Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IMPACT TECH INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
IMPACT RADIUS

223 EAST DE LA GUERRA STREET
SANTA BARBARA, CA 93101

2b Employer Identification Number (EIN)
26-1120226

2c Plan Sponsor's telephone number
805-966-2300

2d Business code (see instructions)
812990

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.	10/16/2019	TARA NIELSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name IMPACT RADIUS	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	195
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	140
a(2) Total number of active participants at the end of the plan year	**6a(2)**	184
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	59
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	243
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	243
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	217
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
IMPACT TECH INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IMPACT RADIUS

D Employer Identification Number (EIN)
26-1120226

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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	RECORDKEEPER	13226	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 ☐

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
IMPACT TECH INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IMPACT RADIUS

D Employer Identification Number (EIN)
26-1120226

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14466	31684
(2) Participant contributions	1b(2)	42193	45730
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6827	82831
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	15398	23528
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2199128	2995014
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2278012	3178787
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2278012	3178787

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)	422989	
	(B) Participants	2a(1)(B)	867947	
	(C) Others (including rollovers)	2a(1)(C)	38934	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1329870
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	393	
	(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)	999	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1392
	(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)	75262	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		75262
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-322837
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1083687
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	149144	
(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)		149144
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	33768	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33768
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		182912
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		900775
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: NASIF, HICKS, HARRIS & CO., LLP **(2)** EIN: 77-0181453

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
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			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
IMPACT TECH INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IMPACT RADIUS

D Employer Identification Number (EIN)
26-1120226

Part I Distributions

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

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

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

EIN(s): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IMPACT RADIUS
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

Nasif, Hicks, Harris & Co., LLP
CERTIFIED PUBLIC ACCOUNTANTS
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Joseph G. Bishop
Rachelle O. Barnier
Elena Mund

October 7, 2019

Independent Auditors' Report

To the Trustee and Plan Administrator of the
Impact Radius 401(k) Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Impact Radius 401(k) Profit Sharing Plan ("the Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017, 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 misstatements, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 6, which was certified by Mid Atlantic Trust Company ("the Custodian"), except for comparing the information with the related information included in the financial statements. We have been informed by Paychex, Inc. ("the Plan Administrator") that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained 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 of Form 5500- Schedule H, Line 4i - Supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2018, is required by the Department of Labor's (DOL) 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 this supplemental schedule.

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 trustee, 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.



Nasif, Hicks, Harris & Co., LLP

IMPACT RADIUS
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31,

	2018	2017
ASSETS		
Investments:		
Mutual funds	$ 2,995,014	$ 2,199,128
Total Investments at Fair Value	2,995,014	2,199,128
Interest bearing cash	82,831	6,827
Participant notes receivable	23,528	15,398
Employer contribution receivable	31,684	14,466
Participant contribution receivable	45,730	42,193
TOTAL ASSETS	**3,178,787**	**2,278,012**
Net Assets Available for Benefits	**$ 3,178,787**	**$ 2,278,012**

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

IMPACT RADIUS
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31,

		2018
ADDITIONS:		
Investment Income:		
Interest income	$	999
Dividend income		75,655
Total Investment Income		76,654
Contributions:		
Participants		867,947
Employer		422,989
Rollovers and other		38,934
Total Contributions		1,329,870
TOTAL ADDITIONS		**1,406,524**
DEDUCTIONS:		
Investment Loss:		
Net decrease in fair value of investments		322,837
Total Investment Loss		322,837
Distributions and Other Expenses:		
Benefits paid to participants including deemed distributions of participant loan balances		149,144
Plan expenses		33,768
Total Distributions and Other Expenses		182,912
TOTAL DEDUCTIONS		**505,749**
Net Increase		900,775
Net Assets Available for Benefits:		
Beginning of Year		2,278,012
End of Year	**$**	**3,178,787**

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

Note 1: Description of Plan

The following description of the Impact Radius 401 (k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the adoption agreement and the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan with 401(k) provisions for eligible employees. The Plan is a single employer plan naming Impact Radius as the Plan sponsor (the "Employer").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA Section 404(c)).

Contributions

Active participants may elect to contribute up to a maximum of $18,500 during the 2018 calendar year. Total contributions to a participant's account in a given plan year may not exceed 92% of the participant's compensation for the Plan year. Individuals who are at least 50 years of age are permitted to make "catch-up" contributions. In 2018, the maximum catch-up contribution to a 401(k) was $6,000. Such contributions are excludable from the participant's taxable income for federal income tax purposes until received as a withdrawal or distribution from the Plan. A participant may elect to increase or decrease the amount of their salary deferral at any time; the election will take effect in the pay period in which the change in deferral was made.

Each pay period, the Employer makes a matching contribution to each participant's account equal to 100% of the first 3% of contributions and an additional 50% for deferrals between 4%-5%. The Employer made $422,989 of matching contributions for the year ended December 31, 2018.

Rollover Contributions

If a participant receives an eligible rollover distribution from another qualified retirement plan, the participant may, with approval from Paychex, Inc. ("the Plan Administrator"), rollover any portion of that distribution to the Plan, either directly or within 60 days after they receive it. The Plan accepted $38,934 in rollover contributions for the year ended December 31, 2018.

Note 1: Description of Plan - continued

Investment Elections

Participants may direct that salary deferral contributions be invested in one or more of the mutual funds offered by Mid Atlantic Trust Company ("the Custodian"). A participant may transfer funds from one investment option to another and obtain information about their account directly with the Custodian. In addition, the Custodian allows the participant to obtain information about their accounts through the Participant Services Center on the Custodian's website.

Eligibility and Vesting

Employees become eligible for the Plan when they have completed 90 days of service and are at least 21 years old, at which point the employees may make Participant Elective Contributions. Employees become eligible for Employer matching contributions and Discretionary Profit Sharing Contributions after one year of service. Entry dates to the Plan are the first day of each month.

Participants' contributions are always fully vested. The Employer matching contributions and the Discretionary Profit Sharing Contributions to each participant's account are subject to vesting requirements according to the following schedule:

Completed Years of Service	Percentage of Employer Contribution Vested
Less than 1	25%
1	50%
2	75%
3 or more	100%

In the event of death or upon plan termination, participants also become fully vested in Employer matching contributions and Discretionary Profit Sharing Contributions if employed by the Plan sponsor.

Note 1: Description of Plan - continued

Participant Accounts

Each participant's account is credited with their Participant Elective Contribution, their respective Employer matching contributions, an allocation of their respective Discretionary Profit Sharing Contributions and plan earnings. Allocations of investment earnings are based on participant account balances or participant earnings, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. At December 31, 2018 and 2017, there were 217 and 161 participants with assets in the Plan, respectively.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1-5 years or may exceed 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Custodian. The interest rate will be determined from time to time by the Plan Administrator with the intention of providing the Plan with a return commensurate with the interest rates charged by a person in the business of lending money for loans, which would be made under similar circumstances. The interest rates are the prime rate of interest charged by banks as published in the Wall Street Journal as of the last day of the preceding calendar quarter, plus 1%. The rate of interest will be constant throughout the term of the loan. Principal and interest are paid ratably through semi-monthly payroll deductions.

Participant notes receivable are valued at amortized cost.

Payments of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Accounts balances with less than $5,000 will automatically receive a lump-sum distribution.

Note 1: Description of Plan - continued

Payments of Benefits - continued

Amounts contributed through salary/wage reductions may be withdrawn by, or distributed to, a participant only upon (1) termination of employment, (2) attaining the age of 59 ½, (3) death or (4) disability. Upon proof, to the satisfaction of the Plan Administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for a hardship purpose. Certain income tax penalties apply to withdrawals or distributions prior to age 59½.

Forfeitures

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents forfeiture. Forfeitures are utilized to pay plan expenses for the Plan year, and after that they are distributed to the participants on a pro-rata basis. Forfeitures distributed to participants were $2,401 for the year ended December 31, 2018.

Termination of Plan

Although the Employer has not expressed any intent to do so, it reserves the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, all amounts credited to a participant's account become 100% vested.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis method of accounting, which is in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition

Mutual funds are stated at market value based on quoted market prices for similar assets. (Please see Note 5.) Participant notes receivable are valued at amortized cost. The aggregate change between years in the market value of investments (net unrealized appreciation or depreciation) is included in investment income.

Note 2: Summary of Significant Accounting Policies - continued

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Trustee to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded as deductions when paid.

Note 3: Income Tax Status

The Plan obtained its latest determination letter dated October 31, 2011 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits of any tax periods in progress.

Note 4: Investment Information

Investments consist of mutual funds.

During the year ended December 31, 2018, Plan investments in mutual funds, including investments bought, sold, and held during the year, decreased in value by $322,837.

Note 5: Fair Value Measurements of Investments

U.S. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. U.S. GAAP also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets, which are unadjusted and accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices for identical assets and liabilities in markets that are not active, quoted prices for similar assets and liabilities in active markets or financial instruments for which significant inputs are observable, either directly or indirectly; and

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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. The valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

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

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Fair Value
Mutual funds	$ 2,995,014	$ -	$ -	$ 2,995,014
Total	$ 2,995,014	$ -	$ -	$ 2,995,014

Note 5: Fair Value Measurements of Investments - continued

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Fair Value
Mutual Funds	$ 2,199,128	$ -	$ -	$ 2,199,128
Total	$ 2,199,128	$ -	$ -	$ 2,199,128

The following is a description of the valuation methodologies used for assets measured at fair value:

Position	Valuation Technique
Registered Investment Companies (mutual funds) Level 1:	Registered investment companies (or mutual funds) are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 6: Certification of Investment Information by Custodian

The following is a summary of the Plan's financial information and data certified by the Custodian as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	December 31, 2018	2017
Assets		
Total investments	$ 2,995,014	$ 2,199,128

	December 31, 2018
Investment Income:	
Interest income	$ 999
Dividend income	75,655
Net Investment Loss	$ 76,654

	December 31, 2018
Investment Loss	
Net decrease in fair value of investments	$ (322,837)
Net Investment Loss	$ (322,837)

Note 7: Parties-In-Interest

The shareholder, officers, and board members of Impact Radius are participants in the Plan. The members and their relatives qualify as parties-in-interest. The Plan Custodian, Mid-Atlantic Trust Company, and Plan administrator, Paychex, Inc. are also parties-in-interest.

Note 9: Benefit Obligation

Included in net assets available for benefits are amounts allocated to individuals who have elected to withdraw from the plan but have not been paid. Plan assets allocated to these participants were $22,534 at December 31, 2018.

Note 10: Subsequent Events

The Plan has evaluated subsequent events through October 7, 2019, the date which the financial statements were available to be issued.

Subsequent to year end, the Plan discovered errors in vesting and forfeiture calculations. As a result, many participants vested percentage in employer matching contributions increased. In addition, during 2018 certain participants received distributions that did not include total vested employer matching amounts. To correct this error, the Plan has accrued a liability due to those participants and a receivable due from the Plan sponsor.

SUPPLEMENTAL SCHEDULE

IMPACT RADIUS
401(k) PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H, LINE 4i
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EMPLOYER I.D. #: 26-1120226 PLAN #: 001
AS OF DECEMBER 31, 2018

(a)	(b) Borrower, Lessor, or Similar Party	(c) Description of Investment - Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Treasury Money Market Fund Investor Shares	Mutual Fund	**	$ 82,833
	DFA U.S. Core Equity II Portfolio Institutional Class	Mutual Fund	**	109,559
	DFA U.S. Core Equity 1 Portfolio Institutional Class	Mutual Fund	**	116,444
	DFA Global Equity Portfolio Institutional Class	Mutual Fund	**	21,914
	Nuveen Preferred Securities & Income Fund Class A	Mutual Fund	**	5,047
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual Fund	**	386,996
	DFA International Core Equity Portfolio Institutional Class	Mutual Fund	**	49,928
	DFA Emerging Markets Core Equity Portfolio Institutional Class	Mutual Fund	**	50,718
	DFA Global Real Estate Securities Portfolio	Mutual Fund	**	49,695
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	**	59,997
	Fidelity Floating Rate High Income ***	Mutual Fund	**	10,233
	PIMCO Income Fund Class A	Mutual Fund	**	-
	PIMCO Income Fund Institutional Class	Mutual Fund	**	20,489
	PIMCO High Yield Fund Class P	Mutual Fund	**	26,685
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	**	24,168
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual Fund	**	9,926
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Mutual Fund	**	7,784
	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	Mutual Fund	**	20,756
	Vanguard Short-Term Investment-Grade Fund Admiral Shares	Mutual Fund	**	3,648
	Vanguard Target Retirement Income Fund Investor Shares ***	Mutual Fund	**	79,480
	Vanguard Target Retirement 2015 Fund Investor Shares ***	Mutual Fund	**	27,643
	Vanguard Target Retirement 2025 Fund Investor Shares ***	Mutual Fund	**	2,713
	Vanguard Target Retirement 2035 Fund Investor Shares ***	Mutual Fund	**	70,622
	Vanguard Target Retirement 2045 Fund Investor Shares ***	Mutual Fund	**	499,162
	Vanguard Target Retirement 2065 Fund Investor Shares	Mutual Fund	**	9,547
	Vanguard Target Retirement 2020 Fund Investor Shares ***	Mutual Fund	**	30,203
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	72,061
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Fund	**	251,241
	Vanguard Target Retirement 2050 Fund Investor Shares ***	Mutual Fund	**	596,740
	Vanguard Target Retirement 2040 Fund Investor Shares ***	Mutual Fund	**	373,179
	Vanguard Target Retirement 2030 Fund Investor Shares ***	Mutual Fund	**	8,436
	Participant Notes Receivable	With rates ranging from 4.25% to 5.50%	**	23,528
				$ 3,101,373

* A party-in-interest as defined by ERISA.
** Cost omitted for participant directed investments.
*** Includes accrued dividends.

IMPACT RADIUS
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

Nasif, Hicks, Harris & Co., LLP
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October 7, 2019

Independent Auditors' Report

To the Trustee and Plan Administrator of the
Impact Radius 401(k) Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Impact Radius 401(k) Profit Sharing Plan ("the Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017, 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 misstatements, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 6, which was certified by Mid Atlantic Trust Company ("the Custodian"), except for comparing the information with the related information included in the financial statements. We have been informed by Paychex, Inc. ("the Plan Administrator") that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained 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 of Form 5500- Schedule H, Line 4i - Supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2018, is required by the Department of Labor's (DOL) 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 this supplemental schedule.

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 trustee, 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.



Nasif, Hicks, Harris & Co., LLP

IMPACT RADIUS
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31,

	2018	2017
ASSETS		
Investments:		
Mutual funds	$ 2,995,014	$ 2,199,128
Total Investments at Fair Value	2,995,014	2,199,128
Interest bearing cash	82,831	6,827
Participant notes receivable	23,528	15,398
Employer contribution receivable	31,684	14,466
Participant contribution receivable	45,730	42,193
TOTAL ASSETS	**3,178,787**	**2,278,012**
Net Assets Available for Benefits	**$ 3,178,787**	**$ 2,278,012**

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

IMPACT RADIUS
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31,

		2018
ADDITIONS:		
Investment Income:		
Interest income	$	999
Dividend income		75,655
Total Investment Income		76,654
Contributions:		
Participants		867,947
Employer		422,989
Rollovers and other		38,934
Total Contributions		1,329,870
TOTAL ADDITIONS		**1,406,524**
DEDUCTIONS:		
Investment Loss:		
Net decrease in fair value of investments		322,837
Total Investment Loss		322,837
Distributions and Other Expenses:		
Benefits paid to participants including deemed distributions of participant loan balances		149,144
Plan expenses		33,768
Total Distributions and Other Expenses		182,912
TOTAL DEDUCTIONS		**505,749**
Net Increase		900,775
Net Assets Available for Benefits:		
Beginning of Year		2,278,012
End of Year	**$**	**3,178,787**

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

Note 1: Description of Plan

The following description of the Impact Radius 401 (k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the adoption agreement and the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan with 401(k) provisions for eligible employees. The Plan is a single employer plan naming Impact Radius as the Plan sponsor (the "Employer").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA Section 404(c)).

Contributions

Active participants may elect to contribute up to a maximum of $18,500 during the 2018 calendar year. Total contributions to a participant's account in a given plan year may not exceed 92% of the participant's compensation for the Plan year. Individuals who are at least 50 years of age are permitted to make "catch-up" contributions. In 2018, the maximum catch-up contribution to a 401(k) was $6,000. Such contributions are excludable from the participant's taxable income for federal income tax purposes until received as a withdrawal or distribution from the Plan. A participant may elect to increase or decrease the amount of their salary deferral at any time; the election will take effect in the pay period in which the change in deferral was made.

Each pay period, the Employer makes a matching contribution to each participant's account equal to 100% of the first 3% of contributions and an additional 50% for deferrals between 4%-5%. The Employer made $422,989 of matching contributions for the year ended December 31, 2018.

Rollover Contributions

If a participant receives an eligible rollover distribution from another qualified retirement plan, the participant may, with approval from Paychex, Inc. ("the Plan Administrator"), rollover any portion of that distribution to the Plan, either directly or within 60 days after they receive it. The Plan accepted $38,934 in rollover contributions for the year ended December 31, 2018.

Note 1: Description of Plan - continued

Investment Elections

Participants may direct that salary deferral contributions be invested in one or more of the mutual funds offered by Mid Atlantic Trust Company ("the Custodian"). A participant may transfer funds from one investment option to another and obtain information about their account directly with the Custodian. In addition, the Custodian allows the participant to obtain information about their accounts through the Participant Services Center on the Custodian's website.

Eligibility and Vesting

Employees become eligible for the Plan when they have completed 90 days of service and are at least 21 years old, at which point the employees may make Participant Elective Contributions. Employees become eligible for Employer matching contributions and Discretionary Profit Sharing Contributions after one year of service. Entry dates to the Plan are the first day of each month.

Participants' contributions are always fully vested. The Employer matching contributions and the Discretionary Profit Sharing Contributions to each participant's account are subject to vesting requirements according to the following schedule:

Completed Years of Service	Percentage of Employer Contribution Vested
Less than 1	25%
1	50%
2	75%
3 or more	100%

In the event of death or upon plan termination, participants also become fully vested in Employer matching contributions and Discretionary Profit Sharing Contributions if employed by the Plan sponsor.

Note 1: Description of Plan - continued

Participant Accounts

Each participant's account is credited with their Participant Elective Contribution, their respective Employer matching contributions, an allocation of their respective Discretionary Profit Sharing Contributions and plan earnings. Allocations of investment earnings are based on participant account balances or participant earnings, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. At December 31, 2018 and 2017, there were 217 and 161 participants with assets in the Plan, respectively.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1-5 years or may exceed 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Custodian. The interest rate will be determined from time to time by the Plan Administrator with the intention of providing the Plan with a return commensurate with the interest rates charged by a person in the business of lending money for loans, which would be made under similar circumstances. The interest rates are the prime rate of interest charged by banks as published in the Wall Street Journal as of the last day of the preceding calendar quarter, plus 1%. The rate of interest will be constant throughout the term of the loan. Principal and interest are paid ratably through semi-monthly payroll deductions.

Participant notes receivable are valued at amortized cost.

Payments of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Accounts balances with less than $5,000 will automatically receive a lump-sum distribution.

Note 1: Description of Plan - continued

Payments of Benefits - continued

Amounts contributed through salary/wage reductions may be withdrawn by, or distributed to, a participant only upon (1) termination of employment, (2) attaining the age of 59 ½, (3) death or (4) disability. Upon proof, to the satisfaction of the Plan Administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for a hardship purpose. Certain income tax penalties apply to withdrawals or distributions prior to age 59½.

Forfeitures

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents forfeiture. Forfeitures are utilized to pay plan expenses for the Plan year, and after that they are distributed to the participants on a pro-rata basis. Forfeitures distributed to participants were $2,401 for the year ended December 31, 2018.

Termination of Plan

Although the Employer has not expressed any intent to do so, it reserves the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, all amounts credited to a participant's account become 100% vested.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis method of accounting, which is in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition

Mutual funds are stated at market value based on quoted market prices for similar assets. (Please see Note 5.) Participant notes receivable are valued at amortized cost. The aggregate change between years in the market value of investments (net unrealized appreciation or depreciation) is included in investment income.

Note 2: Summary of Significant Accounting Policies - continued

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Trustee to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded as deductions when paid.

Note 3: Income Tax Status

The Plan obtained its latest determination letter dated October 31, 2011 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits of any tax periods in progress.

Note 4: Investment Information

Investments consist of mutual funds.

During the year ended December 31, 2018, Plan investments in mutual funds, including investments bought, sold, and held during the year, decreased in value by $322,837.

Note 5: Fair Value Measurements of Investments

U.S. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. U.S. GAAP also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets, which are unadjusted and accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices for identical assets and liabilities in markets that are not active, quoted prices for similar assets and liabilities in active markets or financial instruments for which significant inputs are observable, either directly or indirectly; and

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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. The valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

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

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Fair Value
Mutual funds	$ 2,995,014	$ -	$ -	$ 2,995,014
Total	$ 2,995,014	$ -	$ -	$ 2,995,014

Note 5: Fair Value Measurements of Investments - continued

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Fair Value
Mutual Funds	$ 2,199,128	$ -	$ -	$ 2,199,128
Total	$ 2,199,128	$ -	$ -	$ 2,199,128

The following is a description of the valuation methodologies used for assets measured at fair value:

Position	Valuation Technique
Registered Investment Companies (mutual funds) Level 1:	Registered investment companies (or mutual funds) are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 6: Certification of Investment Information by Custodian

The following is a summary of the Plan's financial information and data certified by the Custodian as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	December 31, 2018	2017
Assets		
Total investments	$ 2,995,014	$ 2,199,128

	December 31, 2018
Investment Income:	
Interest income	$ 999
Dividend income	75,655
Net Investment Loss	$ 76,654

	December 31, 2018
Investment Loss	
Net decrease in fair value of investments	$ (322,837)
Net Investment Loss	$ (322,837)

Note 7: Parties-In-Interest

The shareholder, officers, and board members of Impact Radius are participants in the Plan. The members and their relatives qualify as parties-in-interest. The Plan Custodian, Mid-Atlantic Trust Company, and Plan administrator, Paychex, Inc. are also parties-in-interest.

Note 9: Benefit Obligation

Included in net assets available for benefits are amounts allocated to individuals who have elected to withdraw from the plan but have not been paid. Plan assets allocated to these participants were $22,534 at December 31, 2018.

Note 10: Subsequent Events

The Plan has evaluated subsequent events through October 7, 2019, the date which the financial statements were available to be issued.

Subsequent to year end, the Plan discovered errors in vesting and forfeiture calculations. As a result, many participants vested percentage in employer matching contributions increased. In addition, during 2018 certain participants received distributions that did not include total vested employer matching amounts. To correct this error, the Plan has accrued a liability due to those participants and a receivable due from the Plan sponsor.

SUPPLEMENTAL SCHEDULE

IMPACT RADIUS
401(k) PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H, LINE 4i
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EMPLOYER I.D. #: 26-1120226 PLAN #: 001
AS OF DECEMBER 31, 2018

(a)	(b) Borrower, Lessor, or Similar Party	(c) Description of Investment - Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Treasury Money Market Fund Investor Shares	Mutual Fund	**	$ 82,833
	DFA U.S. Core Equity II Portfolio Institutional Class	Mutual Fund	**	109,559
	DFA U.S. Core Equity 1 Portfolio Institutional Class	Mutual Fund	**	116,444
	DFA Global Equity Portfolio Institutional Class	Mutual Fund	**	21,914
	Nuveen Preferred Securities & Income Fund Class A	Mutual Fund	**	5,047
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual Fund	**	386,996
	DFA International Core Equity Portfolio Institutional Class	Mutual Fund	**	49,928
	DFA Emerging Markets Core Equity Portfolio Institutional Class	Mutual Fund	**	50,718
	DFA Global Real Estate Securities Portfolio	Mutual Fund	**	49,695
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	**	59,997
	Fidelity Floating Rate High Income ***	Mutual Fund	**	10,233
	PIMCO Income Fund Class A	Mutual Fund	**	-
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	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	72,061
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	Vanguard Target Retirement 2050 Fund Investor Shares ***	Mutual Fund	**	596,740
	Vanguard Target Retirement 2040 Fund Investor Shares ***	Mutual Fund	**	373,179
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	Participant Notes Receivable	With rates ranging from 4.25% to 5.50%	**	23,528
				$ 3,101,373

* A party-in-interest as defined by ERISA.
** Cost omitted for participant directed investments.
*** Includes accrued dividends.