

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
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>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>01/01/1998</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>COADVANTAGE CORPORATION</u> <u>101 RIVERFRONT BLVD</u> <u>SUITE 300</u> <u>BRADENTON, FL 34205</u>	2b	Employer Identification Number (EIN) <u>27-3007025</u>
		2c	Plan Sponsor's telephone number <u>813-935-2000</u>
		2d	Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2020	JAY MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2020	JAY MARTIN
	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 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE COADVANTAGE 401K PLAN COMMITTEE 101 RIVERFRONT BLVD SUITE 300 BRADENTON, FL 34205	3b Administrator's EIN 27-3007025 3c Administrator's telephone number 407-422-8448
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 31386
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) 30940 6a(2) 31106 6b 40 6c 1721 6d 32867 6e 1 6f 32868 6g 14447 6h 259
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 2J 2A 2F 2G 2K 3D 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025

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 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 61723	32868	01/01/2019	12/31/2019

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 463	(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 AURORA INSURANCE SERVICES INC 100 ENTERPRISE DR ROCKAWAY, NJ 07866

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
258			4

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

RAYMOND JAMES INSURANCE GROUP INC 880 CARILLON PKWY ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
205			4

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year..... **7b** **44902521**

c Additions: (1) Contributions deposited during the year	7c(1)	3277266	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	1538890	
(4) Transferred from separate account.....	7c(4)	2750719	
(5) Other (specify below)	7c(5)	2231771	

▶ **HOLDING ACCOUNT INTEREST, LN DISTRI LN INT, LN PRIN, LN TRF TO TRUSTEE**

(6) Total additions..... **7c(6)** **9798646**

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** **54701167**

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3865929	
(2) Administration charge made by carrier	7e(2)	198656	
(3) Transferred to separate account.....	7e(3)	271268	
(4) Other (specify below)	7e(4)	854798	

▶ **LN DISTRIB, LN TRF TO TRUSTEE, LOAN MKT**

(5) Total deductions..... **7e(5)** **5190651**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** **49510516**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025	

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
CHARLES SCHWAB INVESTMENT MANAGEMEN
94-3106735

(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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
49 52 60 62 64 68 72	CONTRACT ADMINISTRATOR	2337356	Yes ☒ No ☐	Yes ☒ No ☐	740	Yes ☒ No ☐

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

COADVANTAGE RESOURCES, INC.

59-3434670

(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?
50	PROFESSIONAL SERVICES	469313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH CONSULTING SERVICES

13-5674085

(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?
17 27	ADVISOR	184938	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)

MAYER HOFFMAN MCCANN PC

43-1947695

(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?
10	AUDITOR	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY VIRCHOW KRAUSE, LLP

39-0859910

(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?
10	AUDITOR	25200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINSTON & STRAWN, LLP

36-1975990

(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?
29	LEGAL	15372	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)

MASSMUTUAL LIFE INSURANCE COMPANY

04-1590850

(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?
38 62	RECORDKEEPER	13333	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
62 71	INVESTMENT SERVICE PROVID	578	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AURORA INSURANCE SERVICES INC

22-3580765

(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?
53	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	11833	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)

RAYMOND JAMES INSURANCE GROUP INC

59-1199408

(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?
53	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	7677	Yes ☐ No ☒

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

AMERICAN FUNDS

94-6050854

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

DODGE & COX

94-6067274

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FRANKLINTEMPLETON

59-6865210

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

HARBOR

34-1953393

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

HARRIS

52-2257782

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INVESCO

76-0343427

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

LEGG MASON

95-2705767

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

LORD ABBETT

13-3731507

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MORGAN STANLEY

36-3145972

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIMCO FUNDS

95-2632339

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

PIONEER

04-3453709

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PUTNAM

04-3251560

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

52-1827505

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VANGUARD

23-1711688

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1945930

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1999755

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VANGUARD

23-2311358

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-2787277

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

51-0106626

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC 61723 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREM U.S. GOVT MNY MKT FD BARINGS 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEL GR OPPORTUNITIES FD SANDSJSP 04-3512589	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SELECT MID CAP GR FD TRPFRONTIER 04-3512596	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MILLENNIUM TRUST COMPANY, LLC 36-4400066	REFERRAL FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK FUND 52-2257782	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK INTERNATIONAL FUND 52-2257782	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS

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
AURORA INSURANCE SERVICES INC	53	11833
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RAYMOND JAMES INSURANCE GROUP INC	53	7677
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS BALANCED FUND 94-6050854	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS NEW WORLD FUND 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS

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
FRANKLINTEMPLETON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND FUND 59-6865210	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOR	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARRIS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND 52-2257782	BASIS POINTS * PLAN ASSETS	

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
HARRIS	52	0
(d) Enter name and EIN (address) of source of indirect compensation OAKMARK INTERNATIONAL FUND 52-2257782	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0
(d) Enter name and EIN (address) of source of indirect compensation INVESCO EQUITY AND INCOME FUND 76-0343427	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON	52	0
(d) Enter name and EIN (address) of source of indirect compensation WESTERN ASSET CORE PLUS BOND FUND 95-2705767	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	

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
LORD ABBETT	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN FUND 95-2632339	BASIS POINTS * PLAN ASSETS	

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
PIONEER	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER STRATEGIC INCOME FUND 04-3453709	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PUTNAM	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM SMALL CAP VALUE FUND 04-3251560	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE BLUE CHIP GROWTH FUND 52-1827505	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD WELLESLEY INCOME FUND 23-1711688	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTITUTIONAL INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TOTAL BOND MRKT INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TOTAL INTL STOCK INDEX FD 23-1945930	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD MID CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD SMALL CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation VANGUARD INSTL TARGET RET 2015 23-2311358	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation VANGUARD INSTL TARGET RET 2020 23-2311358	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation VANGUARD INSTL TARGET RET 2025 23-2311358	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2030 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2035 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2040 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2045 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2050 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2055 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2060 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET INC FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD STRATEGIC EQUITY FUND 23-2787277	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD STRATEGIC SMALL-CAP EQ FD 23-2787277	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD EXPLORER FUND 51-0106626	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SAGIC 61723 04-1590850	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PREM U.S. GOVT MNY MKT FD BARINGS 04-3212059	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEL GR OPPORTUNITIES FD SANDSJSP 04-3512589	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SELECT MID CAP GR FD TRPFRONTIER 04-3512596	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MILLENNIUM TRUST COMPANY, LLC 36-4400066	REFERRAL FEE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND 52-2257782	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTERNATIONAL FUND 52-2257782	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS BALANCED FUND 94-6050854	BASIS POINTS * PLAN ASSETS

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
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS NEW WORLD FUND 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS

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
FRANKLINTEMPLETON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON GLOBAL BOND FUND 59-6865210	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOR	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARRIS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK FUND 52-2257782	BASIS POINTS * PLAN ASSETS

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
HARRIS	52	0
(d) Enter name and EIN (address) of source of indirect compensation OAKMARK INTERNATIONAL FUND 52-2257782	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0
(d) Enter name and EIN (address) of source of indirect compensation INVESCO EQUITY AND INCOME FUND 76-0343427	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON	52	0
(d) Enter name and EIN (address) of source of indirect compensation WESTERN ASSET CORE PLUS BOND FUND 95-2705767	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	

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
LORD ABBETT	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT HIGH YIELD FUND	BASIS POINTS * PLAN ASSETS	
13-3731507		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTL INTL ADV FD	BASIS POINTS * PLAN ASSETS	
36-3145972		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN FUND	BASIS POINTS * PLAN ASSETS	
95-2632339		

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
PIONEER	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER STRATEGIC INCOME FUND 04-3453709	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PUTNAM	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM SMALL CAP VALUE FUND 04-3251560	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE BLUE CHIP GROWTH FUND 52-1827505	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD WELLESLEY INCOME FUND 23-1711688	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTITUTIONAL INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TOTAL BOND MRKT INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TOTAL INTL STOCK INDEX FD 23-1945930	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD MID CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD SMALL CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation VANGUARD INSTL TARGET RET 2015 23-2311358	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation VANGUARD INSTL TARGET RET 2020 23-2311358	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation VANGUARD INSTL TARGET RET 2025 23-2311358	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2030 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2035 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2040 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2045 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2050 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2055 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2060 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET INC FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD STRATEGIC EQUITY FUND 23-2787277	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD STRATEGIC SMALL-CAP EQ FD 23-2787277	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD EXPLORER FUND 51-0106626	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC 61723 04-1590850	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PREM U.S. GOVT MNY MKT FD BARINGS 04-3212059	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEL GR OPPORTUNITIES FD SANDSJSP 04-3512589	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SELECT MID CAP GR FD TRPFRONTIER 04-3512596	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MILLENNIUM TRUST COMPANY, LLC 36-4400066	REFERRAL FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK FUND 52-2257782	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK INTERNATIONAL FUND 52-2257782	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	71	740

(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.
CHARLES SCHWAB & CO, INC. 94-1737782	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS

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
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS BALANCED FUND 94-6050854	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS NEW WORLD FUND 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS

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
DODGE & COX	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLINTEMPLETON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND FUND 59-6865210	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOR	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS	

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
HARRIS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK FUND 52-2257782	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARRIS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK INTERNATIONAL FUND 52-2257782	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO EQUITY AND INCOME FUND 76-0343427	BASIS POINTS * PLAN ASSETS

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
LEGG MASON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WESTERN ASSET CORE PLUS BOND FUND 95-2705767	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS

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
PIMCO FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN FUND 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIONEER	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER STRATEGIC INCOME FUND 04-3453709	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PUTNAM	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM SMALL CAP VALUE FUND 04-3251560	BASIS POINTS * PLAN ASSETS	

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
T. ROWE PRICE	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE BLUE CHIP GROWTH FUND 52-1827505	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD WELLESLEY INCOME FUND 23-1711688	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTITUTIONAL INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TOTAL BOND MRKT INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TOTAL INTL STOCK INDEX FD 23-1945930	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD MID CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD SMALL CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2015 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2020 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2025 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2030 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2035 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2040 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2045 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTL TARGET RET 2050 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2055 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET 2060 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTL TARGET RET INC FD 23-2311358	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD STRATEGIC EQUITY FUND 23-2787277	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD STRATEGIC SMALL-CAP EQ FD 23-2787277	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD EXPLORER FUND 51-0106626	BASIS POINTS * PLAN ASSETS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	BAKER TILLY VIRCHOW KRAUSE, LLP	b EIN:	39-0859910
c Position:	AUDITOR		
d Address:	205 NORTH MICHIGAN AVENUE CHICAGO, IL 60601-5927	e Telephone:	312-729-8000

Explanation: THERE WERE NO MATERIAL DISPUTES OR MATTERS OF DISAGREEMENT CONCERNING THE TERMINATION.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	9516355	9942031
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	427507248	540246762
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	44902521	49510529
(15) Other.....	1c(15)	1395720	1457400

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	483321844	601156722

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	483321844	601156722
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	20309119	
(B) Participants	2a(1)(B)	55420492	
(C) Others (including rollovers)	2a(1)(C)	19753555	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		95483166
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)	565904	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		565904
(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)	18145771	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		18145771
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		82923552
c Other income	2c		1538903
d Total income. Add all income amounts in column (b) and enter total	2d		198657296

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56968186	
(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)		56968186
f Corrective distributions (see instructions)	2f		611947
g Certain deemed distributions of participant loans (see instructions)	2g		54017
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	242913	
(3) Investment advisory and management fees	2i(3)	2898232	
(4) Other	2i(4)	7655	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3148800
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60782950

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		137874346
l Transfers of assets:			
(1) To this plan	2l(1)		47088322
(2) From this plan	2l(2)		67127790

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) ☐ Unmodified (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: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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)
ADMINISTRATIVE FIDUCIARY SERVICES	46-2919997	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
ASCENSUS	11-3665754	001
BB&T	56-0939887	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BLUE STAR	20-1550259	001
CUNA	39-0230590	001
EMPOWER	84-0467907	001
EPLAN SERVICES	46-5017151	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FIFTH THIRD	31-0854434	001
FLORIDA RETIREMENT CONSULTANTS	59-3163228	001
GALLAGHER BENEFITS SERVICES	36-4291971	001
GRS MANAGEMENT ASSOCIATES	65-0891672	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GUIDELINE 401K	47-4474775	001
INSPIRITY	76-0178498	001
JOHN HANCOCK	04-3483032	001
JP MORGAN	13-2919953	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LT TRUST	94-2891775	001
MASSMUTUAL	04-1590850	001
MUTUAL OF AMERICA LIFE INSURANCE	13-1614399	001
NATIONWIDE	55-0817538	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OASIS OUTSOURCING	65-0731524	001
PAI	47-4952474	001
PAYCHEX	16-1124166	001
PAYDAY	85-0413891	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PRINCIPAL	43-1929483	001
SINTAVIA	45-4745757	001
SLAVIC	01-0620969	001
T. ROWE PRICE	04-2515821	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TAG EMPLOYER SERVICES	73-1681659	001
TRANSAMERICA	36-6071399	001
TRHC PAYROLL BENEFITS	46-5726437	001
VOYA	52-1317217	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COADVANTAGE CORPORATION</u>	D Employer Identification Number (EIN) <u>27-3007025</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>04-1590850</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) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**COADVANTAGE CORPORATION
RETIREMENT SAVINGS PLAN**

**Financial Statements
and
Supplemental Schedule**

**December 31, 2019 and 2018
(With Independent Auditor's Report Thereon)**

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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Mayer Hoffman McCann P.C.

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Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhmcpc.com

Independent Auditor's Report

To Plan Administrator
CoAdvantage Corporation Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the CoAdvantage Corporation Retirement Savings Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2019 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee, and Massachusetts Mutual Life Insurance Company, the custodian, of the Plan, except for comparing the information with the related information included in the 2019 financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2019 and for the year then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2019 financial statements.

Other Matter - Supplemental Schedule

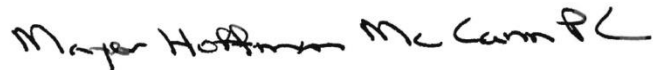
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Other Matter - 2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by Reliance Trust Company, the trustee, and Massachusetts Mutual Life Insurance Company, the custodian, of the Plan. Their report, dated September 20, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee and custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



July 30, 2020
Clearwater, Florida

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN**Statements of Net Assets Available for Benefits****December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets:		
Investments:		
Guaranteed interest account, at contract value	\$ 49,510,529	44,902,521
Mutual funds, at fair value	540,246,762	426,235,236
Self directed brokerage account, at fair value	1,457,400	1,395,720
Insurance company general account, at fair value	<u>-</u>	<u>18,890</u>
Total investments	591,214,691	472,552,367
Receivables:		
Participant contributions	1,602,368	1,453,216
Employer contributions	1,748,658	1,474,393
Notes receivable from participants	<u>9,942,031</u>	<u>9,516,355</u>
Total receivables	<u>13,293,057</u>	<u>12,443,964</u>
Total assets	604,507,748	484,996,331
Liabilities:		
Excess contributions payable	<u>903,446</u>	<u>457,970</u>
Net assets available for benefits	<u>\$ 603,604,302</u>	<u>484,538,361</u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2019

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 82,923,552
Interest and dividends	19,684,674
Interest income on notes receivable from participants	<u>565,904</u>
Net investment income	103,174,130
Contributions:	
Participant	54,666,199
Employer	20,583,384
Rollover	19,124,897
Other	<u>628,658</u>
	<u>95,003,138</u>
Total additions	198,177,268
Deductions from net assets attributed to:	
Benefits paid to participants	55,923,059
Administrative expenses	<u>3,148,800</u>
Total deductions	<u>59,071,859</u>
Net increase	139,105,409
Transfers in	47,088,322
Transfers out	(67,127,790)
Net assets available for benefits:	
Beginning of year	<u>484,538,361</u>
End of year	<u><u>\$ 603,604,302</u></u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2019 and 2018

(1) **Description of the Plan**

The following description of the CoAdvantage Corporation Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

(a) **General**

The Plan is a multiple employer defined contribution plan covering eligible employees of CoAdvantage Corporation (the “Principal Participating Employer”) and Adopting Employers. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Investment Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan’s investment offerings and monitoring investment performance.

The Plan uses Massachusetts Mutual Life Insurance Company (“MassMutual”) for recordkeeping and custodian services of its group annuity contract. MassMutual has entered into a trust arrangement with Reliance Trust Company (“RTC”) to act as trustee.

(b) **Contributions**

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollover”). Participants direct the investment of their contributions into various investment options offered by the Plan. Each Adopting Employer elects the level of safe harbor, matching and/or profit-sharing contributions. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations. Roth deferrals are allowed under the Plan, if elected by Adopting Employers.

(c) **Participant Accounts**

Each participant’s account is credited with the participant’s contributions and their Adopting Employer’s matching contributions, as well as allocations of their Adopting Employer’s profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

(d) **Vesting**

Participants are immediately vested in their contributions and their Adopting Employer’s Safe Harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant generally begins to vest in year one at (20%) and increases ratably until fully vested in year five. However, vesting schedules vary based on the Adopting Employer’s elections. Participants also become fully vested upon retirement age (65), death or becoming disabled.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(e) Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is the prime rate plus 1.00%. Principal and interest is paid ratably through regular payroll deductions. Loans must be repaid in five years unless they are for the purchase of a primary residence in which case the loan may not exceed 30 years.

(f) Payment of Benefits

Upon termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may take in-service withdrawals upon attainment of age 59 ½ or for immediate and heavy financial hardship needs, as defined in the plan document.

(g) Forfeited Accounts

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Adopting Employers' future matching contributions. Approximately \$1,087,000 of forfeited nonvested accounts were utilized during the year ended December 31, 2019 to pay plan expenses and reduce Adopting Employer contributions. At December 31, 2019 and 2018, forfeited nonvested accounts available for use totaled approximately \$1,347,000 and \$1,523,000 respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

(c) Investment Valuation and Income Recognition

Investments in mutual funds and the insurance company general account are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 for discussion of fair value measurements.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition - Continued

The guaranteed interest account is an investment option offered by MassMutual. It is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Under the terms of the group annuity contract, participants may direct permitted withdrawals and/or transfer transactions of all or a portion of their balance in the investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. The guaranteed interest account investment qualifies as a fully benefit responsive investment.

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs.

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

(f) Expenses

Certain expenses of maintaining the Plan are paid by the Adopting Employers and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Information Certified by the Trustee and the Custodian (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, RTC, the trustee and MassMutual, the custodian of the Plan, respectively, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments, excluding the insurance company general account, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018;
- Net investment income and related investment activity, as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019;
- Investments as presented in the Schedule of Assets (Held at End of Year), excluding the insurance company general account as of December 31, 2019 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(4) **Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- a) Quoted prices for similar assets or liabilities in active markets;
 - b) Quoted prices for identical or similar assets or liabilities in inactive markets;
 - c) Inputs other than quoted prices that are observable for the asset or liability;
 - d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs that are unobservable inputs for the asset or liability.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) 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, 2019 or 2018.

Mutual Funds: Valued at quoted market prices in an active market and represent the net asset value of shares held by the Plan and are classified as level 1.

Self-Directed Brokerage Accounts: Valued at the quoted market prices in active and inactive markets or quoted market prices for similar assets and are classified as level 2.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Assets Measured at Fair Value at December 31, 2019	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 540,246,762	540,246,762	-	-
Self-directed brokerage account	1,457,400	-	1,457,400	-
	<u>\$ 541,704,162</u>	<u>540,246,762</u>	<u>1,457,400</u>	<u>-</u>

Description	Assets Measured at Fair Value at December 31, 2018	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 426,235,236	426,235,236	-	-
Self-directed brokerage account	1,395,720	-	1,395,720	-
Insurance company general account	18,890	-	18,890	-
	<u>\$ 427,649,846</u>	<u>426,235,236</u>	<u>1,414,610</u>	<u>-</u>

(5) Related Party and Party-in-Interest Transactions

Certain Plan investments are administered by MassMutual; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for contract administration services paid to MassMutual were approximately \$2,351,000 for the year ended December 31, 2019. In addition, MassMutual receives revenue from service providers for services MassMutual provide to the funds. This revenue is used to offset certain amounts owed to MassMutual for its administrative services.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(5) **Related Party and Party-in-Interest Transactions - Continued**

If the revenue received by MassMutual from such service providers exceeds the amount owed, MassMutual remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The Principal Participating Employer may make a payment to MassMutual for administrative expenses not covered by revenue sharing.

During 2019, the Plan also paid the Principal Participating Employer approximately \$469,000 for administrative services. The Plan also paid approximately \$326,000 to other service providers for investment, legal, auditing and third party administration services.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

(6) **Plan Termination**

Although it has not expressed any intent to do so, the Principal Participating Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the Adopting Employers' contribution portion of their account.

(7) **Tax Status**

The Plan adopted the Massachusetts Mutual Life Insurance Company PS/401(k) Volume Submitter Plan sponsored by MassMutual. MassMutual, obtained a favorable opinion letter dated March 31, 2014. The Plan administrator has adopted all plan provisions within the volume submitter document and believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) **Risks and Uncertainties**

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

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Reconciliation of Financial Statements to Form 5500

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

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$ 603,604,302	484,538,361
Less: assets held by Transamerica recorded on the financial statements	-	(18,890)
Less: contributions receivable	(3,351,026)	(2,927,609)
Plus: excess contributions payable	903,446	457,970
Plus: assets held by Transamerica recorded on Form 5500	-	1,272,012
	<u>\$ 601,156,722</u>	<u>483,321,844</u>
Net assets available for benefits per Form 5500	\$ 601,156,722	483,321,844

The following is a reconciliation of the net increase in net assets per the financial statements to net income per Form 5500 for the year ended December 31, 2019:

Net increase in net assets per the financial statements	\$ 139,105,409
Plus: contributions receivable - beginning of year	2,927,609
Less: contributions receivable - end of year	(3,351,026)
Plus: excess contributions payable - end of year	903,446
Less: excess contributions payable - beginning of year	(457,970)
Plus: distributions on financial statements not on Form 5500	18,890
Less: distributions on Form 5500 not on financial statements	(1,272,012)
	<u>\$ 137,874,346</u>
Net income per Form 5500	\$ 137,874,346

(10) Transfers In and Out

Qualified plans sponsored by certain Adopting Employers may be merged into the Plan in conjunction with such Adopting Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Adopting Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

(11) Excess Contributions Payable

The Plan's statements of net assets available for benefits at December 31, 2019 and 2018 includes \$903,446 and \$457,970, respectively, of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(12) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through July 30, 2020, the date the financial statements were available to be issued.

Effective January 1, 2020 the MassMutual adoption agreement was restated.

On January 30, 2020, the World Health Organization ("WHO") declared that the outbreak of the coronavirus originating in Wuhan, China (the "COVID-19 outbreak") constituted a Public Health Emergency of International Concern ("PHEIC"), creating risks to the international community as the virus spread globally beyond its point of origin. On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally. The full impact of the COVID-19 outbreak continues to evolve as of the date the financial statements were available to be issued. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets.

As a result, there has been heightened market risk and the Plan's investment portfolio has incurred significant volatility in fair value since December 31, 2019. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

As a result of the Bipartisan Budget Act of 2018 and effective January 1, 2020, the requirement to suspend employee contributions and Company matching contributions to the Plan as a result of a hardship withdrawal was removed.

In December 2019, the Setting Every Community Up for Retirement Enhancement Act ("SECURE Act") was signed into law, related to required minimum distributions and the limitation of lifetime or stretch distributions to remain compliant under the applicable laws and regulations. These provisions are effective beginning January 1, 2020.

Additionally, on March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to \$100,000;
- Increased the available loan amount as described in Note 1 to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Extended the period for loan repayments, if applicable, up to one year.

The Plan is in the process of operationally being amended to implement certain changes permitted by the above law changes.

SUPPLEMENTAL SCHEDULE

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 27-3007025

Plan Number: 333

December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (If Applicable)	(e) Current Value
*	MassMutual Fixed Interest Fund	Guaranteed Interest Account	\$ 49,510,529
	American Funds Balanced	Mutual Fund	35,630,589
	American Funds New World	Mutual Fund	7,360,464
*	MassMutual Cashout Fund	Mutual Fund	306,367
	Dodge & Cox Global Stock	Mutual Fund	7,251,657
	Dodge & Cox Stock Fund	Mutual Fund	18,511,368
	Harbor Mid Cap Value	Mutual Fund	6,205,517
*	MassMutual Holding account	Mutual Fund	30,903
	Invesco Equity and Income	Mutual Fund	24,072,002
	Lord Abbett High Yield	Mutual Fund	5,545,607
	Morgan Stanley International Advantage	Mutual Fund	13,369,483
	Oakmark	Mutual Fund	10,966,193
	Oakmark International	Mutual Fund	7,500,973
	PIMCO Real Return	Mutual Fund	4,957,397
	Pioneer Strategic Income	Mutual Fund	3,413,279
	Premier US Government Money Market	Mutual Fund	2,810,183
	Putnam Small Cap Value	Mutual Fund	5,673,982
	Select T. Rowe Price/Frontier Mid Cap Growth II	Mutual Fund	14,958,157
	T. Rowe Price Blue Chip Growth	Mutual Fund	35,490,874
	Templeton Global Bond	Mutual Fund	1,748,762
	Vanguard Explorer	Mutual Fund	9,757,646
	Vanguard Institutional Index	Mutual Fund	48,341,696
	Vanguard Mid Cap Index	Mutual Fund	11,621,808
	Vanguard Small Cap Index	Mutual Fund	13,179,445
	Vanguard Strategic Equity	Mutual Fund	4,373,989
	Vanguard Strategic Small Cap Equity	Mutual Fund	2,476,006
	Vanguard Target Retirement 2015	Mutual Fund	3,772,161
	Vanguard Target Retirement 2020	Mutual Fund	23,236,126
	Vanguard Target Retirement 2025	Mutual Fund	30,083,523
	Vanguard Target Retirement 2030	Mutual Fund	40,065,260
	Vanguard Target Retirement 2035	Mutual Fund	32,035,299
	Vanguard Target Retirement 2040	Mutual Fund	28,920,847
	Vanguard Target Retirement 2045	Mutual Fund	21,705,931
	Vanguard Target Retirement 2050	Mutual Fund	15,863,709
	Vanguard Target Retirement 2055	Mutual Fund	10,577,537
	Vanguard Target Retirement 2060	Mutual Fund	3,748,553
	Vanguard Target Retirement Income	Mutual Fund	4,793,324
	Vanguard Total International Stock Index	Mutual Fund	1,063,779
	Vanguard Total Bond Market Index	Mutual Fund	2,970,349
	Vanguard Wellesley Income	Mutual Fund	5,434,927
	Western Asset Core Bond	Mutual Fund	20,421,090
	Schwab PCRA	Self Directed Brokerage	1,457,400
			591,214,691
*	Participant loans	3.25% - 6.75%	9,942,031
			<u>\$ 601,156,722</u>

* Party-in-interest

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
13th Floor Manager, LLC	46-1000275	0.30%
22 SMR Company, LLC	83-2925567	0.05%
90 Works	59-2299573	0.02%
A AAmerican Container	59-3354575	0.05%
AAA Technology & Specialties C	74-1687742	0.01%
AC AutoPay LLC	80-0721013	0.22%
ACAI Associates, Inc.	65-0020223	0.06%
Accent Signs	59-3286988	0.03%
Accurate Monitoring Limited	20-5795855	1.01%
AcuityIM LLC	37-1797643	0.11%
ADV Pediatric Surgeons PC	45-2500613	0.15%
Advanced Pharmaceutical Consul	59-3186282	0.75%
Advantage Property Management	51-0418931	0.13%
Aerospace Instrument Support,	75-2569845	0.01%
AGR Financial, LLC	22-3376977	0.10%
Air America A/C	16-1627653	0.13%
AJ Logistics	76-0541531	0.06%
Alan R. Heap, D.M.D., P.A.	59-2977900	0.33%
Alembic Pharmaceuticals Inc	46-1378951	0.02%
Alliance Coach, Inc.	27-0777094	0.04%
Almond Street Cold Storage	75-2856344	0.01%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Alpha Operations II, LLC	84-3276554	0.06%
Altitude Energy LLC	42-2741729	0.01%
AMCI Wireless, Inc.	85-0273340	0.09%
American Medical Depot	59-2337158	0.68%
Ameritape, Inc.	59-3018988	0.06%
Amherst Consulting Company LLC	45-3656202	0.10%
Ancor Holdings, LP	75-2516108	0.05%
Any Baby Can of San Antonio	74-2684333	0.02%
Apartment Association of Metro	84-0592187	0.12%
April USA Assistance INC	65-0564647	0.20%
Aqua Culture Technologies, Inc	23-3189319	0.02%
Aquatic Biosystems, Inc.	84-1040098	0.07%
Aran & Franklin Engineering In	75-2801753	0.09%
Arco Steel Company	22-0740657	0.01%
Arcturus Group LLC	26-0351320	0.02%
Arms Wide Open Adoption Services	74-2116380	0.14%
Artistry in Mosaics	65-0933394	0.18%
Aspen Auto Clinic	20-1188042	0.06%
Associated Personnel Services,	22-3730377	0.04%
At Home In Key West, Inc.	65-0951798	0.09%
ATN Consulting	38-3324809	0.04%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Austin Capital Bank SSB	20-2602253	0.64%
Aztec Software Associates, Inc	22-2483322	0.04%
B & B Blending LLC	46-3168281	0.05%
Bailey Tax and Accounting, Inc	59-2980126	0.03%
BA Insight, LLC	16-1665990	0.26%
Bakke Development Corp.	74-2790691	0.11%
Baldrige Mailing Services, In	75-2558008	0.16%
Ballard Family Dentistry, P.A.	20-1056775	0.15%
BallenIsles Community Associat	65-0151050	0.24%
Bankruptcy Global Holdings LLC	47-2328009	0.12%
Barco Pump	75-1431764	0.22%
Barnett Machine Tool	22-3479892	0.07%
BBB of Palm Beach County, Inc.	59-1261763	0.02%
Bent Pine Golf Club	51-0198590	0.15%
Best Western on the Bay Shucke	47-5314988	0.07%
Beta Squared Lithography. Inc.	06-1560046	0.05%
Blackfox Training Institute	84-1345711	0.01%
Blue Slate, LLC	80-0414946	0.07%
Bluebonnet School of Cedar Par	74-2963012	0.09%
Boca Bay Master Association, I	62-1342782	0.22%
BodyLogicMD Franchise Corp	26-4232799	0.64%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Bonfire Engineering & Consulti	81-3753483	0.05%
Boston Barricade Company, Inc.	02-0472117	0.40%
Brand 44, LLC	20-1562120	0.01%
Brasfield, Freeman, Goldis & C	59-1709234	0.07%
Broadcast Depot Corp.	65-0924489	0.04%
Bulbrite Industries, Inc.	13-2701380	0.29%
Bush Brothers Provision Compan	59-1370103	0.27%
Byte Consulting, Inc.	52-2286553	0.03%
C1 Partners	27-5110354	0.04%
C4 Advanced Tactical Systems,	87-0736523	0.48%
Call Management Products, Inc.	84-1088445	0.13%
Calvert Holdings, LLC	27-2229716	0.72%
Cambia Information Group LLC	90-0147959	0.20%
Cameron Works, Inc.	74-2299267	0.15%
Cano Health	26-4543872	0.48%
Cano Health Of West Florida LL	82-3547622	0.17%
Cantium Management LLC	81-5200854	5.36%
Capital Real Estate, LLC	90-0285280	0.52%
Capital Realty Advisors, Inc.	65-0192168	0.06%
Cardax Pharma, Inc.	46-2790734	0.09%
Caridad Center Inc.	65-0149423	0.16%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Carnie P. Bragg Funeral Homes,	22-1971690	0.01%
Casoro Group LLC	83-4637701	0.18%
CBR International Corp.	06-1665083	0.22%
Centra Healthcare Solutions, I	26-4282042	0.12%
Cerapedics Inc.	20-8302692	0.76%
Certus Psychiatry and Intergra	81-4615670	0.09%
Chadwell Supply, Inc.	26-0290810	0.01%
Chapman Smidt Hardware	74-1912977	0.01%
Charles E. Brown, III, DDS, PL	20-1272605	0.08%
Charter Software Inc.	84-1361133	0.57%
Chaucer America	20-8059086	0.24%
Circle Property Management	65-1062623	0.10%
Cite Partners, LLC	46-5358575	0.01%
Citizens Bank of Florida	59-0557762	0.91%
Citron Pharma, LLC	46-1733482	0.12%
Clean Energy Solutions, Inc.	20-5409816	0.05%
Closeouts, Surplus & Salvage,	22-3413052	0.09%
CM First Group	27-4188801	0.07%
CoAdvantage Corporation	27-3007025	0.11%
CoAdvantage Corporation	27-3007025	3.28%
Coastal HVAC Supply	26-2634002	0.18%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Colorado Lending Source, Ltd.	84-1171311	0.40%
Coloron Plastics Corporation	22-2270194	0.05%
Communication Construction Ser	65-0767680	0.07%
Community Asset Management, In	76-0348337	0.08%
Community Association Manageme	65-0527468	0.01%
Community Foundation of Collie	59-2396243	0.13%
Compensation Resources, Inc.	52-1668892	0.28%
Complete Communications Servic	35-2560783	0.09%
Complete Urgent Healthcare, LLC	45-1600063	0.07%
Concrete Precast Products, Inc	27-5549047	0.03%
Co nexus	37-1450529	0.22%
Connections for Business	65-0024224	0.10%
Contract Leasing Corporation	22-3101115	0.41%
Copperwood Asset Management LP	36-4735414	0.03%
CORE Realty Holdings Managemen	20-3213310	0.31%
Coulton Creek Capital LLC	61-1582378	0.06%
Cox Stationers & Printers	22-2428262	0.03%
Craft Electric, Inc	59-3594719	0.01%
Creative Environmental Solutio	59-3226613	0.06%
Credit Bureau of Napa County,	94-1284710	0.03%
Crest Orthopedic Implants, LLC	84-3149321	0.05%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Cross Keys Capital, LLC	30-0395843	0.13%
C Serv Commercial Services	20-4887248	0.03%
CTD, Inc.	75-2502059	0.09%
CTNS Logistics, LLC	20-8924143	0.03%
Cudjoe Sales	650899731	0.06%
Dallas White Rock Marathon	75-1562942	0.01%
Dalmatian Fire Equipment	26-0316399	0.14%
Datanet, Inc.	84-1533562	0.06%
David A. Kinser & Associates,	59-3050614	0.32%
David E. Riggs (JHRA)	20-0989759	0.07%
Day Farms, Inc.	58-2069467	0.08%
DBE Utility Services	20-1331070	0.10%
Denver Indian Health & Family	84-0724261	0.04%
Derrick Kinney	45-7654730	0.08%
Deutsche Windtechnik, Inc.	32-0546501	0.20%
Dinesh Khanna, MD LLC	59-3538029	0.37%
Direct Mail Impressions, Inc.	65-0124253	0.02%
Distinctive Life Cremation and	45-4980845	0.04%
Diversified Machine Systems, L	45-2560771	0.09%
DME Shoppe Fort Myers, Inc.	36-3500976	0.19%
Dobler Consulting Services LLC	45-2894247	0.05%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Donna R Uliva	20-2976098	0.01%
E & W Tool and Supply, Inc.	83-0524495	0.23%
Eagle Fire Protection	59-2621955	0.12%
Economic Literacy Colorado	84-0646077	0.02%
EECON Construction Services	20-8863518	0.10%
ElderAuto, Inc.	43-2060222	0.02%
EMD, Inc.	75-1940681	0.02%
Engineered Tax Services, Inc.	20-5936724	0.28%
Environmental Risk Management,	65-0922629	0.10%
Envision Creative Group Inc.	06-1685300	0.01%
Epoch Properties	59-1308295	0.26%
Ergotronix, Inc.	81-0885973	0.05%
Ericsons Bicycles Inc.	75-1796806	0.14%
eTech Web, Inc.	74-2502517	0.02%
ETI Financial Corporation	59-2611508	0.13%
Evolution 2000, Inc.	13-4025150	0.03%
F & J Specialty Products, Inc.	59-1937255	0.08%
Fabworx Solutions, Inc.	43-1972448	0.41%
Fast Furniture Repair LLC	46-2210880	0.09%
Federal Engineering & Testing,	80-0831583	0.02%
Feer, Inc.	59-3391964	0.06%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
First Lone Star Pharmacy Group	27-1882472	0.02%
Flatirons Field Services, LLC	46-0828556	0.51%
Fleet Lease Disposal, Inc.	59-1951844	0.22%
FlexGen Power Systems Inc	47-4542499	0.15%
Florida Acquisition & Appraisa	59-3331947	0.04%
Florida Breaker	65-0402243	0.01%
Florida Communication Contract	82-2795003	0.02%
Francis R. Morse, PA	59-2682160	0.04%
Frontline Property Management	75-2692726	0.13%
Frost Creek	47-3298026	0.01%
FSA Network Inc.	65-1058868	0.30%
Fudge & McArthur, P.A.	20-0045280	0.12%
Fuerst Day Lawson, Inc.	98-0379592	0.09%
Full Throttle Direct Mail, LLC	81-4106845	0.01%
Fundadministration, Inc.	13-4087580	0.30%
Futurum Inc.	74-2783501	0.11%
GAB Endoscopy Center, Ltd.	54-2095652	0.05%
Galbraith PLLC	82-3295947	0.14%
GA MA & Associates, Inc.	59-1636454	0.04%
Gateway Diagnostic Imaging, LL	56-2487696	1.43%
Geier's Choice Meats	59-2130086	0.63%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Geltrude & Company, LLC	22-3363665	0.24%
George Beddie	55-6528633	0.01%
Global Marine Travel	65-1156995	0.20%
GNJ Associates, Inc. dba Profo	20-3603113	0.10%
Golf Agronomics Supply & Handl	14-1708544	0.23%
Golf Cars of Houston LP	83-0395516	0.02%
GolfTec Boulder	45-3267473	0.02%
Gonzer Administrative, LLC	20-8073865	0.04%
Gooding's Supermarket, Inc.	59-1292169	0.09%
Granada	27-1629955	0.02%
Great Hills Golf Club of Austi	74-2373759	0.11%
GreatAuPair, LLC	94-3407085	0.03%
Greater Erie Surgery Center, L	20-8251988	0.03%
Green Thumb Palm Beach	82-3468349	0.29%
Greenberg, Walden & Grossman,	22-1890508	0.05%
Greenco Manufacturing Corp.	38-2348484	0.02%
GTMN Partners, LLC	20-2955144	0.04%
H.K. Metalcraft Manufacturing	13-1805127	0.10%
Hampton Inn	65-0851368	0.06%
Hampton Inn .	65-0794455	0.05%
Hampton Inn Grove Hotel	65-0502465	0.05%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Hampton Inn & Suites	26-1689696	0.12%
Hancock Mortgage Partners, LLC	26-4461592	0.73%
Harvest Strategy Group	26-1418121	0.11%
Heafey Bentley Mgt	86-1112261	0.04%
Health Scripts, INC	27-3322661	0.11%
Hertog Foundation, Inc.	26-2002295	0.10%
Hibiscus Children's Center, In	59-2632361	0.30%
HiConversion Inc.	20-5234651	0.04%
Highlands Integrative Pediatri	46-1038166	0.11%
Hiller Measurements, Inc	27-5127046	0.89%
Historical Society of Martin C	59-0913326	0.04%
Hoffer Pest Solutions, Inc.	46-4025686	0.06%
Hold Thyssen Inc.	59-3077038	0.08%
Hospital & Healthcare Compensa	22-2326784	0.02%
Hosted America LLC	90-0835482	0.02%
iCan Benefit Group LLC	20-2395888	0.08%
Idatix Corporation	59-3641278	0.09%
Ikon Science Americas, Inc.	26-2628321	0.16%
Impressions in Wood, Inc.	76-0356904	0.08%
Indital US Limited	76-0440628	0.14%
Infusion Treatment Centers	84-1287146	0.07%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Innovative Marketing & Distrib	65-0865124	0.09%
Integrated Premise Technology	59-3341649	0.04%
James E. Lang, MD, PA	65-0642257	0.13%
James P. Nolan and Associates,	20-1894028	0.03%
Janet H. & C. Harry Knowles Fo	01-0485964	0.44%
Jason Pozner, M.D., P.A.	65-0964784	0.07%
JDEtips, Inc.	81-4630165	0.01%
Jessica V. Shellard, CPA, LLC	26-1227430	0.01%
Jimco Sales & Manufacturing, I	75-1292034	0.13%
Jinko Solar U.S. Industries	82-3449638	0.10%
John Atencio Goldsmith, Ltd.	84-0793672	0.02%
John Cannon Homes, Inc.	65-0773295	0.16%
Joseph Giannone Plumbing, Heat	26-2338402	0.05%
Judi's House	84-1600797	0.62%
Juniper Residential Management	45-1349594	0.19%
Karats & Carats of Maitland, I	59-2694065	0.01%
Keg Logistics, LLC	47-4513859	0.32%
Kennedy Investments, Inc.	59-2731447	0.02%
Kenworth of South Florida	20-4562303	0.11%
Keys Insurance Services, Inc.	13-4259726	0.08%
Kidds Quality Cleaning	20-1942423	0.09%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Kids House of Seminole, Inc.	59-3415005	0.13%
Kimbrough Fire Extinguisher Co	75-2018729	0.18%
Kings Point in Tamarac, Inc.	59-2363040	0.06%
Kinser Construction Company	73-0732015	0.01%
Kirby Restaurant Supply Compan	75-1907197	0.13%
Klapprodt Pools I Ltd	56-2613200	0.12%
Kleen Products, Inc.	73-0744170	0.01%
KLEO, Inc. dba Classwallet	27-0308480	0.02%
Krazy Kat Sportswear, LLC	22-3480562	0.67%
KS2 Technologies, Inc.	75-2453972	0.61%
Lake Worth Christian School So	59-0855397	0.18%
Lakes of Delray, Inc	59-2596584	0.03%
Lakeside Family Dentistry	20-8243635	0.09%
LandQwest Commerical LLC	20-2555957	0.02%
LandQwest Property Management,	20-4638956	0.02%
Landreth Lighting, Inc	26-3850392	0.43%
Lane Electronics and Alarm Sys	59-2907302	0.04%
Lanier Education and Research	75-2076531	0.03%
Laser Scientific, LLC	83-0389053	0.12%
Lawrence Lowy Associates	13-3779161	0.19%
Lee Architects/Interior Design	84-0795654	0.06%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Level Four Orthotics and Prost	83-0359603	0.01%
Levenger Company	65-0220430	0.19%
Levine Contract Furniture Group	13-3861834	0.05%
Liberty Resources Management C	61-1724291	1.12%
Lidochem, Inc.	22-2354639	0.24%
Lingo, Inc.	59-3233818	0.14%
Lingoport, Inc.	84-1586079	0.12%
Linque Management Company Inc.	11-3050659	0.18%
Littlestone Management	51-0630065	0.01%
LliBott Consultorios Medicos	47-4324790	0.01%
Locke Solutions	32-0351975	0.02%
Loftwall, Inc.	45-5598803	0.03%
Lone Star Pediatrics	54-2115447	0.11%
Lux Art Silks International, I	65-0950055	0.06%
M.C. Miller Co., Inc.	22-1777475	0.14%
Manda Machine Co. Inc.	75-1231525	0.08%
Mango Bottling, Inc.	59-3132873	0.40%
Mark L Meyer MD PLLC	55-0869609	0.02%
Martab Physician and Hospital	22-1808293	0.06%
Matthews Design Group	20-2968948	0.49%
Mayacoo Lakes II Club Inc.	27-0501192	0.02%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
McHenry Consulting Inc.	81-0563681	0.11%
Mealey Group, Inc.	65-1043421	0.61%
Meco Miami Inc.	81-0611440	0.02%
Medical Laboratory Diagnostics	22-2768584	0.18%
MedKeeper	84-1452303	0.48%
Medplex Outpatient Surgery Cen	78-0353620	0.11%
MedSafety Solutions LLC	46-4783944	0.73%
Meritus Corp.	20-5355432	0.01%
Meriwether Management Company,	27-2997758	0.01%
Merlin IT Support, Inc.	20-1250191	0.02%
Metropica Development, LLC	32-0417365	0.03%
Micro Integration & Programmin	73-1461043	0.15%
Milano Brothers International	13-1044608	0.01%
Minga Education Group, Inc	83-0535515	0.07%
Moczulski & Moczulski Properti	76-0633161	0.35%
Mohrmann Pharmacies	74-1727322	0.02%
Momentum Solar	27-1242539	0.42%
Montessori School of Evergreen	20-2126847	0.04%
Morris Law Group	65-0288993	0.25%
MSA Annuity, LLC	51-0503284	0.03%
Mueller Law, PLLC	27-4651001	0.13%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Murphy, Miller & Baglieri, LLP	20-1689274	0.39%
Murrell, Inc.	59-2193650	0.07%
National Society of Hispanic M	27-0436759	0.06%
Nationwide Marketing Group LLC	55-0817538	1.64%
NetVU	75-2107124	0.09%
New Deal Mercantile, Inc.	74-1757175	0.01%
New Wide Industrial (USA) Co.,	27-0865711	0.06%
Newcastle Properties, Inc.	84-0928079	0.02%
Nickel Plate Properties & Mana	26-2646032	0.06%
Nippon Concept America, LLC	99-0373678	0.12%
North Collin County Habitat fo	75-2443511	0.06%
NPZ Law Group, P. C.	22-3241533	0.14%
Nuco Title Insurance Agency, I	22-2430527	0.01%
Office Furniture Now Inc.	81-1857489	0.01%
Open Education LLC	27-4450263	0.43%
Options Information Technology	20-3855394	0.53%
Orange Care Group South Florid	47-4427709	0.78%
Orazul Energia Management LLC	81-4706450	0.06%
Orchid Island Golf & Beach Com	65-0194373	0.04%
Orthopedic Surgery Center of C	59-3594816	0.47%
Our Father's Children, Inc.	20-0647744	0.02%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Outrigger Energy, LLC	46-3634542	0.26%
Pacesetters, Inc.	59-2387581	0.06%
Palatka Oaks Apartments	06-1819528	0.01%
PAN Technology	22-1470808	0.77%
Par One Construction	59-3125017	0.01%
Parsley Construction	59-3007984	0.01%
Parthenon Medical Center	27-4083175	0.03%
Pathfinder Business Strategies	20-0635855	0.04%
PEBB Capital Management	46-5680624	0.10%
Pediatric Alternative Treatmen	65-1012818	0.05%
Peebles Prosthetics, Inc.	84-1160766	0.29%
Peggy Adams Animal Rescue Leag	59-0637811	0.13%
Performance Physical Therapy o	06-1693930	0.39%
Perry Baromedical Corporation	65-0314327	0.07%
Persons Auto Parts Inc.	59-2049137	0.01%
Petros Services, LLC	80-0776392	0.07%
Pharmacy Development Services,	16-1627653	0.53%
Picsolve, Inc.	20-2191432	0.11%
Pilgrim Mortgage, LLC	30-0382471	0.32%
Pinnacle Hotel Management, LLC	52-2051492	0.30%
Pinnacle Mountain Homes	20-3608699	0.08%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Pirtek Love Field	27-3047126	0.02%
Pivot Point Security, Inc.	22-3752669	1.22%
Plan B Inc.	74-2893221	0.06%
Platinum Parking	20-1787335	0.12%
Port A Pit, Inc.	59-2120599	0.02%
Powers Drive Animal Hospital	27-1247598	0.02%
Precise Cable Inc.	84-1332801	1.05%
Precision Forms, Inc.	22-1570418	0.01%
Preston Road Pharmacy, Inc.	75-1310085	0.17%
Prime Rock Resources LLC	82-0635795	0.17%
Princeco, Inc.	20-2014510	0.25%
PrintGlobe, LLC	83-2918087	0.16%
Product Source International D	22-3749078	0.32%
Professional Management, Inc.	59-1725802	0.12%
Proscape Holdings, Inc.	20-2495327	0.12%
Providence Energy Corporation	75-2493397	0.97%
Purely Elizabeth LLC	82-0839763	0.17%
QC Laboratories, Inc.	59-1095059	0.10%
Queue Software Inc.	47-1052622	0.02%
Quick Holdings	81-4822467	0.13%
Quist Valuation, Inc.	84-0952849	0.04%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Qv21 Technologies Inc.	45-4205090	0.01%
R Investments, RLLP	20-8043471	0.01%
Raymark Mechanical, Inc.	76-0463618	0.03%
REB Technologies, Inc.	75-2684918	0.07%
RedStick Golf Club	91-1941655	0.13%
Reinland Corp.	75-2358778	0.04%
RH Trust	22-3591395	0.02%
RHDC International, Inc.	45-5977653	0.01%
Rival Downhole Tools	30-0144542	0.51%
RNB Associates, Inc.	46-1924643	0.03%
Robert W. Payne, DDS	59-3510533	0.02%
Roma Industries LLC	13-4108320	0.05%
Ron Stanley & Son Plumbing, In	75-2483900	0.02%
Royal Coachman Worldwide, LTD	22-1891548	0.04%
RPNT Acute Services	75-2714866	0.31%
RW Gonzalez Office Products	22-3874665	0.01%
S&P Management Services, Inc.	20-4521989	0.03%
S2C Management, LLC	47-1739586	0.01%
Salon West of Largo Inc.	20-1376596	0.14%
Sassy Business Management, Inc	27-3356253	0.21%
Sciperio, Inc.	73-1528382	0.20%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Scott Fischer Enterprises LLC.	27-3903038	0.27%
Scott, Singleton, Fincher and	75-1830742	0.08%
Scura, Wigfield, Heyer & Stevens, L	22-3723735	0.16%
Security Identification System	65-0503496	0.07%
Seilevel Holdings, Inc.	26-3872361	0.41%
SERVPRO of Champions	76-0499151	0.08%
Shadow Wood Community Associat	65-0811616	0.08%
Shear Express, Inc.	59-3025010	0.19%
Sheffet & Dvorin, P.C.	22-3624121	0.05%
Shingle Creek Real Estate Advi	20-3599153	0.07%
Silva Markham Partners LLC	47-2546681	0.05%
SimpleShow USA Corp.	37-1749888	0.23%
SMG Property Management, Inc.	52-1653151	0.04%
Smith Security System, Inc	59-2747791	0.01%
Smokey Valley Stone Company, I	59-3505180	0.06%
Solarus Technologies, Inc.	45-5263753	0.37%
Solera Specialty Pharmacy, LLC	46-2221080	0.02%
Sondermind	82-3006071	0.20%
South Coast Hydraulics	76-0513282	0.03%
Southern Storage Management Sy	65-0272140	0.02%
Spear Point Energy, LLC	27-1531349	0.07%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Spotlight Media Solutions, Inc	28-2222678	0.03%
Spring Place	47-3777636	0.24%
Spring Studios New York, LLC	27-3192017	0.19%
Stainless Marine, Inc.	59-2640676	0.01%
Steelecreek Management, LLC	80-1591837	0.03%
Stitch & Couture, Inc. dba Lei	13-3862975	0.29%
Stone Bond Technologies	03-0413214	0.02%
Studio Completiva Inc.	84-1312592	0.16%
Substance Solutions, Inc.	26-1646246	0.05%
Sunfresh Produce Inc.	45-4350697	0.01%
Sunshine Construction LLC dba	20-8781325	0.08%
Sunstate Bank	65-0878433	0.37%
Super Organic Foods Inc.	46-5751661	0.01%
Surgical Specialists of St. Lucie	26-0176703	0.04%
Susan E Dozier, M.D., P.A.	01-0690116	0.10%
SW Community	82-4810941	0.03%
Synergy Partner Group, LLC	46-5560513	0.04%
Taffin, LLC	13-4103858	0.01%
Tailwind Advisors, LLC	26-3561950	0.15%
TALO Paris Physicians	81-3875588	0.01%
Tampa Bay Battery	82-3282498	0.07%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Targus Associates, LLC	27-1751226	0.01%
Tarrant County Infectious Dise	75-2712328	0.45%
Tate Development Corporation	59-2649349	0.05%
TaxServ, LLC	54-1792131	0.05%
Teksavers, Inc.	45-0462805	0.07%
Telecom America Services, Inc.	74-2895614	0.12%
Tellus LLC	46-5083551	0.14%
Temporary Housing Directory, I	75-2946349	0.04%
The ALS Assoc. Golden West Cha	95-4163338	0.17%
The Bain Law Firm PC	76-0694094	0.11%
The Conservatory Day Spa & Sal	49-0246170	0.03%
The Country Club of Florida	59-6017596	0.29%
The Cyberknife Center of Miami	14-1875297	0.01%
The Hartline Alarm Company	59-3169722	0.02%
The Matrix Financial Group, In	65-0679588	0.05%
The Orlando Dental Group	20-2341885	0.07%
The Resolution Project Inc.	26-4394051	0.04%
The Restaurant People Manageme	65-0988801	0.17%
The Weiler Engineering Corp	65-0413376	0.23%
The Westmont Montessori School	22-1756061	0.07%
The Weston Group	76-0568789	0.03%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Thermo King of the Southeast	20-8432054	0.41%
TI Communities HR LP	82-2365637	0.51%
Tierra Group International, Lt	45-3766365	0.20%
Today's Vision	76-0399898	0.03%
Tom Sharpe Construction, Inc.	75-2628518	0.02%
Tomoe Engineering USA, Inc.	46-2571750	0.11%
Total Equipment Solutions, LLC	47-4449485	0.02%
Tots and Tykes Pediatrics, P.A	75-2941829	0.08%
Trademark Media Corporation	20-0213624	0.40%
Transcendent Investment Manage	65-0241332	0.01%
Treasure Village Montessori	65-0842097	0.13%
Trendline Interactive, LLC	27-3334784	1.19%
Tricarico Architecture and Design	20-0533648	0.30%
Tridex Systems	84-1447129	1.77%
Trifecta Networks LLC	82-3534139	1.60%
Tri Motion Industries	59-3251913	0.04%
Trimpa Group LLC	27-3045059	0.13%
Trinity Habitat for Humanity	75-2239189	0.02%
Tri State Pain Institute, LLC	26-1827801	0.06%
Truckmax, Inc.	65-0731268	0.07%
Two Elk Investments, LLC dba Billor	47-1925102	0.11%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Tyco Electrical Services Inc.	76-0496424	0.06%
TyRex Group, LTD	74-2942280	0.52%
UCF Convocation Corporation	16-1733312	0.15%
Ugarte & Associates, Incorporated	59-2401460	0.05%
United Community Management Co	65-0274278	0.38%
Unzipped Apparel Sales, Inc.	02-0731076	0.17%
USPLY LLC	45-5162506	0.22%
Valley Vascular Surgeons, P.C.	86-0370412	0.02%
Van Wezel Foundation, Inc.	59-2807055	0.04%
Vapor IO, Inc.	47-3475171	1.29%
Vartek LLC	20-1678289	0.04%
Venetian Condominium, Inc.	59-1303036	0.01%
VeraData LLC	27-1465902	0.12%
Veratics, Inc.	46-1979298	1.13%
Viax Dental Technologies LLC	46-1349269	0.14%
Vidalta Property Management	47-5131173	0.03%
Village of Excellence Academy	48-1304650	0.01%
Virtual PICU Systems, LLC	20-1414664	0.21%
vitaMedMD, LLC	26-2704476	0.04%
Voyages to Antiquity LLC	42-1768667	0.16%
Walkingspree USA Ltd.	26-2358944	0.07%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Warm Thoughts Communications,	13-3715190	0.22%
Warren Hollow Metal Doors & Fr	59-2591254	0.06%
Waterblasting, LLC	47-2876221	0.09%
Wave Technologies	75-2309151	0.19%
WDG Architecture NAPLES, Inc.	83-1572620	0.01%
Wealth Preservation Solutions,	86-1061084	0.17%
Web Hed Technologies, Inc. dba Webh	74-2882434	0.10%
WEM, LP dba Westmoore Apartmen	38-2986280	0.02%
West Broward Community Managem	01-0626784	0.01%
Westfield Development Company,	47-5628288	0.43%
WestWater Energy LLC	27-3029550	0.02%
Whetstone Engineering & Testin	65-0461695	0.05%
Willowbend Investments, Inc.	48-1110937	1.25%
Windhaven Surgery Center, LLC	20-8251890	0.03%
Women's Integrated Network	13-3989836	1.04%
Workover Solutions	46-2267569	0.73%
World of America Global Partne	20-4548162	0.15%
World Precision Instruments, L	81-1802254	1.30%
YB Fitness, LLC	47-3173854	0.02%
Your Auction, Inc.	01-0750277	0.01%
Zip Consulting	46-1395638	0.09%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Trust Hospitality LLC	32-0288144	73.56%
eventPower	54-1813925	26.44%
365 Enterprises LLC	46-5639798	0.68%
4675 Investments, Inc. dba Wes	59-3702694	0.00%
924 Petcoral LLC	47-4659190	0.00%
A-1 24 Hour Service Inc.	65-0891963	0.00%
Ace Electric Service Company,	27-1494757	0.00%
Ace Electrical Service of Nort	20-4999192	0.00%
Action Air, Inc.	65-0285865	0.01%
Adams County Dairies	83-4058478	0.20%
Adler Family Dental LLC	22-3780238	0.21%
Advanced Marketing & Processin	59-3811155	0.72%
Advanced Telecom, Inc.	59-3015968	1.51%
Advanced Ventures, LLC	26-2166165	0.07%
After Market Services, Inc. db	59-2733205	0.01%
AGS Installations, Inc dba Roo	26-3492498	0.01%
Aircraft Maintenance Specialis	65-0088882	0.10%
Airway Technologies, LLC	27-1498276	0.00%
AIS-JAX, Inc.	02-0710297	0.11%
All American Surveyors of Flor	59-3464599	0.11%
Alliance Retail Construction,	32-0266470	0.25%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Allstate Storefront Systems, I	75-2696794	0.00%
Alpen HPP, LLC	45-5515377	0.12%
Alpha Omega Co USA, Inc	58-2580239	0.06%
America Sunshine LLC	65-6525725	0.00%
American Academy of Nurse Prac	52-2216259	1.83%
American Academy of Pediatrics	58-1164164	0.14%
AndorHealth, LLC	83-1558230	0.03%
Apartment Concepts Unlimited	20-8040843	0.40%
ARC Dialysis LLC	81-4179179	1.18%
Arcadia Consumer Healthcare, I	82-5378086	0.00%
Archimedean Academy	02-0607904	4.74%
ASPENBLUFF, LLC DBA Aspen Cou	82-3987019	0.00%
Asset Navigator, LLC	26-0302557	0.05%
Atlantis Management Services L	65-1063729	0.00%
AVL Systems, Inc.	59-2612461	0.00%
BabySparks	46-1892580	0.00%
Barlop, Inc.	59-2288364	0.20%
Barta Media Group	14-2009837	0.00%
BBD USA LLC	38-4016359	0.29%
Belladona XX LLC	47-4350392	0.00%
Beller Smith, P.L.	27-1220989	0.28%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Benson Engineering Company	75-1013468	1.83%
Berkley Primary Care, PLC	14-1839021	0.04%
Best Western Plus Siesta Key	46-0543005	0.24%
Betteridge Jewelers, Inc.	06-0963121	0.00%
BlackRidge Technology	27-2460725	0.00%
Blackstock Consulting Inc.	81-2480295	0.00%
Blackstone America	65-0576903	0.01%
B-Line Carriers, Inc.	59-3690511	0.07%
Bob Hill Inc	59-0661820	0.00%
Bonita Bay Community Associati	59-2497446	7.50%
Bonita Springs-Estero Realtors	59-1708371	0.09%
Breathe Easy Medical, Inc.	20-1560238	0.53%
Brighton Animal Clinic	81-1565037	0.08%
Broedell Plumbing Supply, Inc.	59-2743259	0.59%
Brooks, Sheppard & Rocha, PLLC	84-3929499	0.00%
Brownings Nursery & Landscapin	59-2031099	0.00%
Bruce J. Levine DPM PA	59-3285417	0.00%
Bruce Rossmeyer's Daytona Harl	59-3205613	0.00%
Bruce Rossmeyer's New Smyrna B	20-2178089	0.00%
Bruce Williams Benchmark Homes	02-0794906	0.08%
Bug Master Pest Control & Exte	59-2023174	0.05%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Bulk Manufacturing of Florida,	59-3665344	0.06%
Byzloan Tampa, LLC	83-1487052	0.02%
California Pipeline Inspection	47-3211297	0.09%
Cape Coral Housing Development	65-0383037	0.03%
Capri Isles Golf, Inc	59-1380785	0.17%
Carewave, Inc	56-2349464	0.01%
Carleton Energy Consulting	46-0589300	0.00%
Carlisle Property Management,	65-0712618	0.37%
Carlyle Jupiter Island	65-0840198	0.07%
Carras Services, LLC	27-2188539	0.16%
Cattle Dog Coffee Roasters, Inc.	26-1542839	0.04%
Cebert Wealth	46-5291738	0.18%
Central Engineering Supply Co.	75-0181620	0.03%
Central Florida Window & Door,	45-4220189	0.00%
CentralLink Corp. DBA CentralLin	95-4873856	0.04%
Check Agencies of California,	94-2964123	0.53%
Circle Square Foundation	83-6900093	0.00%
Clarke Construction Group, Inc	84-1709113	0.11%
Clean Air Technologies - HVACR	65-0506464	0.01%
CoAdvantage Corporation	27-3007025	0.00%
Coastal Neurology, Inc.	59-3609982	0.28%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Cochran Consulting, Inc	75-2118274	0.07%
Commercial Wood Designs, Inc.	27-0087018	0.00%
Confiant, Inc.	46-1749127	0.00%
Construction Solutions, Inc	59-3333568	0.12%
Contemporary Plastic Surgery	43-2011710	0.26%
Converged Services Inc	26-3265020	0.00%
Council For Quality Growth	58-1664710	0.02%
Creative Leaning Systems, LLC	81-5084073	0.02%
Crest Builders, Inc.	37-1753278	0.01%
Crooms Fleet Services, Inc.	46-4545555	0.01%
Cuddle Barn, Inc. DBA Cuddle B	45-3835604	0.22%
Cummings Appraisal Group, Inc.	20-8640410	0.07%
Curbco, Inc.	65-0073113	0.17%
Custom Designed Security Syste	59-2128804	0.01%
Cutting Loose Salon, Inc.	26-0705355	0.00%
D. Grover, Inc.	20-1594165	0.02%
Dallas Afterschool	76-0838983	0.39%
Danford F&B, LLC	81-1091887	2.08%
Danico Medical	20-2213119	0.00%
Daniel C. Bush, DDS PLLC	74-1963414	0.07%
Delta G. Consulting Engineers,	65-0361739	2.75%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Delwin Realty	51-2246622	0.00%
Dennie Miller Plumbing, Inc.	65-0667969	0.00%
Digital Boardwalk, Inc.	26-4639955	0.14%
Discount Two Way Radio Corpora	95-4890200	0.00%
Diverse Charter Schools Coalit	45-2849094	0.00%
Dodd Enterprises	59-2242307	0.02%
Dovetail-Wood Traditions, Inc	20-1563175	0.00%
Duffy Air Systems, Inc	65-0488079	0.10%
Dune Entertainment Partners LL	46-3754540	0.12%
Ed Schlitt LC	65-0881989	0.15%
Edwards & Mims Insurance Agenc	57-0407578	0.02%
EGH Painting, LLC	82-4967816	0.00%
ehs International Inc.	27-3972378	0.01%
El Capitan Sports Center, Inc.	59-1526084	0.00%
Elite Management Group LLC	35-2614867	0.00%
Elite Property Research, LLC	46-4454878	0.40%
Elixinol, LLC	47-2510704	0.12%
Emma Jewel Charter School, Inc	27-4427509	0.07%
EMU Health Services	81-1789833	0.40%
EMUSC, LLC	81-3077386	0.48%
enBio, Corp.	26-3530484	0.18%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Enviro-Ag Engineering, Inc.	75-2489308	0.40%
Environmental BioTech Internat	20-8233871	0.09%
Espen Technology, Inc.	26-1902898	0.58%
Ethosoft, Inc.	20-2913165	0.00%
Everything for Offices	84-1087408	1.55%
F&F Environmental, Inc	59-3514368	0.02%
Fiberlite Umbrellas, Inc.	65-0184256	0.11%
Fischer Hardware Inc	76-0291076	0.00%
Florida Gulf Coast Vacation Ho	45-1257505	0.46%
Florida Transport Service, Inc	59-1551645	0.08%
Flower Mound Dermatology	11-3691473	0.02%
Forma-Kool Manufacturing, Inc.	38-2324437	0.03%
Freedom Portables, LLC	20-5256764	0.02%
Funderburk Electrical Services	26-4489977	0.82%
G & S Sales, Inc.	75-2197738	0.15%
Gatorland Kubota Equipment Com	47-1805614	0.02%
Gene Love Contracting, Inc.	57-1043571	0.00%
George Kostakis, P.A.	59-2916508	0.06%
GJ Endeavors Inc dba Sport Cli	86-1090999	0.01%
Granite Management Group, Inc.	82-0716535	0.00%
Great Job Spot, Inc.	59-3714664	0.47%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Hawk Island Leasing, LLC dba T	26-2353794	0.10%
Heron Creek Associates, LTD	65-0870275	0.07%
Hole in the Wall Drywall Repai	46-5137416	0.00%
Holliday Karatinos Law Firm, P	87-0778702	0.10%
Horizon Italian Tile	75-2633490	0.01%
Horticultural Arts & Park Inst	59-3378866	0.00%
HRM Resources III, LLC	82-2518769	0.45%
HSD USA, Inc.	52-2299080	0.02%
HTLC Ventures Inc.	59-3731484	0.38%
Humane Society Of Manatee Coun	59-1819652	0.06%
Hurley Corp. dba H & E Air Car	51-0425920	0.04%
Hydro-E-Lectric	04-3157845	0.06%
I-Log, LLC	20-3683553	0.04%
Image 360 Arlington	75-2674909	0.02%
Imperial Fire Protection, Inc.	13-4228875	0.01%
Independent Medical Associates	20-4082856	0.04%
Insight Wealth Partners, LLC	27-2626130	0.16%
Integrated Support Services	54-2117810	0.97%
Intermark Management Corp	57-0836340	0.37%
International Medical Manageme	45-4786965	0.02%
Intra Dental, Inc. dba Corners	20-8984561	0.00%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
iNX Building Maintenance Solut	05-0522919	0.01%
J. Cauley & Associates, LLC	45-1662045	0.10%
J. Meyers Custom Builder Inc.	59-3524628	0.04%
Jaeger Spindles North America,	36-4796417	0.00%
Jeff Montgomery Associates	59-2366512	0.05%
John A. Tucker, M.D., P.A.	63-0994137	0.17%
Juice Beauty, Inc.	94-3380263	2.53%
Kahn Properties, Inc.	57-0871207	0.08%
Kapp Morrison, LLP	81-2894063	0.57%
Karlville Development, LLC	65-0989770	0.01%
Key Hotel Group, LLC	46-1409914	0.27%
Kilbourne Heating & Air Condit	59-2842891	0.08%
Kristin M. Jackson, LLC	83-1677882	0.01%
Lamotte Builders	57-0724098	0.00%
LAN Infotech, LLC	80-0392071	0.63%
Laser Pegs Ventures LLC	27-3356323	0.02%
Law Offices of Langley & Chang	46-5365600	0.00%
Lawn Pro Maintenance Inc.	59-3648783	0.00%
Lead Resort Management, LLC	84-2887987	0.00%
Life's Abundance, Inc.	46-5246499	0.69%
Lindsay Warren, LLC	84-2634821	0.04%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Linksters Management, LLC	26-1403283	0.63%
Lint out of SW FL, Inc.	47-4561333	0.00%
Locklear & Associates Professi	45-5224708	0.02%
Lucky's Tattoo & Medical Suppli	59-3654931	0.00%
M & S Steel, Inc.	58-1705022	1.65%
Maccio Enterprises, LLC dba Th	82-1199589	0.12%
Mackel Arthur Carter Enterpris	27-2045135	0.20%
Madern USA, Inc.	20-4039228	0.00%
Malin-Diaz Irrigation	59-3646033	0.02%
Mariner Advisory Group, LLC.	34-1089734	0.00%
Mario Almeida, M.D. P.A.	65-0310039	0.10%
Mark Bond & Company, Inc.	75-2174264	0.04%
Master The Possibilities, Inc.	46-2693153	0.01%
Mazzola Oil Service, Inc.	20-4138659	0.75%
MB&R Engineering, Inc.	58-2486929	0.15%
Mebrom LLC	84-4635270	0.00%
MediaQurator, LLC DBA MediaQurator	82-4918496	0.10%
MedQIA, LLC dba MedQIA Imaging	20-5787819	0.49%
Melissa Delamo LLC	47-2326726	0.00%
Melissa Loves Miami LLC	46-2763775	0.00%
Melissa Orlando LLC	47-3105820	0.00%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Melissa Shoes	26-1830997	0.40%
Mid-Florida Primary Care, P.A.	03-0374583	0.26%
Mispro Biotech Services Corporation	80-0568381	0.39%
MNT Travel Corp	83-3272281	0.65%
Modern Air Solutions, LLC	46-1813227	0.06%
Monaco Boutique & Salon, Inc.	45-5236609	0.00%
Mts Of Jax, Inc.	46-3387334	0.02%
National Envy Employee Leasing	81-3577240	0.04%
Nature'S Garden Landscaping De	65-0238350	0.01%
Nauset Enterprises, Inc. dba A	59-3529402	0.01%
Navarre Lumber & Supply, Inc	59-2982397	0.00%
Neil L Matthews D.D.S.	38-3380242	0.00%
New Millenium Smiles dba Savan	58-2531858	0.14%
Newco Warranty Services, Inc.	65-0898491	0.00%
Nexcor Technologies, Inc.	23-3014348	0.07%
Niroc Consultants, Inc.	27-3237191	0.05%
NLTG, Inc dba The One to One G	04-3147676	0.00%
North Atlantic Painting Co	81-0678821	0.00%
North County Charter School, I	65-0865183	0.15%
Northwest Seafood, Inc.	59-3077199	0.01%
NSB Pub Enterprises, LLC	47-1210444	0.00%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit plan number 333
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Nutrakey	45-3688786	0.82%
Ocean Auto Center, Inc.	65-0206532	0.00%
O'Donnell Dannwolf And Partner	56-2438333	0.31%
One Spirit Learning Alliance,	27-0027902	0.00%
Optimal Energy Resources, Inc.	46-1173154	0.00%
Opus Behavioral	82-4834869	0.00%
OWA USA Corp	38-4078129	0.00%
Ozare Care, Inc.	65-1092691	0.10%
Paces MedEquip, LLC	26-1805301	0.22%
Packard Capital, LLC	83-3660975	0.03%
Palm Beach Capital Management	81-0725332	0.28%
Palmer Ranch Master Property O	59-2782438	0.05%
Patti Froeber Comprehensive De	41-1992469	0.14%
Peake, Fowler & Associates, PA	57-1102076	0.07%
Perry & Co.	84-0614213	0.01%
Petitt Worrell Rocha Sheppard PL	27-3424894	0.00%
Phase Engineering, Inc.	75-2502360	3.07%
Philip A. Bates, P.A.	59-3467087	0.02%
Phoenix Data Security, Inc.	45-2211547	1.67%
Physicians Development Program	65-0134855	0.05%
Point Charlotte, LLC	82-2307206	0.00%

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Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Polaris Health LLC	84-4576775	3.07%
Port Orange Pediatrics PA	57-1230607	0.01%
Port Orange South Daytona Cham	59-2074508	0.02%
Precipio, Inc.	91-1789357	1.02%
Preferred Composite Services,	65-0665511	0.00%
Premier Care Homecare	20-4448771	0.01%
Pro Medical East, LLC	22-3822364	0.00%
Proactive Technologies, Inc.	75-2710126	0.00%
Proficio	80-0655413	0.02%
PYA Alalytics, LLC	46-2482646	0.00%
QP3 Training Systems, Inc.	59-3646862	0.15%
Quorum Services, LLC	20-2148530	0.00%
Rallyday Partners	84-1771488	0.00%
Real Property Tax Advisors, In	16-1617905	0.12%
Rhodes & Brito Architects	59-3373968	7.68%
Riggs Partners, Inc.	57-0980003	0.27%
Rising Pharmaceuticals	83-3859401	0.31%
S & S Morris, LLC	81-2725569	0.00%
Sanctuary Medical Aesthetic Ce	47-4097445	0.29%
Schlitt Property Management Inc.	65-0881989	0.05%
Scripps Poway Orthodontics	26-0260283	0.00%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Sean Patrick Enterprises, Inc.	65-0740101	0.19%
Seibert and Son, Inc.	58-1293673	0.02%
Senator International Freight	65-0914038	0.42%
Sescort, Inc.	13-3739542	0.00%
SIIA	52-1329859	0.00%
Slate Property Group, LLC	46-4040206	1.09%
Sleep Disorder Center Of Ft Wa	59-3182353	0.01%
SMT Financial Corp.	84-3542618	0.00%
Sohacki Industries, Inc.	59-3090535	1.11%
South Florida Stairs, Inc.	80-0956076	0.00%
Southeastern Marine Power, LLC	20-3844386	0.77%
Southern Crescent Pediatrics	58-1487734	0.28%
Southern Hospitality Wholesale	59-3112541	0.00%
Southern Montgomery County	74-1670450	0.08%
Spruce Capital Partners, LLC	77-0703500	0.17%
Stanley Tate Builders Inc.	59-0766919	0.00%
Stonebrook Family Medicine	20-0596759	0.06%
Stonehedge Management Corporation	46-0706740	0.06%
Street Smart Youth Project	80-0241296	0.04%
Summit Packaging Solutions LLC	81-0806773	0.00%
Suncoast Sales, LLC	20-5689224	0.75%

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C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Suntech Electrical Contractors	20-0173128	0.00%
Synergy Golf Group, LLC	83-2599698	0.42%
Target Graphics, Inc.	65-0064589	0.84%
Tec Services Group, Inc	22-3949732	0.05%
Texnmex RTO Ventures LLC	45-5454612	0.09%
The Brentwood Company, Inc.	59-1035928	0.29%
The Cabinet Center, Inc.	20-3755408	0.00%
The Coral Gables Trust Company	03-0536836	0.00%
The Education Foundation of Co	65-0230582	0.00%
The Filta Group, Inc.	98-0375567	0.54%
The Law Office of Eric A. Shor	23-2983232	0.37%
The Lighthouse Team, LLC	81-2051897	0.00%
The Lions Model Management, LLC	46-4941174	0.65%
The Practice Of Distinction, L	46-2478284	0.00%
The Talmadge Group, Inc.	58-2408467	0.00%
The Villages Spires Condominiu	59-1540770	0.06%
The Worrell Firm, LLC	84-3834422	0.00%
Tiger Valve Company, LLC	46-1197792	3.91%
Tire Zone Of Okeechobee Inc	26-0855130	0.01%
Tiro Security	45-5604173	0.01%
Total Office Solutions, Inc.	57-0902779	0.13%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
TruPharma, LLC	46-0598266	0.00%
Trust, LLC	30-1012437	0.00%
Twin Tails Seafood Corp.	65-0955178	2.22%
United Refrigeration Inc.	59-2182393	0.20%
Universal Specialty Pharmacy, LLC	82-1705409	0.02%
Urban Thier & Federer PA	20-3007435	0.00%
US Power Partners, LLC	83-0930872	1.49%
US Power Services, LLC	20-0079717	0.47%
Used Cardboard Boxes, Inc.	20-5115837	0.04%
Valdosta Country Club, Inc	58-0471100	0.00%
Value Store IT Management, Inc	27-0719304	0.00%
VectorGlobal WMG, Inc.	13-3699819	4.76%
Venture Home Solar, LLC	47-4266827	0.00%
Village Pediatrics, PC	46-2423012	0.00%
Vision Media Management	46-4810267	1.21%
Vista Interiors, LLC	83-3969091	0.00%
Voltair Consulting Engineers I	20-4452969	0.54%
Volvo of North Miami	46-5487666	0.14%
W.H. Barnes, Inc. dba Best Flo	59-3481433	0.00%
Warren Packaging, Inc.	46-1179050	1.38%
We Rek, Inc.	52-1046704	0.00%

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2019 - 12/31/2019	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

(a) Participating Employer Name	(b) Participating Employer EIN	(c) Percentage of Contributions
Wellesley Information Services, LLC	52-2206279	0.07%
Westlake Eyecare, PLLC	27-5442175	0.00%
Wofford Electric & Pump Supply	76-0659866	0.01%
Wolfe & Taylor, Inc.	47-2446000	0.11%
Yabzu Enterprises, Inc dba Esc	81-3398874	0.00%
Young Presidents Organization-	58-1835904	0.09%
Young's Electrical Contracting	65-1094639	0.16%
Yra Design Inc	32-0534481	0.06%
Zion Revenue Solutions, LLC	47-3130668	0.00%

**COADVANTAGE CORPORATION
RETIREMENT SAVINGS PLAN**

**Financial Statements
and
Supplemental Schedule**

**December 31, 2019 and 2018
(With Independent Auditor's Report Thereon)**

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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Mayer Hoffman McCann P.C.

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Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhmcpa.com

Independent Auditor's Report

To Plan Administrator
CoAdvantage Corporation Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the CoAdvantage Corporation Retirement Savings Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2019 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee, and Massachusetts Mutual Life Insurance Company, the custodian, of the Plan, except for comparing the information with the related information included in the 2019 financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2019 and for the year then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2019 financial statements.

Other Matter - Supplemental Schedule

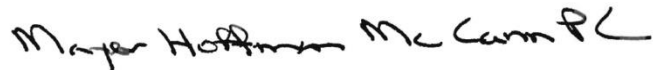
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Other Matter - 2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by Reliance Trust Company, the trustee, and Massachusetts Mutual Life Insurance Company, the custodian, of the Plan. Their report, dated September 20, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee and custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



July 30, 2020
Clearwater, Florida

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN**Statements of Net Assets Available for Benefits****December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets:		
Investments:		
Guaranteed interest account, at contract value	\$ 49,510,529	44,902,521
Mutual funds, at fair value	540,246,762	426,235,236
Self directed brokerage account, at fair value	1,457,400	1,395,720
Insurance company general account, at fair value	<u>-</u>	<u>18,890</u>
Total investments	591,214,691	472,552,367
Receivables:		
Participant contributions	1,602,368	1,453,216
Employer contributions	1,748,658	1,474,393
Notes receivable from participants	<u>9,942,031</u>	<u>9,516,355</u>
Total receivables	<u>13,293,057</u>	<u>12,443,964</u>
Total assets	604,507,748	484,996,331
Liabilities:		
Excess contributions payable	<u>903,446</u>	<u>457,970</u>
Net assets available for benefits	<u>\$ 603,604,302</u>	<u>484,538,361</u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2019

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 82,923,552
Interest and dividends	19,684,674
Interest income on notes receivable from participants	565,904

Net investment income 103,174,130

Contributions:

Participant	54,666,199
Employer	20,583,384
Rollover	19,124,897
Other	628,658

95,003,138

Total additions 198,177,268

Deductions from net assets attributed to:

Benefits paid to participants	55,923,059
Administrative expenses	3,148,800

Total deductions 59,071,859

Net increase 139,105,409

Transfers in 47,088,322

Transfers out (67,127,790)

Net assets available for benefits:

Beginning of year 484,538,361

End of year \$ 603,604,302

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2019 and 2018

(1) **Description of the Plan**

The following description of the CoAdvantage Corporation Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

(a) **General**

The Plan is a multiple employer defined contribution plan covering eligible employees of CoAdvantage Corporation (the “Principal Participating Employer”) and Adopting Employers. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Investment Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan’s investment offerings and monitoring investment performance.

The Plan uses Massachusetts Mutual Life Insurance Company (“MassMutual”) for recordkeeping and custodian services of its group annuity contract. MassMutual has entered into a trust arrangement with Reliance Trust Company (“RTC”) to act as trustee.

(b) **Contributions**

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollover”). Participants direct the investment of their contributions into various investment options offered by the Plan. Each Adopting Employer elects the level of safe harbor, matching and/or profit-sharing contributions. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations. Roth deferrals are allowed under the Plan, if elected by Adopting Employers.

(c) **Participant Accounts**

Each participant’s account is credited with the participant’s contributions and their Adopting Employer’s matching contributions, as well as allocations of their Adopting Employer’s profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

(d) **Vesting**

Participants are immediately vested in their contributions and their Adopting Employer’s Safe Harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant generally begins to vest in year one at (20%) and increases ratably until fully vested in year five. However, vesting schedules vary based on the Adopting Employer’s elections. Participants also become fully vested upon retirement age (65), death or becoming disabled.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(e) Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is the prime rate plus 1.00%. Principal and interest is paid ratably through regular payroll deductions. Loans must be repaid in five years unless they are for the purchase of a primary residence in which case the loan may not exceed 30 years.

(f) Payment of Benefits

Upon termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may take in-service withdrawals upon attainment of age 59 ½ or for immediate and heavy financial hardship needs, as defined in the plan document.

(g) Forfeited Accounts

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Adopting Employers' future matching contributions. Approximately \$1,087,000 of forfeited nonvested accounts were utilized during the year ended December 31, 2019 to pay plan expenses and reduce Adopting Employer contributions. At December 31, 2019 and 2018, forfeited nonvested accounts available for use totaled approximately \$1,347,000 and \$1,523,000 respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

(c) Investment Valuation and Income Recognition

Investments in mutual funds and the insurance company general account are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 for discussion of fair value measurements.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition - Continued

The guaranteed interest account is an investment option offered by MassMutual. It is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Under the terms of the group annuity contract, participants may direct permitted withdrawals and/or transfer transactions of all or a portion of their balance in the investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. The guaranteed interest account investment qualifies as a fully benefit responsive investment.

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs.

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

(f) Expenses

Certain expenses of maintaining the Plan are paid by the Adopting Employers and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Information Certified by the Trustee and the Custodian (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, RTC, the trustee and MassMutual, the custodian of the Plan, respectively, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments, excluding the insurance company general account, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018;
- Net investment income and related investment activity, as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019;
- Investments as presented in the Schedule of Assets (Held at End of Year), excluding the insurance company general account as of December 31, 2019 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(4) **Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- a) Quoted prices for similar assets or liabilities in active markets;
 - b) Quoted prices for identical or similar assets or liabilities in inactive markets;
 - c) Inputs other than quoted prices that are observable for the asset or liability;
 - d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs that are unobservable inputs for the asset or liability.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) 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, 2019 or 2018.

Mutual Funds: Valued at quoted market prices in an active market and represent the net asset value of shares held by the Plan and are classified as level 1.

Self-Directed Brokerage Accounts: Valued at the quoted market prices in active and inactive markets or quoted market prices for similar assets and are classified as level 2.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Assets Measured at Fair Value at December 31, 2019	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 540,246,762	540,246,762	-	-
Self-directed brokerage account	1,457,400	-	1,457,400	-
	<u>\$ 541,704,162</u>	<u>540,246,762</u>	<u>1,457,400</u>	<u>-</u>

Description	Assets Measured at Fair Value at December 31, 2018	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 426,235,236	426,235,236	-	-
Self-directed brokerage account	1,395,720	-	1,395,720	-
Insurance company general account	18,890	-	18,890	-
	<u>\$ 427,649,846</u>	<u>426,235,236</u>	<u>1,414,610</u>	<u>-</u>

(5) Related Party and Party-in-Interest Transactions

Certain Plan investments are administered by MassMutual; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for contract administration services paid to MassMutual were approximately \$2,351,000 for the year ended December 31, 2019. In addition, MassMutual receives revenue from service providers for services MassMutual provide to the funds. This revenue is used to offset certain amounts owed to MassMutual for its administrative services.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(5) **Related Party and Party-in-Interest Transactions - Continued**

If the revenue received by MassMutual from such service providers exceeds the amount owed, MassMutual remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The Principal Participating Employer may make a payment to MassMutual for administrative expenses not covered by revenue sharing.

During 2019, the Plan also paid the Principal Participating Employer approximately \$469,000 for administrative services. The Plan also paid approximately \$326,000 to other service providers for investment, legal, auditing and third party administration services.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

(6) **Plan Termination**

Although it has not expressed any intent to do so, the Principal Participating Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the Adopting Employers' contribution portion of their account.

(7) **Tax Status**

The Plan adopted the Massachusetts Mutual Life Insurance Company PS/401(k) Volume Submitter Plan sponsored by MassMutual. MassMutual, obtained a favorable opinion letter dated March 31, 2014. The Plan administrator has adopted all plan provisions within the volume submitter document and believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) **Risks and Uncertainties**

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

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Reconciliation of Financial Statements to Form 5500

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

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$ 603,604,302	484,538,361
Less: assets held by Transamerica recorded on the financial statements	-	(18,890)
Less: contributions receivable	(3,351,026)	(2,927,609)
Plus: excess contributions payable	903,446	457,970
Plus: assets held by Transamerica recorded on Form 5500	-	1,272,012
	<u>\$ 601,156,722</u>	<u>483,321,844</u>
Net assets available for benefits per Form 5500	\$ 601,156,722	483,321,844

The following is a reconciliation of the net increase in net assets per the financial statements to net income per Form 5500 for the year ended December 31, 2019:

Net increase in net assets per the financial statements	\$ 139,105,409
Plus: contributions receivable - beginning of year	2,927,609
Less: contributions receivable - end of year	(3,351,026)
Plus: excess contributions payable - end of year	903,446
Less: excess contributions payable - beginning of year	(457,970)
Plus: distributions on financial statements not on Form 5500	18,890
Less: distributions on Form 5500 not on financial statements	(1,272,012)
	<u>\$ 137,874,346</u>
Net income per Form 5500	\$ 137,874,346

(10) Transfers In and Out

Qualified plans sponsored by certain Adopting Employers may be merged into the Plan in conjunction with such Adopting Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Adopting Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

(11) Excess Contributions Payable

The Plan's statements of net assets available for benefits at December 31, 2019 and 2018 includes \$903,446 and \$457,970, respectively, of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(12) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through July 30, 2020, the date the financial statements were available to be issued.

Effective January 1, 2020 the MassMutual adoption agreement was restated.

On January 30, 2020, the World Health Organization ("WHO") declared that the outbreak of the coronavirus originating in Wuhan, China (the "COVID-19 outbreak") constituted a Public Health Emergency of International Concern ("PHEIC"), creating risks to the international community as the virus spread globally beyond its point of origin. On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally. The full impact of the COVID-19 outbreak continues to evolve as of the date the financial statements were available to be issued. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets.

As a result, there has been heightened market risk and the Plan's investment portfolio has incurred significant volatility in fair value since December 31, 2019. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

As a result of the Bipartisan Budget Act of 2018 and effective January 1, 2020, the requirement to suspend employee contributions and Company matching contributions to the Plan as a result of a hardship withdrawal was removed.

In December 2019, the Setting Every Community Up for Retirement Enhancement Act ("SECURE Act") was signed into law, related to required minimum distributions and the limitation of lifetime or stretch distributions to remain compliant under the applicable laws and regulations. These provisions are effective beginning January 1, 2020.

Additionally, on March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to \$100,000;
- Increased the available loan amount as described in Note 1 to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Extended the period for loan repayments, if applicable, up to one year.

The Plan is in the process of operationally being amended to implement certain changes permitted by the above law changes.

SUPPLEMENTAL SCHEDULE

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 27-3007025

Plan Number: 333

December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (If Applicable)	(e) Current Value
*	MassMutual Fixed Interest Fund	Guaranteed Interest Account	\$ 49,510,529
	American Funds Balanced	Mutual Fund	35,630,589
	American Funds New World	Mutual Fund	7,360,464
*	MassMutual Cashout Fund	Mutual Fund	306,367
	Dodge & Cox Global Stock	Mutual Fund	7,251,657
	Dodge & Cox Stock Fund	Mutual Fund	18,511,368
	Harbor Mid Cap Value	Mutual Fund	6,205,517
*	MassMutual Holding account	Mutual Fund	30,903
	Invesco Equity and Income	Mutual Fund	24,072,002
	Lord Abbett High Yield	Mutual Fund	5,545,607
	Morgan Stanley International Advantage	Mutual Fund	13,369,483
	Oakmark	Mutual Fund	10,966,193
	Oakmark International	Mutual Fund	7,500,973
	PIMCO Real Return	Mutual Fund	4,957,397
	Pioneer Strategic Income	Mutual Fund	3,413,279
	Premier US Government Money Market	Mutual Fund	2,810,183
	Putnam Small Cap Value	Mutual Fund	5,673,982
	Select T. Rowe Price/Frontier Mid Cap Growth II	Mutual Fund	14,958,157
	T. Rowe Price Blue Chip Growth	Mutual Fund	35,490,874
	Templeton Global Bond	Mutual Fund	1,748,762
	Vanguard Explorer	Mutual Fund	9,757,646
	Vanguard Institutional Index	Mutual Fund	48,341,696
	Vanguard Mid Cap Index	Mutual Fund	11,621,808
	Vanguard Small Cap Index	Mutual Fund	13,179,445
	Vanguard Strategic Equity	Mutual Fund	4,373,989
	Vanguard Strategic Small Cap Equity	Mutual Fund	2,476,006
	Vanguard Target Retirement 2015	Mutual Fund	3,772,161
	Vanguard Target Retirement 2020	Mutual Fund	23,236,126
	Vanguard Target Retirement 2025	Mutual Fund	30,083,523
	Vanguard Target Retirement 2030	Mutual Fund	40,065,260
	Vanguard Target Retirement 2035	Mutual Fund	32,035,299
	Vanguard Target Retirement 2040	Mutual Fund	28,920,847
	Vanguard Target Retirement 2045	Mutual Fund	21,705,931
	Vanguard Target Retirement 2050	Mutual Fund	15,863,709
	Vanguard Target Retirement 2055	Mutual Fund	10,577,537
	Vanguard Target Retirement 2060	Mutual Fund	3,748,553
	Vanguard Target Retirement Income	Mutual Fund	4,793,324
	Vanguard Total International Stock Index	Mutual Fund	1,063,779
	Vanguard Total Bond Market Index	Mutual Fund	2,970,349
	Vanguard Wellesley Income	Mutual Fund	5,434,927
	Western Asset Core Bond	Mutual Fund	20,421,090
	Schwab PCRA	Self Directed Brokerage	1,457,400
			591,214,691
*	Participant loans	3.25% - 6.75%	9,942,031
			<u>\$ 601,156,722</u>

* Party-in-interest