetts Fidelity Trust Company is the Trustee of the Plan. The Plan's custodian, Transamerica Life Insurance Company (Transamerica), is responsible for the recordkeeping, custody, and management of the Plan's assets. Transamerica invests cash received, interest, and dividend income, and makes distributions to participants. Transamerica also administers the payment of interest and principal on the notes receivable from participants.

Contributions

Employees are eligible to participate in the Plan after meeting age and service requirements of the individual Adoption Agreements. Participants may elect to defer their compensation as employee savings contribution, subject to respective Adoption Agreements and the IRC limitations. Plan participants over age 50 may defer catch-up contributions, subject to the IRC limitations. Participants may also contribute rollovers representing distributions from other qualified plans into the Plan.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Contributions – Continued

Participating Employers may make contributions to the Plan on behalf of eligible participants in accordance with the individual Adoption Agreements. Net Participating Employers' contributions to the Plan for the year ended December 31, 2018 amounted to \$1,163,209.

Participants direct the investment of their contributions and their share of their employer's contributions into various investment options offered by the Plan. The Plan currently offers pooled separate accounts and a stable value fund as investment options for participants.

Vesting

Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Employer contributions allocated to participants' accounts vest based upon years of continuous service as defined by the Plan Agreement and the respective Adoption Agreements.

Participant Accounts

Separate accounts are maintained for each participant, which are adjusted to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses.

Notes Receivable from Participants

Participants are permitted to borrow from their fund accounts as defined by the Adoption Agreements, subject to certain limitations. All notes receivable are adequately secured by the participant's account balance, bear interest as defined by the Adoption Agreements, and generally repaid on an installment basis through payroll deductions over a period not to exceed five years, except when borrowed funds are used to acquire a principal residence.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, the participant or participant's beneficiary will receive a lump-sum payment. The Plan's normal retirement age is defined by the Plan Agreement and the Adoption Agreements.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Payment of Benefits – Continued

If the vested account balance is \$5,000 or less, the entire balance will be paid out. For mandatory distributions in excess of \$1,000, the participant may elect to either directly transfer the vested account balance to an Independent Retirement Account (IRA) or another qualified plan or receive the vested benefits in a lump-sum payment. If no election is made, vested benefits are transferred to a separate IRA established by the Plan.

Forfeitures

Forfeitures of the unvested balance of terminated participants' accounts are used to pay Plan expenses and/or reduce contributions by the Participating Employers. Forfeitures used to reduce Participating Employers' plan expenses and contributions amounted to \$524 and \$14,703, respectively, during the year ended December 31, 2018. As of December 31, 2018 and 2017, unallocated forfeitures amounted to \$133,604 and \$142,039, respectively.

Administrative Expenses

All reasonable expenses related to Plan administration are paid from the Plan assets, except to the extent the expenses are paid by Modern HR, Inc.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements, and the reported amounts of additions and deductions during the reporting period. The most important of these estimates and assumptions relate to fair value measurements of the Plan's investments. These and other estimates and assumptions are based on the best available information but actual results could be materially different from those estimates.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Valuation of Investments

With the exception of stable value fund, investments held by the Plan are stated at fair value.

The Plan assets invested in pooled separate accounts are stated at fair values, which are determined based on the fair value of the underlying investments (cash and cash equivalents, stocks, bonds). Pooled separate accounts have the characteristics of a structure similar to a mutual fund; therefore, as clarified by Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-10, *Technical Corrections and Improvements*, its value is considered readily determinable as each account publishes a daily price at the end of each day. There are no imposed redemption or liquidation restrictions on participants, and the Plan has no further contractual obligations to further invest in these accounts. As such, the investments in pooled separate accounts are classified in Level 2 of the fair value hierarchy.

The Plan's investment in stable value fund, which is considered to be fully benefit-responsive, is required to be reported at contract value because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less plan withdrawals and administrative expenses.

Stable Value Fund

The Plan has entered into a traditional group annuity contract with Transamerica through the Stable Value Fund. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their account balances at contract value. Thus, the investment contract is considered fully benefit-responsive, as defined by GAAP.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Stable Value Fund – Continued

Transamerica maintains the contributions and invests them in Transamerica's general account. This investment seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and with no set maturity. The effective credited interest rate is set monthly and effective on the first day of the month. Contract charges may reduce this return. There are no reserves against contract value for credit risk of Transamerica or otherwise.

During the years ended December 31, 2018 and 2017, crediting interest rates for the Stable Value Fund were as follows:

	<u>2018</u>	<u>2017</u>
Minimum Rate	1.25%	1.15%
Average Rate	1.33%	1.15%
Closing Rate	1.40%	1.15%

Certain events limit the ability of the Plan to transact at contract value with Transamerica. Such events include the following: (1) the Plan is changed so as to significantly affect Transamerica's obligations to the contract, (2) the contract can no longer be treated as a pension plan contract, (3) the Plan is terminated, (4) failure to comply with the contract requirements, (5) failure to provide information, (6) the sum of the contract account values at any time equals \$20,000 or less, or (7) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned.

Recognition of Income

Sales and purchases are accounted for on a trade date basis, and interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Net Change in Fair Value of Investments

Net change in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year.

Payment of Benefits

Benefit payments to participants are recorded when paid. There were no amounts allocated to accounts of participants who have terminated their participation in the Plan as a component of net assets available for benefits at December 31, 2018. The amounts allocated to accounts of participants who have terminated their participation in the Plan as a component of net assets available for benefits at December 31, 2017 were \$48,427.

Recent Accounting Pronouncements

In the normal course of business, the Plan evaluates all new accounting pronouncements to determine the potential impact they may have on its financial statements. Based upon this review, the Plan does not expect any of the recently issued accounting pronouncements, which have not already been adopted by the Plan, to have a material impact on its financial statements.

Subsequent Events

In accordance with GAAP, events occurring between December 31, 2018 and October 11, 2019 (the date these financial statements were available to be issued) were evaluated, and no material subsequent events that required recognition in these financial statements were noted.

NOTE 3 - INCOME TAX STATUS

Modern HR, Inc. has adopted a volume submitter plan with cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service (IRS), stating that the form of the underlying volume submitter document is qualified under Section 401 of the IRC, and that any employer adopting this form of the plan will be considered to have a plan qualified under Section 401(a) of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The plan administrator believes that the Plan operates in accordance with applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INCOME TAX STATUS – CONTINUED

In accordance with GAAP, the Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2018, there were no uncertain positions taken or expected to be taken. As a result, the Plan has recognized no interest or penalties related to uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, Modern HR, Inc. has the right under the Plan document to amend or terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested for any portion of their accounts not fully vested previously.

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN’S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian of the Plan has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018, and the related investment activity reflected in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2018.

Completeness and accuracy of investments and related investment activity as of and for the year ended December 31, 2018 certified by the custodian of the Plan is as follows:

	<u>2018</u>
Investments:	
Stable Value Fund	\$ 10,297,819
Pooled Separate Accounts	\$ 70,380,079
Investment income:	
Net change in fair value of investments	\$ (5,051,396)
Interest income	\$ 129,256

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date (an exit price). The fair value hierarchy prioritized the inputs to valuation techniques used to measure fair value into three levels, with the highest priority given to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority given to unobservable inputs (Level 3). The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one level to another. In such instances, the transfer is reported at the end of the reporting period. There have been no transfers from one level to another during the years ended December 31, 2018 and 2017.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2018 and 2017:

Fair Value Measurement at December 31, 2018				
<u>Using Input Type</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled separate accounts	\$ <u>70,380,079</u>	\$ <u>-</u>	\$ <u>70,380,079</u>	\$ <u>-</u>
Total investments at fair value	\$ <u>70,380,079</u>	\$ <u>-</u>	\$ <u>70,380,079</u>	\$ <u>-</u>

Fair Value Measurement at December 31, 2017				
<u>Using Input Type</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled separate accounts	\$ <u>69,588,532</u>	\$ <u>-</u>	\$ <u>69,588,532</u>	\$ <u>-</u>
Total investments at fair value	\$ <u>69,588,532</u>	\$ <u>-</u>	\$ <u>69,588,532</u>	\$ <u>-</u>

NOTE 7 - PARTY-IN-INTEREST

Plan investments are managed by Transamerica, the custodian, as defined by the Plan. Therefore, these transactions qualify as party-in-interest and are denoted as such on the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018. However, these party-in-interest transactions are exempt pursuant to ERISA regulations.

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - CORRECTIVE DISTRIBUTIONS

The Plan failed to pass certain required nondiscrimination tests for the 2018 and 2017 Plan years. In order to correct these testing failures, federal law generally requires that corrective action be completed no later than the end of the following year to avoid Plan disqualification. The corrective distributions payable of \$518,848 and \$591,124 as of December 31, 2018 and 2017, respectively, were paid subsequent to the year ends.

Considering the remedial actions taken pursuant to the provisions of the Plan document, management believes that the failed nondiscrimination testing will not affect the tax-exempt status of the Plan.

NOTE 9 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

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

	<u>2018</u>	<u>2017</u>
Net assets available for benefits per the financial statements	\$ 82,926,886	\$ 81,153,623
Less: terminated plan's assets (Note 10)	(433,222)	-
Plus: corrective distributions payable	<u>518,848</u>	<u>591,124</u>
Net assets available for benefits per the Form 5500	\$ <u>83,012,512</u>	\$ <u>81,744,747</u>

The following is a reconciliation of net change in net assets available for benefits for the year ended December 31, 2018 reflected on the financial statements to the Form 5500:

Net change in net assets available for benefits per the financial statements		\$ 1,773,263
Terminated plan activity for the period from June 1, 2108 to December 31, 2018 (Note 10):		
Add: benefits paid to participants	\$ 326,123	
Add: administrative expenses	2,021	
Add: net change in fair value of investments	19,102	
Less: transfers to the plan	\$ <u>(780,468)</u>	
		(433,222)

**THE CONNECTME 401(k) PLAN
(FORMERLY CPE HR MULTIPLE EMPLOYER 401(k) PLAN)**

NOTES TO FINANCIAL STATEMENTS

**NOTE 9 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500 -
CONTINUED**

Add: corrective distributions payable at December 31, 2018	518,848
Less: corrective distributions payable at December 31, 2017	<u>(591,124)</u>
Net change in net assets available for benefits per the Form 5500	\$ <u><u>1,267,765</u></u>

NOTE 10 - TERMINATED PARTICIPATING EMPLOYER

Effective as of December 31, 2017, a participating employer elected to terminate its participation in the Plan and distribute account balances to participants, with such account balances being 100% vested immediately. The prescribed termination process was completed as of May 31, 2018, and the account balances became eligible for distribution as of June 1, 2018. As of December 31, 2018, the distributions of the account balances to the affected participants were not yet completed, and plan assets remaining in the Plan amounted to \$433,222.

In accordance with the rules for withdrawal from plan participation, the plan assets of the terminated plan are included in the total assets of the Plan and are managed by Transamerica until fully distributed. Therefore, the accompanying financial statements include the terminated participating employer's plan assets as of December 31, 2018 and its respective share of the Plan activity for the year ended December 31, 2018. However, a separate Form 5500 was prepared for the terminated plan, which includes the participating employer's share of the Plan activity for the period from June 1, 2018 to December 31, 2018 and the respective account balances as of December 31, 2018. The terminated participating employer's share of the Plan activity for the period from January 1, 2018 to May 31, 2018 is included in the Plan's Form 5500 for 2018.

See Note 9 for the reconciliation of the financial statements to the Plan's Form 5500, which excludes the terminated plan's assets at December 31, 2018 and the terminated plan's activity for the period from June 1, 2018 to December 31, 2018.

THE CONNECTME 401(k) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Transamerica	Stable Value Fund – 514,516 units	**	\$ <u>10,297,819</u>
*	Transamerica	<i>Pooled Separate Accounts:</i>		
		AEGON Bond Ret Opt – 20,170 units	**	673,078
		American Century Sml Cap Val – 10,206 units	**	694,248
		American Funds AMCAP – 31,371 units	**	3,280,824
		American Funds Balanced – 47,736 units	**	3,730,069
		American Funds New Pers – 15,921 units	**	1,749,881
		Columbia Mid Cap Value – 5,842 units	**	2,042,117
		DFA Infl-Protected Sec – 19,849 units	**	286,426
		Federated Institutional HY Bond – 98,470 units	**	1,279,729
		Invesco Diversified Dividend – 75,690 units	**	1,342,943
		Ivy Science & Technology – 11,988 units	**	1,220,192
		JPMorgan Government Securities – 34,050 units	**	1,242,768
		Janus Henderson Triton Ret Opt – 108,099 units	**	2,291,414
		Nuveen Mid Cap Growth Opp – 25,512 units	**	1,489,753
		SSgA Russell Small Cap Index – 21,110 units	**	933,166
		SSgA S&P Mid Cap Index – 24,159 units	**	1,429,933
		SSgA U.S. Bond Index – 2,806 units	**	64,508
		TA BlackRock Lifep Indx 2020 – 375,267 units	**	6,778,912
		TA BlackRock Lifep Indx 2025 – 273,967 units	**	6,086,634
		TA BlackRock Lifep Indx 2030 – 215,760 units	**	4,006,532
		TA BlackRock Lifep Indx 2035 – 268,320 units	**	6,429,550
		TA BlackRock Lifep Indx 2040 – 230,214 units	**	4,427,169
		TA BlackRock Lifep Indx 2045 – 197,897 units	**	4,995,480
		TA BlackRock Lifep Indx 2050 – 129,815 units	**	2,509,071
		TA BlackRock Lifep Indx 2055 – 93,495 units	**	1,500,630
		TA BlackRock Lifep Indx 2060 – 19,958 units	**	320,882
		TA BlackRock Lifep Indx Ret – 66,377 units	**	1,220,020
		Templeton Foreign Ret Opt – 14,328 units	**	653,120
		Transamerica Partners Stock Indx – 63,754 units	**	5,061,069
		Vanguard Pacific Stock Indx – 57,413 units	**	910,540
		Western Asset Core Plus Bond – 148,476 units	**	<u>1,729,421</u>
				<u>70,380,079</u>
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.25%, maturing through April 2047	-	<u>2,492,592</u>
				<u>\$ 83,170,490</u>
*	Party-in-interest as defined by ERISA			
**	Cost information is omitted for participant-directed investments			

See accompanying independent auditors' report.

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Modern HR Inc.
Contract Number: 930040
Employer Identification Number: 81-0741257
Plan Identification Number: 002
Plan Year End: December 31, 2018

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Modern HR Inc.	81-0741257	0.00%
Financial Independence Co.	25-4159535	0.00%
Kanengiser & Pullen M.D.	12-1415151	0.00%
Punch Studio LLC	14-5315415	7.27%
Snyder Diamond	12-1511511	2.76%
Skilled Nursing Pharmacy Inc.	11-1215451	13.00%
Stephen G. Rothman M.D.	12-1215151	0.11%
Administrative Services Cooperative Inc.	95-4405218	0.51%
Homes For Life Foundation	33-0248725	1.50%
Complete PT/ISI	95-4759605	0.27%
Ideal Living Management LLC	27-4532246	2.23%
S&F Management Company LLC	20-4696790	15.98%
Sutter General Engineering	95-4309223	0.00%
Ruth A. Hamad MD	95-7808224	0.00%
South County Medical Associates	33-0838746	0.00%
Garry L. Regier O.D.	95-4800164	0.07%
Hadassah Southern California	95-1622480	0.00%
Komar Investments	95-4585861	2.03%
Lorinser North America LLC	20-3155529	0.00%
Downtown Insurance Agency	93-1048265	0.11%
Rental Advantage Inc.	20-2435166	0.00%
Logomark Inc.	33-0524494	4.12%
Image Metrics Inc.	20-3918119	0.04%
Viewpoints Research Institute	95-4875805	0.00%
Institute of California LLC	20-3690481	0.00%
Regent West Corp.	01-0835158	1.82%
Windsor Norcal 13 Holdings LLC	02-4748410	8.00%
Causeforce Inc.	11-3662121	0.88%
Physicians Choice LLC	95-4758901	0.56%
Visual Unrest Apparel Design Group Inc.	33-0901558	0.00%
ABC Recovery Center Inc.	75-1006381	0.79%
Barbot Equities Inc. dba Barbot Insurance Services	72-1519438	0.72%
Auto Pacific Inc.	33-0208512	0.75%
Generation Power	26-4612689	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Mitchell Management LLC	95-3960344	0.00%
GHP Management Corporation	26-4198921	0.14%
All Saints USA LTD	98-0621566	0.56%
Faris Lee Investments Inc.	33-0685599	1.15%
Evy of California Inc.	95-2295981	0.00%
Geodelic Systems Inc.	26-2308218	0.00%
Tikvah-Etta & Lazear Israel Center For The Developmentally Disabled	95-4308644	0.29%
Anacor Compliance Services Inc.	26-3117344	0.00%
National Council of Jewish Women Los Angeles Section	25-1641433	1.21%
Kibel Green Inc.	95-4092091	0.48%
Qualified Billing & Collection LLC	26-4648067	0.47%
Faceware Technologies Inc.	45-4203321	0.04%
Allied Wallet Inc.	51-0582823	0.78%
Alperstein Simon Farkas Gillin & Scott LLP	95-4785555	1.03%
Twin Med LLC	20-0725693	8.07%
System Technical Support Corporation	95-4602953	0.65%
Lodging Investors Holdings LLC	27-4517538	0.00%
New Horizons: Serving Individuals with Special Needs	95-1862084	3.01%
Lotus Media LLC	46-2079077	0.00%
Echo Lake Management LLC	27-2174367	0.08%
The Kooples Bloom Inc.	45-5608681	0.22%
HELIAS LLC	20-8082616	0.18%
Memory Check Psychological Services	33-0958228	0.00%
Pension Assurance LLP	30-0840934	0.93%
Impact Teen Drivers	26-0595165	0.32%
Harris Stationers dba Harris Office Products	95-1875928	0.50%
Suit Supply USA Inc	33-1220338	1.43%
One Stop Parts Source LLC	46-3190296	0.00%
Davis Entertainment Co.	95-2987039	0.18%
6th Street Consulting	46-0487081	0.36%
Westside Childrens Center	95-4117747	1.42%
MW Law Corporation	47-3864413	0.64%
WNMS Communities LLC	81-5013455	0.30%
Intergro Resources Inc.	33-0950197	11.78%
YES Investments LLC	61-1848837	0.20%
Docler Media LLC	45-1472704	0.06%
GP Tech Services LLC.	47-4019829	0.00%
Men's Health Foundation	47-0989142	0.00%
Anthony Martin Mills M.D. Inc.	95-4091490	0.00%
ba&sh America Corporation	35-2582745	0.00%

The CONNECTME 401(k) Plan
EIN No.: 81-0741257, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2018

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Life Insurance Co.	Transamerica Stable Value Option	\$ 10,117,319
	Transamerica Life Insurance Co.	AEGON Bond Ret Opt	\$ 673,078
	Transamerica Life Insurance Co.	American Century Small Cap Value Inv Opt	\$ 694,248
	Transamerica Life Insurance Co.	American Funds AMCAP Ret Opt	\$ 3,280,824
	Transamerica Life Insurance Co.	American Funds Balanced Inv Opt	\$ 3,646,456
	Transamerica Life Insurance Co.	American Funds New Perspective Inv Opt	\$ 1,727,683
	Transamerica Life Insurance Co.	Columbia Mid Cap Value Inv Opt	\$ 2,042,096
	Transamerica Life Insurance Co.	DFA Inflation-Protected Securities Portfolio Ret Opt	\$ 286,427
	Transamerica Life Insurance Co.	Federated Instl High Yield Bond Ret Opt	\$ 1,279,729
	Transamerica Life Insurance Co.	Invesco Diversified Dividend Ret Opt	\$ 1,316,568
	Transamerica Life Insurance Co.	Ivy Science & Technology Inv Opt	\$ 1,156,860
	Transamerica Life Insurance Co.	Janus Henderson Triton Ret Opt	\$ 2,291,414
	Transamerica Life Insurance Co.	JPMorgan Government Securities Ret Opt	\$ 1,242,769
	Transamerica Life Insurance Co.	Nuveen Mid Cap Growth Opportunities Ret Opt	\$ 1,489,753
	Transamerica Life Insurance Co.	State Street Russell Small Cap Index Ret Opt	\$ 933,166
	Transamerica Life Insurance Co.	State Street S&P Mid Cap Index Ret Opt	\$ 1,408,208
	Transamerica Life Insurance Co.	State Street U.S. Bond Index Ret Opt	\$ 64,508
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2020 Ret Opt	\$ 6,778,912
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2025 Ret Opt	\$ 6,086,636
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2030 Ret Opt	\$ 4,006,532
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2035 Ret Opt	\$ 6,429,551
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2040 Ret Opt	\$ 4,427,169
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2045 Ret Opt	\$ 4,995,480
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2050 Ret Opt	\$ 2,496,574
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2055 Ret Opt	\$ 1,500,630
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index 2060 Ret Opt	\$ 320,882
	Transamerica Life Insurance Co.	TA BlackRock Lifepath Index Retirement Ret Opt	\$ 1,220,020
	Transamerica Life Insurance Co.	Templeton Foreign Ret Opt	\$ 653,120
	Transamerica Life Insurance Co.	Transamerica Partners Stock Index Ret Opt	\$ 5,038,090
	Transamerica Life Insurance Co.	TA Vanguard Pacific Stock Index Ret Opt	\$ 910,540
	Transamerica Life Insurance Co.	Western Asset Core Plus Bond Ret Opt	\$ 1,729,435
		Separate Accounts Total	\$ 70,127,357
*	Participants	Notes Receivable with interest rates of 4.25% to 6.25%	\$ 2,492,592
		TOTAL PLAN ASSETS	\$ 82,737,268

* Indicates Party-In-Interest to the Plan