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

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLANMEMBER SERVICES CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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)
PLANMEMBER SERVICES CORPORATION

6187 CARPINTERIA AVENUE
CARPINTERIA, CA 93013

2b Employer Identification Number (EIN)
77-0309553

2c Plan Sponsor's telephone number
805-684-1199

2d Business code (see instructions)
523900

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.	09/29/2020	KIMBERLY WILKES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN
5	Total number of participants at the beginning of the plan year	**5**	230
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	162
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	160
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	235
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	235
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	220
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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:

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
PLANMEMBER SERVICES CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANMEMBER SERVICES CORPORATION

D Employer Identification Number (EIN)
77-0309553

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PLAN MEMBER SECURITIES CORP
6187 CARPINTERIA AVENUE
CARPINTERIA, CA 93013-2805

(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)

ASCENSUS LLC

11-3665754

(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?
55 99 64 37 15 60 50 62	NONE	5054	Yes [X] No [ ]	Yes [X] No [ ]	51	Yes [ ] No [X]

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

TD AMERITRADE, INC.

82-0543156

(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?
33 50	NONE	35	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
PLANMEMBER SERVICES CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANMEMBER SERVICES CORPORATION

D Employer Identification Number (EIN)
77-0309553

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	66376	118199
(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)	267251	376109
(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)	181963	215631
(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)	14619770	18682840
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	612483	809879

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15747843	20202658
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15747843	20202658

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)	414162	
	(B) Participants	2a(1)(B)	1010960	
	(C) Others (including rollovers)	2a(1)(C)	110671	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1535793
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7286	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	7463	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14749
	(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)	353969	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		353969
	(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)		3384778
c Other income	2c		176180
d Total income. Add all **income** amounts in column (b) and enter total	2d		5465469
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	998847	
(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)		998847
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	5054	
(3) Investment advisory and management fees	2i(3)	35	
(4) Other	2i(4)	6718	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11807
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1010654
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4454815
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ 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: HUTCHINSON & BLOODGOOD LLP **(2)** EIN: 95-0858589

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
PLANMEMBER SERVICES CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANMEMBER SERVICES CORPORATION

D Employer Identification Number (EIN)
77-0309553

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** 0

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): 45-0404698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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_____

PlanMember Services Corporation 401(k) Plan

Financial Report

December 31, 2019 and 2018

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HUTCHINSON and BLOODGOOD LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT

To the 401(k) Administrative Committee,
PlanMember Services Corporation
Carpinteria, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of PlanMember Services Corporation 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Ascensus, Inc. as agent for Ascensus Trust Company, the trustee of the Plan and wholly owned subsidiary of Ascensus, Inc., except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

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

Hutchinson and Bloodgood LLP

September 3, 2020

PLANMEMBER SERVICES CORPORATION 401(K) PLAN

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value		
Participant directed	**$ 19,058,949**	$ 14,887,021
Participant self-directed	**809,879**	612,483
	19,868,828	15,499,504
Receivables		
Notes receivable from participants	**215,631**	181,963
Employer contributions receivable	**118,199**	66,376
	333,830	248,339
Total assets	**20,202,658**	15,747,843
LIABILITIES	**--**	--
Net assets available for benefits	**$ 20,202,658**	$ 15,747,843

The Notes to Financial Statements are an integral part of these statements.

PLANMEMBER SERVICES CORPORATION 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

ADDITIONS	
Investment income:	
Interest and dividend income	$ 571,761
Net appreciation in fair value of investments	3,350,452
	3,922,213
Interest, notes receivable from participants	7,463
Contributions:	
Participant	1,010,960
Employer	414,162
Rollover	110,671
	1,535,73
Total additions	5,465,469
DEDUCTIONS	
Benefit payments	998,847
Administrative expenses	11,807
Total deductions	1,010,654
Net increase in net assets available for benefits	4,454,815
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	15,747,843
End of year	$ 20,202,658

The Notes to Financial Statements are an integral part of this statement.

NOTE 1. PLAN DESCRIPTION

The following description of the PlanMember Services Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of PlanMember Services Corporation (the Company). Employees are eligible to participate in the Plan on the next entry date after reaching age 21. The entry dates are the first day of January, April, July, and October.

The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC). The Plan is also subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was most recently amended on December 31, 2018, to provide for Company discretionary profit sharing contributions.

As described in Note 8, subsequent to December 31, 2019, the Plan has implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act). The Plan expanded distribution options and suspended certain qualified loan repayments for up to one year. In addition, the Plan now provides a favorable tax treatment to qualified individuals for COVID-19 related distributions of up to $100,000.

Contributions: Participants may contribute up to 100% of their annual compensation, as defined in the Plan, as pre-tax and/or Roth contributions. Total participant contributions are subject to the annual limits imposed by the IRC. The maximum participant deferral limit was $19,000 for the year ended December 31, 2019. Catch-up contributions of $6,000 were available to participants who had attained age 50 or older by December 31, 2019, and had not exceeded the contribution limit for the Plan year.

Participants may direct their contributions into any of the sixty registered investment funds, a cash equivalent fund, self-directed brokerage accounts offered under contract with the trustee, as well as the asset allocation investment portfolios that include registered investment funds. Participants may change their investment choices daily.

The Company may make a discretionary matching contribution that equals a percentage of participants' 401(k) salary deferrals, determined on an annual basis. For the year ended December 31, 2019, the Company elected to contribute 50% of the participants' contributions with a maximum matching contribution of 3% of eligible compensation. The Company made $340,240 in discretionary matching contribution to the Plan for the year ended December 31, 2019. Forfeitures of $26,078 were applied towards matching contributions during the year ended December 31, 2019.

The Company may make annual discretionary profit sharing contributions to the Plan, which are to be allocated to eligible participants pro-rata, based on each participant allocation group. The Company made $100,000 discretionary profit sharing contribution to the Plan for the year ended December 31, 2019.

Participant Accounts: Each participant's account is credited or charged with the participant's contribution, an allocation of the Company's discretionary profit sharing contribution, the Company's discretionary matching contribution, investment income or losses and administrative expenses.

NOTE 1. PLAN DESCRIPTION (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions plus actual earnings thereon is based on years of service. A participant is 100% vested after three continuous calendar years of credited service. A minimum of 1,000 hours of service during any plan year is required to qualify for a year of credit service.

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. Loans are for a maximum of five years unless the proceeds are used to purchase the participant's primary residence, in which case the loan term may not exceed fifteen years. The loans are secured by the balance in the participant's account and bear interest at the prevailing market rate. Principal and interest are paid through payroll deduction or by payment to the Company.

Benefit Payments: Upon termination of service due to death, disability, retirement, or termination of employment, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount. An in-service distribution can also be made to participants who have attained the age of 59-1/2, upon disability or when experiencing financial hardship.

Administrative Expenses: The Company incurs certain administrative expenses and management fees related to the Plan, which if not paid by the Company are paid by the Plan.

Forfeitures: Forfeitures of terminated participants' unvested Company contributions may be used to reduce future Company contributions. Unallocated forfeitures of $5,700 remain available for future use at December 31, 2019.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right 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 will become 100% vested in their employer contributions.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan have been prepared using the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for disclosure of fair value measurements.

Valuation of Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balances plus accrued but unpaid interest.

Realized and Unrealized Appreciation (Depreciation): Realized and unrealized appreciation (depreciation) is based on the market value of the assets at the end of the Plan year compared to the market value of the assets at the beginning of the Plan year, or at the time of purchase for assets purchased or exchanged during the Plan year.

Benefit Payments: Benefits are recorded when paid.

NOTE 3. CERTIFIED FINANCIAL INFORMATION

The financial information included in the Plan's financial statements as it relates to investment assets, investment transactions, investment income, notes receivable from participants, and the schedule of assets held at end of year has been derived from information certified as complete and accurate by Ascensus, Inc. as agent for Ascensus Trust Company, the trustee of the Plan, in accordance with Section 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The trustee's certifications apply to all Plan assets except for PlanMember Financial Corporation Stock, valued at $11,970 at December 31, 2019.

NOTE 4. INCOME TAX STATUS

The Company has adopted a prototype non-standardized profit sharing plan, that has received an opinion letter on January 1, 2018, in which the Internal Revenue Service (IRS) stated that the form of the Plan is acceptable under applicable section of the IRC. The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and concluded that, as of December 31, 2019, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to December 31, 2016.

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are designed and managed by PlanMember Securities Corporation, a subsidiary/affiliate of the Company. In addition, the Plan holds stock of the plan sponsor. These transactions qualify as party-in-interest transactions for which statutory exemptions exist. There were no fees paid by the Plan related to the mutual funds or the plan sponsor stock.

NOTE 6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market performance 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 statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS

Fair value is determined based on assumptions that a market participant would use in pricing an asset or liability. Measurements of fair value are classified within a hierarchy based upon valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

Level 1 Observable quoted prices in active markets for identical assets and liabilities.

Level 2 Observable quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market.

Level 3 Model-based techniques that use at least one significant assumption not observable in the market. These unobservable assumptions reflect estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of option pricing models, discounted cash flow models and similar techniques.

The following methods and assumptions were used to estimate the fair value of each class of assets that are recognized at fair value. There have been no changes in the methodologies used as of December 31, 2019 and 2018:

Money Market Funds: The carrying value approximates fair value.

Mutual funds: Valued using quoted market prices, which represent the net assets value of shares held by the Plan at year-end.

Brokerage Accounts: Equities valued at quoted prices available in active markets for identical investments and interest in registered investment companies valued at net assets value as of the reporting date and bonds valued utilizing benchmark yields, reported trades, or broker-dealer quotes.

PlanMember Financial Corporation Common Stock: Valued based on an independent valuation performed in March 2019. The valuation used both the income and market approach to determine fair market value. The asset was classified as Level 3 due to the lack of observable inputs in determining the stock valuation.

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

NOTE 7. FAIR VALUE MEASUREMENTS (Continued)

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

	Fair Value Measurements Using			
At December 31, 2019	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 18,682,840	$ --	$ --	$ 18,682,840
Money market fund	376,109	--	--	376,109
Brokerage accounts	797,909	--	--	797,909
PlanMember Financial Corporation class B Common Stock	--	--	11,970	11,970
Investments at fair value	$ 19,856,858	$ --	$ 11,970	$ 19,868,828

	Fair Value Measurements Using			
At December 31, 2018	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 14,619,770	$ --	$ --	$ 14,619,770
Money market fund	267,251	--	--	267,251
Brokerage accounts	602,203	--	--	602,203
PlanMember Financial Corporation class B Common Stock	--	--	10,280	10,280
Investments at fair value	$ 15,489,224	$ --	$ 10,280	$ 15,499,504

The table below sets forth a summary of changes in the Plan's Level 3 assets for the year ended December 31:

	2019	2018
Beginning balance	$ 10,280	$ 9,620
Unrealized gain	1,690	660
Ending balance	$ 11,970	$ 10,280

NOTE 8. SUBSEQUENT EVENTS

In March 2020, the World Health Organization declared the outbreak of the novel coronavirus (COVID-19) a pandemic. Plan management is closely monitoring the impact of the pandemic and the resulting economic downturn on all aspects of the Plan, including the potential volatility in the Plan's investment portfolio. The long-term impact of this public health crisis on the Plan will depend on future developments that are highly uncertain and difficult to predict, including among other things, the severity and duration of the pandemic, its impact on the U.S. and global economies, and the timing scope and effectiveness of federal, state and local governmental responses. At this time, management cannot reasonably estimate the ultimate impact the COVID-19 pandemic will have on the Plan's financial condition and net assets.

On March 27, 2020, the CARES Act was signed into law. The CARES Act includes, among other things, several relief provisions available to tax qualified retirement plans and their participants. During 2020, the Plan has implemented certain provisions of the CARES Act. The Plan expanded distribution options and suspended certain qualified loan repayments for up to one year. In addition, the Plan now provides a favorable tax treatment to qualified individuals for COVID-19 related distributions of up to $100,000.

Management has evaluated subsequent events for recognition and disclosure through September 3, which is the date the financial statements were available to be issued.

Supplemental Schedule

PLANMEMBER SERVICES CORPORATION 401(K) PLAN

EIN: 77-0326998
Plan Number 001

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

December 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) ** Cost	(e) Current Value
	Participant Directed Funds:			
	AB Discovery Growth Z	Mutual Fund		$ 3,098
	American Funds Amcap R6	Mutual Fund		74,606
	American Funds American HI Inc TR R6	Mutual Fund		122,265
	American Funds Capital World G/I R6	Mutual Fund		17,353
	American Funds Europacific GR R6	Mutual Fund		145,028
	American Funds Fundamental Invs R6	Mutual Fund		27,005
	American Funds Growth Fund of Amer R6	Mutual Fund		94,613
	American Funds Invmt Co Of Amer R6	Mutual Fund		4,874
	American Funds New Economy R6	Mutual Fund		90,500
	American Funds New World R6	Mutual Fund		104,089
	American Funds Smallcap World R6	Mutual Fund		16,379
	American Funds Washington Mutual R6	Mutual Fund		25,576
	DFA Emerging Markets Portfolio Inst	Mutual Fund		31,947
	DFA Intl Core Equity Portfolio Instl	Mutual Fund		64,457
	DFA U.S. Core Equity II	Mutual Fund		128,213
	Federated Instl High Yield Bond Instl	Mutual Fund		52,289
*	Plan Member Hybrid Portfolio I	Mutual Fund		3,904
*	Plan Member Hybrid Portfolio II	Mutual Fund		3,131
*	Plan Member Hybrid Portfolio III	Mutual Fund		143,297
*	Plan Member Hybrid Portfolio IV	Mutual Fund		116,537
*	Plan Member Hybrid Portfolio V	Mutual Fund		909,908
*	Plan Member Index Portfolio I	Mutual Fund		28,458
*	Plan Member Index Portfolio II	Mutual Fund		550,820
*	Plan Member Index Portfolio III	Mutual Fund		1,840,07
*	Plan Member Index Portfolio IV	Mutual Fund		3,828,768
*	Plan Member Index Portfolio V	Mutual Fund		7,144,047
	T. Rowe Price Blue Chip Growth Inv	Mutual Fund		136,997
	T. Rowe Price Emerging Mkts Stock Inv	Mutual Fund		23,354
	T. Rowe Price Eqty IncomeInv	Mutual Fund		120,326
	T. Rowe Price Gnma Inv	Mutual Fund		1,524
	T. Rowe Price Growth Stock Inv	Mutual Fund		258,273
	T. Rowe Price Intl Bond Inv	Mutual Fund		677
	T. Rowe Price Intl Discovery Inv	Mutual Fund		50,062
	T. Rowe Price Intl Stock Inv	Mutual Fund		9,072
	T. Rowe Price New Asia Inv	Mutual Fund		14,823
	T. Rowe Price New Income Inv	Mutual Fund		61,095
	T. Rowe Price Short Term Bond Inv	Mutual Fund		17,764
	T. Rowe Price Value Inv	Mutual Fund		85,117
	Vanguard European Stock Index Adm	Mutual Fund		7,016

PLANMEMBER SERVICES CORPORATION 401(K) PLAN

EIN: 77-0326998
Plan Number 001

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

December 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) ** Cost	(e) Current Value
	Vanguard Gnma Adm	Mutual Fund		$ 4,609
	Vanguard Growth IndexAdm	Mutual Fund		675,833
	Vanguard Inflation-Protected Sec Adm	Mutual Fund		41,754
	Vanguard Interm-Term Inv Grade Adm	Mutual Fund		19,713
	Vanguard Interm-Term Treasury Adm	Mutual Fund		13
	Vanguard Long-Term Inv Grade Adm	Mutual Fund		9,911
	Vanguard Long-Term Treasury Adm	Mutual Fund		1,760
	Vanguard Mid-Cap Growth Index Adm	Mutual Fund		123,813
	Vanguard Mid-Cap Value Index Adm	Mutual Fund		34,244
	Vanguard Pacific Stock Index Adm	Mutual Fund		20,281
	Vanguard Short-Term Federal Adm	Mutual Fund		27,301
	Vanguard Short-Term Invest Grade Adm	Mutual Fund		12,946
	Vanguard Small-Cap Growth Index Adm	Mutual Fund		845,974
	Vanguard Small-Cap Value Index Adm	Mutual Fund		222,303
	Vanguard Total Bond Market Index Adm	Mutual Fund		739
	Vanguard Total Intl Stock Index Adm	Mutual Fund		30,582
	Vanguard Value Index Adm	Mutual Fund		253,785
	Vanguard Prime Money Market Inv	Money Market Fund		376,109
	Participant Self-Directed Accounts:			
	VMS Ameritrade Investment Fund	Various securities, brokerage account		796,336
	VMS Ameritrade Cash Fund	Money Market Fund		1,573
***	PlanMember Financial Corporation	Class B Common Stock, 1,000 shares		11,970
*	Participant Loans	Interest rates ranging from 4.25% to 6.50%, collateralized by participants' vested account balances, maturing on various dates through November 2025		215,631
				$ 20,084,459

* Party-in-interest as defined by ERISA.
** Cost information is not required for participant-directed or participant self-directed accounts.
*** Securities of the Plan Sponsor, a party-in-interest for which a statutory exemption exists.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**		
	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 through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**		

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)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		
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)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		

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

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ 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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

			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)

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.)

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PLANMEMBER SERVICES CORPORATION 401(K) PLAN **EIN:** 77-0309553

Plan Sponsor's Name PLANMEMBER SERVICES CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Pacific Stock Index Adm	0	20,281
	Vanguard	Vanguard Long-Term Treasury Adm	0	1,760
	Mid Atlantic	Mid Atlantic Master Cash Account	0	78
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional Class	0	267
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	192
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	304
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	536

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

Plan Name PLANMEMBER SERVICES CORPORATION 401(K) PLAN **EIN:** 77-0309553

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	0	382
	Vanguard	Vanguard GNMA Fund Admiral Shares	0	115
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	651
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	689
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	689
	T.Rowe Price	T. Rowe Price Equity Income Inv	0	120,326
	VMS Ameritrade	VMS Ameritrade Self-Directed Invest Fd	0	796,336

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

Plan Name PLANMEMBER SERVICES CORPORATION 401(K) PLAN **EIN:** 77-0309553

Plan Sponsor's Name PLANMEMBER SERVICES CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Growth Fund of Amer R6	0	94,613
	Vanguard	Vanguard Short-Term Federal Adm	0	27,301
	Vanguard	Vanguard Interm-Term Invst Grade Adm	0	19,713
	DFA	DFA U.S. Core Equity I I	0	128,213
	T.Rowe Price	T. Rowe Price Growth Stock Inv	0	258,273
	Vanguard	Vanguard Growth Index Adm	0	675,833
	Vanguard	Vanguard Total Intl Stock Index Adm	0	30,582

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds American Hi Inc Tr R6	0	122,265
	American Funds	American Funds SMALLCAP World R6	0	16,379
	DFA	DFA Emerging Markets Portfolio Inst	0	31,947
	Mid Atlantic	Mid Atlantic Master Cash Account	0	2,869
	AllianceBernstein	AB Discovery Growth Fund Class Z	0	9,810
	AllianceBernstein	AB Discovery Value Fund Class Z	0	8,377
	American Century	American Century Mid Cap Value Fund I Class	0	4,157

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	DFA	DFA U.S. Core Equity 1 Portfolio Institutional Class	0	18,277
	DFA	DFA U.S. Small Cap Value Portfolio Institutional Class	0	4,266
	Fidelity	Fidelity Mid Cap Index	0	8,367
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	1,390
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	8,473
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	15,443
	DFA	DFA International Core Equity Portfolio Institutional Class	0	6,992

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

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Plan Sponsor's Name PLANMEMBER SERVICES CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Federated	Federated Institutional High Yield Bond Fund	0	16,875
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	19,706
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	18,298
	Vanguard	Vanguard Inflation-Protected Sec Adm	0	41,754
	Vanguard	Vanguard Interm-Term Treasury Adm	0	13
	Vanguard	Vanguard Small-Cap Growth Index Adm	0	845,974
	T.Rowe Price	T. Rowe Price Value Inv	0	85,117

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T.Rowe Price	T. Rowe Price GNMA Inv	0	1,524
	VMS Ameritrade	VMS Ameritrade Self-Direct Cash Fund	0	1,892
	Vanguard	Vanguard Short-Term Invest Grade Adm	0	12,946
	T.Rowe Price	T. Rowe Price Blue Chip Growth Inv	0	136,997
	Federated	Federated Instl High Yield Bond Instl	0	52,289
	Mid Atlantic	Mid Atlantic Master Cash Account	0	83,358
	iShares	iShares Russell Mid-Cap Index Fund Class K	0	222,177

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

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	iShares	iShares Russell 2000 Small-Cap Index Fund Class K	0	418,272
	Vanguard	Vanguard Small Cap Value Index Fund Admiral Shares	0	484,522
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	375,411
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	261,324
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares	0	223,902
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	300,134
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	524,414

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

Plan Name PLANMEMBER SERVICES CORPORATION 401(K) PLAN **EIN:** 77-0309553

Plan Sponsor's Name PLANMEMBER SERVICES CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Pacific Stock Index Fund Admiral Shares	0	146,509
	Vanguard	Vanguard European Stock Index Fund Admiral Shares	0	75,544
	Vanguard	Vanguard Emerging Markets Stock Index Fund Admiral Shares	0	151,578
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	374,332
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	187,353
	American Funds	American Funds AMCAP R6	0	74,606
	Vanguard	Vanguard Prime Money Market Inv	0	374,910

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

Plan Name PLANMEMBER SERVICES CORPORATION 401(K) PLAN **EIN:** 77-0309553

Plan Sponsor's Name PLANMEMBER SERVICES CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Small-Cap Value Index Adm	0	222,303
	Vanguard	Vanguard Total Bond Market Index Adm	0	739
	Vanguard	Vanguard GNMA Adm	0	4,609
	American Funds	American Funds Cap World Gr & Inc R6	0	17,353
	American Funds	American Funds New Economy R6	0	90,500
	Mid Atlantic	Mid Atlantic Master Cash Account	0	80
	AllianceBernstein	AB Discovery Growth Fund Class Z	0	90

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PLANMEMBER SERVICES CORPORATION 401(K) PLAN **EIN:** 77-0309553

Plan Sponsor's Name PLANMEMBER SERVICES CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AllianceBernstein	AB Discovery Value Fund Class Z	0	92
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional Class	0	278
	DFA	DFA U.S. Small Cap Value Portfolio Institutional Class	0	31
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	216
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	339
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	434
	Vanguard	Vanguard Total Bond Market Index Fund Admiral shares	0	241

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PLANMEMBER SERVICES CORPORATION 401(K) PLAN **EIN:** 77-0309553

Plan Sponsor's Name PLANMEMBER SERVICES CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral shares	0	484
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral shares	0	605
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	242
	Vanguard	Vanguard Value Index Adm	0	253,785
	American Funds	American Funds New World R6	0	104,089
	American Funds	American Funds EuroPacific Gr R6	0	145,028
	AllianceBernstein	AB Discovery Growth Z	0	3,098

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	DFA	DFA Intl Core Equity Portfolio Instl	0	64,457
	T.Rowe Price	T. Rowe Price Intl Bond Inv	0	677
	Vanguard	Vanguard Mid-Cap Value Index Adm	0	34,244
	T.Rowe Price	T. Rowe Price Short Term Bond Inv	0	17,764
	American Funds	American Funds Invmt Co of Amer R6	0	4,874
	Vanguard	Vanguard Long-Term Investment Grade Adm	0	9,911
	Mid Atlantic	Mid Atlantic Master Cash Account	0	12,908

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	iShares	iShares Russell Mid-Cap Index Fund Class K	0	28,174
	iShares	iShares Russell 2000 Small-Cap Index Fund Class K	0	28,954
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	11,253
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	57,350
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	68,564
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	74,636
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	0	41,170

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	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	82,723
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	103,713
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	41,389
	Mid Atlantic	Mid Atlantic Master Cash Account	0	44,736
	iShares	iShares Russell Mid-Cap Index Fund Class K	0	91,430
	iShares	iShares Russell 2000 Small-Cap Index Fund Class K	0	131,930
	Vanguard	Vanguard Small Cap Value Index Fund Admiral Shares	0	129,196

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	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	146,450
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	37,082
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares	0	72,802
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	166,620
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	259,572
	Vanguard	Vanguard Total International Stock Index Fund Admiral Shares	0	91,844
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	208,852

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	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	238,376
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	221,108
	T.Rowe Price	T. Rowe Price Emerging Mkts Stock Inv	0	23,354
	T.Rowe Price	T. Rowe Price New Asia Inv	0	14,823
	Mid Atlantic	Mid Atlantic Master Cash Account	0	2,335
	AllianceBernstein	AB Discovery Growth Fund Class Z	0	10,197
	AllianceBernstein	AB Discovery Value Fund Class Z	0	11,444

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	American Century	American Century Mid Cap Value Fund I Class	0	5,718
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional Class	0	17,113
	DFA	DFA U.S. Small Cap Value Portfolio Institutional Class	0	5,680
	Fidelity	Fidelity Mid Cap Index	0	16,001
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	4,509
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	4,570
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	10,282

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	DFA	DFA International Core Equity Portfolio Institutional Class	0	3,405
	DFA	DFA Emerging Markets Portfolio Institutional Class	0	4,684
	Vanguard	Vanguard Pacific Stock Index Fund Admiral Shares	0	3,426
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	11,443
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	5,727
	American Funds	American Funds Washington Mutual R6	0	25,575
	Mid Atlantic	Mid Atlantic Master Cash Account	0	169,503

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	iShares	iShares Russell Mid-Cap Index Fund Class K	0	553,340
	iShares	iShares Russell 2000 Small-Cap Index Fund Class K	0	782,072
	Vanguard	Vanguard Small Cap Value Index Fund Admiral Shares	0	1,184,203
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	827,027
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	627,945
	Vanguard	Vanguard Mid-Cap Growth Index Fund Admiral Shares	0	550,369
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	560,718

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	Vanguard	Vanguard Value Index Fund Admiral Shares	0	909,925
	Vanguard	Vanguard Pacific Stock Index Fund Admiral	0	342,636
	Vanguard	Vanguard European Stock Index Fund Admiral Shares	0	139,421
	Vanguard	Vanguard Emerging Markets Stock Index Fund Admiral Shares	0	496,505
	T.Rowe Price	T. Rowe Price Intl Discovery Inv	0	50,062
	Mid Atlantic	Mid Atlantic Master Cash Account	0	825
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	2,498

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	Vanguard	Vanguard Value Index Fund Admiral Shares	0	3,038
	Federated	Federated Institutional High Yield Bond Fund Institutional Shares	0	3,859
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	0	2,759
	Vanguard	Vanguard GNMA Fund Admiral Shares	0	829
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	0	4,701
	Vanguard	Vanguard Short-Term Investment-Grade Fund Admiral Shares	0	4,972
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	0	4,976

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	T.Rowe Price	T. Rowe Price New Income Inv	0	61,095
	Mid Atlantic	Mid Atlantic Master Cash Account	0	18,237
	AllianceBernstein	AB Discovery Growth Fund Class Z	0	88,536
	AllianceBernstein	AB Discovery Value Fund Class Z	0	89,388
	American Century	American Century Mid Cap Value Fund I Class	0	53,599
	DFA	DFA U.S. Core Equity 1 Portfolio Institutional Class	0	142,576
	DFA	DFA U.S. Small Cap Value Portfolio Institutional Class	0	80,179

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	Fidelity	Fidelity Mid Cap Index	0	151,763
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	62,242
	Vanguard	Vanguard Growth Index Fund Admiral Shares	0	17,803
	Vanguard	Vanguard Value Index Fund Admiral Shares	0	80,308
	DFA	DFA International Core Equity Portfolio Institutional Class	0	26,643
	DFA	DFA Emerging Markets Portfolio Institutional Class	0	62,966
	Vanguard	Vanguard Pacific Stock Index Fund Admiral Shares	0	35,677

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	American Funds	American Funds Fundamental Inv R6	0	27,005
	Vanguard	Vanguard European Stock Index Adm	0	7,016
	Vanguard	Vanguard Mid-Cap Growth Index Adm	0	123,813
	T.Rowe Price	T. Rowe Price Intl Stock Inv	0	9,072
	Outside	Outside Asset for Plan Member	0	11,970
	Participant's Loan Account	Various Rates and Maturities	0	215,631
	Ascensus Trust Company	Contribution account	0	1,199