

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ 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>SOFTSCRIPT, INC. 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>05/01/2005</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOFTSCRIPT, INC.</u> <u>2215 CAMPUS DRIVE</u> <u>EL SEGUNDO, CA 90245</u>	2b	Employer Identification Number (EIN) <u>95-4800745</u>
		2c	Plan Sponsor's telephone number <u>310-451-2110</u>
		2d	Business code (see instructions) <u>541990</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.	01/21/2020	HOWARD WISNICKI
	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	5 163
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) 146 6a(2) 152 6b 0 6c 16 6d 168 6e 0 6f 168 6g 28 6h 0
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 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 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>SCHEDULE A (Form 5500) <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 SOFTSCRIPT, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOFTSCRIPT, INC.	D Employer Identification Number (EIN) 95-4800745

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 VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	810796	27	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 1768	(b) Total amount of fees paid 0
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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 WELLS FARGO CLEARING SERVICES, LLC 3201 N 4TH AVE FLOOR 3 SIOUX FALLS, SD 57104
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1768	0	BROKER FEES	3

(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	22468
5 Current value of plan's interest under this contract in separate accounts at year end	5	613243

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year.....	7b	29335
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c Additions: (1) Contributions deposited during the year	7c(1)	816	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	274	
(4) Transferred from separate account.....	7c(4)	83	
(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	1173
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d Total of balance and additions (add lines 7b and 7c(6))	7d	30508
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7869	
(2) Administration charge made by carrier	7e(2)	171	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	8040
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	22468
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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)	0
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)	0
(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)	0
(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 SOFTSCRIPT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOFTSCRIPT, INC.	D Employer Identification Number (EIN) 95-4800745	

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	
VOYA RETIREMENT INS & ANNUITY CO	PO BOX 990067 HARTFORD, CT 06199-0067
71-0294708	

(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)

VOYA RETIREMENT INS & ANNUITY CO

PO BOX 990067
HARTFORD, CT 06199-0067

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
MORNINGSTAR	27	146
(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.	
VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	INVESTMENT ADVISORY	
(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

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:

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)**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)**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**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)**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)**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)

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
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
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
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 <u>SOFTSCRIPT, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOFTSCRIPT, INC.</u>	D Employer Identification Number (EIN) <u>95-4800745</u>

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)		
	(2) Participant contributions	1b(2)	0	37
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
	(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)	16899	552
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	687544	613243
	(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)	29335	22468
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	733778 636300
Liabilities			
g	Benefit claims payable	1g	9278 1605
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	757 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	10035 1605
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	723743 634695

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	19932
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	19932
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)	379
	(F) Other	2b(1)(F)	274
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	653
(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)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-48093
(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		-27508

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	59219	
(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)		59219
f Corrective distributions (see instructions)	2f		1605
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	716	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		716
j Total expenses. Add all expense amounts in column (b) and enter total	2j		61540

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-89048
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: KIRSCH KOHN & BRIDGE LLP

(2) EIN: 95-3404284

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		2480
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		80000
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.
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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>SOFTSCRIPT, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOFTSCRIPT, INC.</u>	D Employer Identification Number (EIN) <u>95-4800745</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<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>71-0294708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

Stock: 0.0 % 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): _____

**SOFTSCRIPT, INC. 401(K) PROFIT
SHARING PLAN**

**Financial Statements
with Independent Auditor's Report**

December 31, 2018

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Financial Statements
December 31, 2018

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Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2018	13
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2018	14
Schedules not included with this additional financial data have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

The Administrative Committee
SoftScript, Inc. 401(k) Profit Sharing Plan
El Segundo, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SoftScript, Inc. 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 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

Plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Co. (Voya), the custodian, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Voya holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Voya as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan administrator by Voya 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.



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018 and the Schedule of Delinquent Participant Contributions for the year ended December 31, 2018, which are the responsibility of the plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Kirsch, Kohn + Bridge LLP

Woodland Hills, California
January 7, 2020

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN**Statements of Net Assets Available for Benefits****December 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
ASSETS		
Investments:		
Interest-bearing cash	\$ 4	\$ 4
Interest in pooled separate accounts, at fair value	613,239	687,540
Funds held in insurance company general account, at contract value	<u>22,468</u>	<u>29,335</u>
TOTAL INVESTMENTS	635,711	716,879
Receivables:		
Notes receivable from participants	552	16,899
Participants' contribution	<u>37</u>	<u>-</u>
TOTAL ASSETS	636,300	733,778
LIABILITIES		
Excess participants' contributions	1,605	9,278
Other payable	<u>-</u>	<u>757</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 634,695</u>	<u>\$ 723,743</u>

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2018

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO

Investment loss:

Net depreciation in fair value of investments \$ (48,093)

Net appreciation in contract value of investments 274

Total investment loss (47,819)

Interest on notes receivable from participants 379

Contributions:

Participants 19,932

TOTAL DECREASE (27,508)

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants 59,219

Corrective distributions 1,605

Administrative expenses 716

TOTAL DEDUCTIONS 61,540

NET DECREASE (89,048)

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR 723,743

END OF YEAR \$ 634,695

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

1. DESCRIPTION OF THE PLAN

The following description of SoftScript, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of eligible service and are 21 years of age or older, as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each participant may elect to defer a percentage of his or her compensation up to the maximum allowed under the appropriate provisions of the Internal Revenue Code (IRC). Participants may also rollover their benefits from other qualified plans.

The Company may make matching contributions at its sole discretion. The Company may also make discretionary profit sharing contributions. Participants are eligible to receive profit sharing contributions after completing one year of service for the Company. The Company's profit sharing contribution is allocated on a pro-rata formula based on the ratio that each participant's compensation for the Plan year bears to the total compensation of all participants for the Plan year. There were no profit sharing contributions made during the year ended December 31, 2018.

C. Participant accounts

Each participant's account is increased or decreased with participant contributions, Company contributions, rollovers from other plans and allocations of Plan earnings and administrative expenses. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is dependent on the participant's vested account balance.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

1. DESCRIPTION OF THE PLAN (CONTINUED)

D. Vesting

The Plan provides for the following vesting of a participant's Company contributions account balance:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0 %
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

Participant elective contributions are 100% vested at all times.

E. Forfeited accounts

Amounts forfeited by former participants who were not fully vested in the Plan will first be used to restore any participant's forfeited account balance upon re-employment, then may be used to pay the administrative expenses of the Plan or supplement the Company contributions. The amount of unused forfeitures was \$4 as of December 31, 2018.

F. Benefits

Upon termination of service or otherwise becoming eligible to receive benefits, participants will receive a lump-sum amount equal to the value of their vested account.

G. Investment options

All investments are held in trust and were invested in pooled separate accounts or in an insurance general account at December 31, 2018. Each participant chooses how their contributions and respective account balances are to be allocated among the various investments through a participant-directed investment program. Voya Retirement Insurance and Annuity Co. (Voya), custodian of the Plan (the Custodian), deemed to be a party-in-interest, held the Plan's investment assets and executed investment transactions during and as of the year ended December 31, 2018 under a nondiscretionary trust agreement. Investment income, gains and losses are allocated to each participant's account each business day.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

1. DESCRIPTION OF THE PLAN (CONTINUED)

H. Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Note terms range from one to five years unless the note proceeds will be used to purchase a primary residence. The notes are secured by the balance in the participant's account and bear interest at the Wall Street Journal's Prime Rate plus 1%. Principal and interest is paid ratably through payroll deductions.

I. Administrative expenses

Third party administrative expenses are paid by the Company while investment, loan and disbursement fees are paid through the Plan.

J. Plan termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts and the net assets of the Plan will be distributed as prescribed by ERISA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of accounting

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

B. Investments

The Plan's investments are stated at fair value, with the exception of the funds held in insurance company general account which are stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

D. Payment of benefits

Benefits are recorded when paid.

E. Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

F. Concentration of credit risk

The Plan has exposure to credit risk to the extent that its investments are subject to market fluctuations that may materially affect the value of the investment balances.

G. Recent accounting pronouncements

In February 2017, the FASB issued ASU 2017-6, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – Employee Benefit Plan Master Trust Reporting. ASU 2017-6 applies to the financial statements of an employee benefit plan that has some or all of its assets in a master trust and addresses the way an employee benefit plan reports its interest in a master trust. Additionally, the standard changes certain footnote disclosures related to the investments, other assets, and liabilities of the master trust. ASU 2017-6 is effective for fiscal years beginning after December 15, 2018. Plan management is currently evaluating the impact, if any, this ASU might have on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, Fair Value Measurement (Topic 820) which modifies and removes components of the fair value measurement disclosure requirements to improve disclosure effectiveness. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019, early adoption is permitted. Management has elected to early adopt ASU 2018-13 as reflected in Note 7.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

G. Recent accounting pronouncements (Continued)

In July 2019, the American Institute of Certified Public Accountants (AICPA) issued Statement on Accounting Standards (SAS) 136 "Forming an Opinion on Financial Statements of Employee Benefit Plans Subject to ERISA". SAS 136 addresses the auditor's responsibility to form an opinion on the financial statements of employee benefit plans subject to ERISA. It also addresses the form and content of the auditor's report issued as a result of an audit of ERISA plan financial statements. SAS 136 is effective for fiscal years ending on or after December 15, 2020. Plan management is currently evaluating the impact, if any, this SAS might have on the Plan's financial statements.

3. UNAUDITED INFORMATION PROVIDED BY 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. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2018 and 2017, and net depreciation in fair value of investments, interest and dividends for the year ended December 31, 2018, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Voya, custodian of the Plan.

4. INCOME TAX STATUS

The Plan Sponsor adopted a volume submitter document, which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, which stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to December 31, 2015.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan offers the Voya Fixed Account, an investment contract, as an option to Plan participants. The amounts allocated to the Voya Fixed Account are held in a general account. The Voya Fixed Account is credited with declared rates of interest and is subject to a minimum interest rate of 1%. The contract limits the amount that can be transferred from the Voya Fixed Account; therefore, the contract is not considered fully-benefit responsive. Withdrawals from the Voya Fixed Account are made at contract value. The Voya Fixed Account is valued at contract value which approximates the fair market value of the investment. Voya may terminate the contract after completion of five years, without application of any otherwise required market value adjustment or contract surrender charge.

6. RELATED PARTY

The Plan Sponsor trustee is a participant of the Plan.

7. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of December 31, 2018

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 4	\$ -	\$ -	\$ 4
Pooled separate accounts	<u>-</u>	<u>613,239</u>	<u>-</u>	<u>613,239</u>
	<u>\$ 4</u>	<u>\$ 613,239</u>	<u>\$ -</u>	<u>\$ 613,243</u>

Investments at Fair Value as of December 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 4	\$ -	\$ -	\$ 4
Pooled separate accounts	<u>-</u>	<u>687,540</u>	<u>-</u>	<u>687,540</u>
	<u>\$ 4</u>	<u>\$ 687,540</u>	<u>\$ -</u>	<u>\$ 687,544</u>

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Money market fund: Valued at cost, which equals fair value.

Pooled separate accounts: Valued at the accumulation unit value (AUV) of the shares held by the plan at year end. The AUV is determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the Contract's separate account charges.

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

8. NON-EXEMPT TRANSACTIONS

During the year ended December 31, 2018, the Company failed to remit participant salary deferrals aggregating \$830 and participant loan repayments aggregating \$1,650 to the Plan trustee in a timely manner, as defined by ERISA. These contributions are considered non-exempt party-in-interest transactions. The Company has paid all fines imposed resulting from these late remittances during 2019. See attached supplemental schedule of delinquent participant contributions. The Company used guidelines issued by the Internal Revenue Service to compensate participants for the lost income resulting from the delay in remitting the contributions. The lost income was deposited with the Plan trustee in 2019. The Company believes that these non-exempt transactions do not affect the tax status determination of the Plan.

9. NON-DISCRIMINATION TESTING

The plan passed its ACP test and failed its ADP test for the year ended December 31, 2018. As a result of the test, the Plan trustees at the Company approved the issuance of refunds of excess contributions in the amount of \$1,605. These refunds will be paid to participants during the plan year ended December 31, 2019.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through January 7, 2020, which is the date the financial statements were available to be issued. In April of 2019, the sponsor changed service provider from Voya to Polycomp Administrative Service, Inc. No other events have been identified that would require adjustment to or disclosure in the accompanying financial statements.

**SCHEDULES PROVIDED PURSUANT TO THE
DEPARTMENT OF LABOR'S RULES AND REGULATIONS**

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
 EIN: 95-4800745 Plan: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2018

(a)	(b) Identity of Issuer, 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
*	Voya Retirement Insurance & Annuity Co.	Voya U.S. Stock Index Portfolio Adviser Class		\$ 229,014
*	Voya Retirement Insurance & Annuity Co.	Voya High Yield Portfolio Adviser Class		87,441
*	Voya Retirement Insurance & Annuity Co.	Voya International Index Portfolio A		62,586
*	Voya Retirement Insurance & Annuity Co.	Franklin Growth Fund R		45,786
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Growth Equity Port Adviser		38,925
*	Voya Retirement Insurance & Annuity Co.	American Funds Fundamental Investors SM R-3		29,534
*	Voya Retirement Insurance & Annuity Co.	Voya Fixed Account		22,468
*	Voya Retirement Insurance & Annuity Co.	RidgeWorth Mid-Cap Value Equity Fund A		21,580
*	Voya Retirement Insurance & Annuity Co.	Oppenheimer Intl Growth Fund R		17,252
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Mid Cap Index Portfolio A		15,007
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2045 Portfolio Adviser CI		14,010
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2035 Portfolio Adviser CI		11,552
*	Voya Retirement Insurance & Annuity Co.	Voya Intermediate Bond Fund R		10,088
*	Voya Retirement Insurance & Annuity Co.	Voya Real Estate Fund A		10,056
*	Voya Retirement Insurance & Annuity Co.	MFS Value Fund R2		6,844
*	Voya Retirement Insurance & Annuity Co.	VY Oppenheimer Global Portfolio Adviser CI		5,743
*	Voya Retirement Insurance & Annuity Co.	PIMCO Real Return Fund R		3,837
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2025 Portfolio Adviser CI		1,680
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Equity Inc Port Adviser CI		1,584
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Small Cap Index Portfolio A		678
*	Voya Retirement Insurance & Annuity Co.	American Funds Am Ba		37
*	Voya Retirement Insurance & Annuity Co.	Franklin Small Cap Value Fund R		5
*	Voya Retirement Insurance & Annuity Co.	Voya Money Market Fund A		4
	Total investments			635,711
*	Notes receivable from participants	Interest on outstanding loan is 4.25% maturing through August 2019		552
				<u>\$ 636,263</u>

Note: * Represents party-in-interest

** Column (d) is blank as all investments are participant directed

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

EIN 95-4800745 PN 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2018

Total that Constitute Nonexempt Prohibited Transactions

<u>Participant Contribution Transferred Late to Plan</u>			<u>Check Here if Late Participant Loan Repayments are Included</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside of VFCP</u>	<u>Contributions Pending Correction under VFCP</u>	<u>Totally Fully Corrected Under VFCP and PTE 2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>					
\$ 1,162	04/19/18	06/12/18	☒	\$ -	\$ 1,162	\$ -	\$ -
1,144	06/21/18	06/28/18	☒	-	1,144	-	-
137	11/05/18	12/06/18	☒	-	137	-	-
<u>37</u>	12/31/18	11/13/19	☐	<u>-</u>	<u>37</u>	<u>-</u>	<u>-</u>
<u>\$ 2,480</u>				<u>\$ -</u>	<u>\$ 2,480</u>	<u>\$ -</u>	<u>\$ -</u>

See accompanying independent auditor's report
and notes to financial statements

**SOFTSCRIPT, INC. 401(K) PROFIT
SHARING PLAN**

**Financial Statements
with Independent Auditor's Report**

December 31, 2018

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Financial Statements
December 31, 2018

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Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2018	13
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2018	14
Schedules not included with this additional financial data have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

The Administrative Committee
SoftScript, Inc. 401(k) Profit Sharing Plan
El Segundo, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SoftScript, Inc. 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 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

Plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Co. (Voya), the custodian, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Voya holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Voya as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan administrator by Voya 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.



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018 and the Schedule of Delinquent Participant Contributions for the year ended December 31, 2018, which are the responsibility of the plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Kirsch, Kohn + Bridge LLP

Woodland Hills, California
January 7, 2020

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN**Statements of Net Assets Available for Benefits****December 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
ASSETS		
Investments:		
Interest-bearing cash	\$ 4	\$ 4
Interest in pooled separate accounts, at fair value	613,239	687,540
Funds held in insurance company general account, at contract value	<u>22,468</u>	<u>29,335</u>
TOTAL INVESTMENTS	635,711	716,879
Receivables:		
Notes receivable from participants	552	16,899
Participants' contribution	<u>37</u>	<u>-</u>
TOTAL ASSETS	636,300	733,778
LIABILITIES		
Excess participants' contributions	1,605	9,278
Other payable	<u>-</u>	<u>757</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 634,695</u>	<u>\$ 723,743</u>

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2018

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO

Investment loss:

Net depreciation in fair value of investments \$ (48,093)

Net appreciation in contract value of investments 274

Total investment loss (47,819)

Interest on notes receivable from participants 379

Contributions:

Participants 19,932

TOTAL DECREASE (27,508)

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants 59,219

Corrective distributions 1,605

Administrative expenses 716

TOTAL DEDUCTIONS 61,540

NET DECREASE (89,048)

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR 723,743

END OF YEAR \$ 634,695

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

1. DESCRIPTION OF THE PLAN

The following description of SoftScript, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of eligible service and are 21 years of age or older, as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each participant may elect to defer a percentage of his or her compensation up to the maximum allowed under the appropriate provisions of the Internal Revenue Code (IRC). Participants may also rollover their benefits from other qualified plans.

The Company may make matching contributions at its sole discretion. The Company may also make discretionary profit sharing contributions. Participants are eligible to receive profit sharing contributions after completing one year of service for the Company. The Company's profit sharing contribution is allocated on a pro-rata formula based on the ratio that each participant's compensation for the Plan year bears to the total compensation of all participants for the Plan year. There were no profit sharing contributions made during the year ended December 31, 2018.

C. Participant accounts

Each participant's account is increased or decreased with participant contributions, Company contributions, rollovers from other plans and allocations of Plan earnings and administrative expenses. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is dependent on the participant's vested account balance.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

1. DESCRIPTION OF THE PLAN (CONTINUED)

D. Vesting

The Plan provides for the following vesting of a participant's Company contributions account balance:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0 %
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

Participant elective contributions are 100% vested at all times.

E. Forfeited accounts

Amounts forfeited by former participants who were not fully vested in the Plan will first be used to restore any participant's forfeited account balance upon re-employment, then may be used to pay the administrative expenses of the Plan or supplement the Company contributions. The amount of unused forfeitures was \$4 as of December 31, 2018.

F. Benefits

Upon termination of service or otherwise becoming eligible to receive benefits, participants will receive a lump-sum amount equal to the value of their vested account.

G. Investment options

All investments are held in trust and were invested in pooled separate accounts or in an insurance general account at December 31, 2018. Each participant chooses how their contributions and respective account balances are to be allocated among the various investments through a participant-directed investment program. Voya Retirement Insurance and Annuity Co. (Voya), custodian of the Plan (the Custodian), deemed to be a party-in-interest, held the Plan's investment assets and executed investment transactions during and as of the year ended December 31, 2018 under a nondiscretionary trust agreement. Investment income, gains and losses are allocated to each participant's account each business day.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

1. DESCRIPTION OF THE PLAN (CONTINUED)

H. Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Note terms range from one to five years unless the note proceeds will be used to purchase a primary residence. The notes are secured by the balance in the participant's account and bear interest at the Wall Street Journal's Prime Rate plus 1%. Principal and interest is paid ratably through payroll deductions.

I. Administrative expenses

Third party administrative expenses are paid by the Company while investment, loan and disbursement fees are paid through the Plan.

J. Plan termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts and the net assets of the Plan will be distributed as prescribed by ERISA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of accounting

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

B. Investments

The Plan's investments are stated at fair value, with the exception of the funds held in insurance company general account which are stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

D. Payment of benefits

Benefits are recorded when paid.

E. Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

F. Concentration of credit risk

The Plan has exposure to credit risk to the extent that its investments are subject to market fluctuations that may materially affect the value of the investment balances.

G. Recent accounting pronouncements

In February 2017, the FASB issued ASU 2017-6, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – Employee Benefit Plan Master Trust Reporting. ASU 2017-6 applies to the financial statements of an employee benefit plan that has some or all of its assets in a master trust and addresses the way an employee benefit plan reports its interest in a master trust. Additionally, the standard changes certain footnote disclosures related to the investments, other assets, and liabilities of the master trust. ASU 2017-6 is effective for fiscal years beginning after December 15, 2018. Plan management is currently evaluating the impact, if any, this ASU might have on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, Fair Value Measurement (Topic 820) which modifies and removes components of the fair value measurement disclosure requirements to improve disclosure effectiveness. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019, early adoption is permitted. Management has elected to early adopt ASU 2018-13 as reflected in Note 7.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

G. Recent accounting pronouncements (Continued)

In July 2019, the American Institute of Certified Public Accountants (AICPA) issued Statement on Accounting Standards (SAS) 136 "Forming an Opinion on Financial Statements of Employee Benefit Plans Subject to ERISA". SAS 136 addresses the auditor's responsibility to form an opinion on the financial statements of employee benefit plans subject to ERISA. It also addresses the form and content of the auditor's report issued as a result of an audit of ERISA plan financial statements. SAS 136 is effective for fiscal years ending on or after December 15, 2020. Plan management is currently evaluating the impact, if any, this SAS might have on the Plan's financial statements.

3. UNAUDITED INFORMATION PROVIDED BY 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. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2018 and 2017, and net depreciation in fair value of investments, interest and dividends for the year ended December 31, 2018, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Voya, custodian of the Plan.

4. INCOME TAX STATUS

The Plan Sponsor adopted a volume submitter document, which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, which stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to December 31, 2015.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan offers the Voya Fixed Account, an investment contract, as an option to Plan participants. The amounts allocated to the Voya Fixed Account are held in a general account. The Voya Fixed Account is credited with declared rates of interest and is subject to a minimum interest rate of 1%. The contract limits the amount that can be transferred from the Voya Fixed Account; therefore, the contract is not considered fully-benefit responsive. Withdrawals from the Voya Fixed Account are made at contract value. The Voya Fixed Account is valued at contract value which approximates the fair market value of the investment. Voya may terminate the contract after completion of five years, without application of any otherwise required market value adjustment or contract surrender charge.

6. RELATED PARTY

The Plan Sponsor trustee is a participant of the Plan.

7. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of December 31, 2018

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 4	\$ -	\$ -	\$ 4
Pooled separate accounts	<u>-</u>	<u>613,239</u>	<u>-</u>	<u>613,239</u>
	<u>\$ 4</u>	<u>\$ 613,239</u>	<u>\$ -</u>	<u>\$ 613,243</u>

Investments at Fair Value as of December 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 4	\$ -	\$ -	\$ 4
Pooled separate accounts	<u>-</u>	<u>687,540</u>	<u>-</u>	<u>687,540</u>
	<u>\$ 4</u>	<u>\$ 687,540</u>	<u>\$ -</u>	<u>\$ 687,544</u>

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2018

7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Money market fund: Valued at cost, which equals fair value.

Pooled separate accounts: Valued at the accumulation unit value (AUV) of the shares held by the plan at year end. The AUV is determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the Contract's separate account charges.

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

8. NON-EXEMPT TRANSACTIONS

During the year ended December 31, 2018, the Company failed to remit participant salary deferrals aggregating \$830 and participant loan repayments aggregating \$1,650 to the Plan trustee in a timely manner, as defined by ERISA. These contributions are considered non-exempt party-in-interest transactions. The Company has paid all fines imposed resulting from these late remittances during 2019. See attached supplemental schedule of delinquent participant contributions. The Company used guidelines issued by the Internal Revenue Service to compensate participants for the lost income resulting from the delay in remitting the contributions. The lost income was deposited with the Plan trustee in 2019. The Company believes that these non-exempt transactions do not affect the tax status determination of the Plan.

9. NON-DISCRIMINATION TESTING

The plan passed its ACP test and failed its ADP test for the year ended December 31, 2018. As a result of the test, the Plan trustees at the Company approved the issuance of refunds of excess contributions in the amount of \$1,605. These refunds will be paid to participants during the plan year ended December 31, 2019.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through January 7, 2020, which is the date the financial statements were available to be issued. In April of 2019, the sponsor changed service provider from Voya to Polycomp Administrative Service, Inc. No other events have been identified that would require adjustment to or disclosure in the accompanying financial statements.

**SCHEDULES PROVIDED PURSUANT TO THE
DEPARTMENT OF LABOR'S RULES AND REGULATIONS**

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
 EIN: 95-4800745 Plan: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2018

(a)	(b) Identity of Issuer, 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
*	Voya Retirement Insurance & Annuity Co.	Voya U.S. Stock Index Portfolio Adviser Class		\$ 229,014
*	Voya Retirement Insurance & Annuity Co.	Voya High Yield Portfolio Adviser Class		87,441
*	Voya Retirement Insurance & Annuity Co.	Voya International Index Portfolio A		62,586
*	Voya Retirement Insurance & Annuity Co.	Franklin Growth Fund R		45,786
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Growth Equity Port Adviser		38,925
*	Voya Retirement Insurance & Annuity Co.	American Funds Fundamental Investors SM R-3		29,534
*	Voya Retirement Insurance & Annuity Co.	Voya Fixed Account		22,468
*	Voya Retirement Insurance & Annuity Co.	RidgeWorth Mid-Cap Value Equity Fund A		21,580
*	Voya Retirement Insurance & Annuity Co.	Oppenheimer Intl Growth Fund R		17,252
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Mid Cap Index Portfolio A		15,007
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2045 Portfolio Adviser CI		14,010
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2035 Portfolio Adviser CI		11,552
*	Voya Retirement Insurance & Annuity Co.	Voya Intermediate Bond Fund R		10,088
*	Voya Retirement Insurance & Annuity Co.	Voya Real Estate Fund A		10,056
*	Voya Retirement Insurance & Annuity Co.	MFS Value Fund R2		6,844
*	Voya Retirement Insurance & Annuity Co.	VY Oppenheimer Global Portfolio Adviser CI		5,743
*	Voya Retirement Insurance & Annuity Co.	PIMCO Real Return Fund R		3,837
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2025 Portfolio Adviser CI		1,680
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Equity Inc Port Adviser CI		1,584
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Small Cap Index Portfolio A		678
*	Voya Retirement Insurance & Annuity Co.	American Funds Am Ba		37
*	Voya Retirement Insurance & Annuity Co.	Franklin Small Cap Value Fund R		5
*	Voya Retirement Insurance & Annuity Co.	Voya Money Market Fund A		4
Total investments				635,711
*	Notes receivable from participants	Interest on outstanding loan is 4.25% maturing through August 2019		552
				<u>\$ 636,263</u>

Note: * Represents party-in-interest

** Column (d) is blank as all investments are participant directed

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

EIN 95-4800745 PN 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2018

Total that Constitute Nonexempt Prohibited Transactions

<u>Participant Contribution Transferred Late to Plan</u>			<u>Check Here if Late Participant Loan Repayments are Included</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside of VFCP</u>	<u>Contributions Pending Correction under VFCP</u>	<u>Totally Fully Corrected Under VFCP and PTE 2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>					
\$ 1,162	04/19/18	06/12/18	☒	\$ -	\$ 1,162	\$ -	\$ -
1,144	06/21/18	06/28/18	☒	-	1,144	-	-
137	11/05/18	12/06/18	☒	-	137	-	-
<u>37</u>	12/31/18	11/13/19	☐	<u>-</u>	<u>37</u>	<u>-</u>	<u>-</u>
<u>\$ 2,480</u>				<u>\$ -</u>	<u>\$ 2,480</u>	<u>\$ -</u>	<u>\$ -</u>

See accompanying independent auditor's report
and notes to financial statements