

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2003</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE SYNERGY PLAN, LLC</u> <u>230 WEST MONROE</u> <u>SUITE 2400</u> <u>CHICAGO, IL 60606</u>	2b	Employer Identification Number (EIN) <u>76-0721383</u>
		2c	Plan Sponsor's telephone number <u>312-589-3641</u>
		2d	Business code (see instructions) <u>561110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2020	MATTHEW S JARZYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ 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 1929
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1640 6a(2) 1627 6b 0 6c 237 6d 1864 6e 1 6f 1865 6g 1027 6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 3D 2G 2J 2K 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE SYNERGY PLAN, LLC	D Employer Identification Number (EIN) 76-0721383

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH,PIERCE,FENNER & SMITH
13-5674085

(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?
64 37 99 15 60 50 62	NONE	212288	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH CONSULTING SERVICES

4800 DEER LAKE DR EAST
JACKSONVILLE, FL 32246

(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?
13 50	NONE	175881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYNERGY

230 WEST MONROE ST
CHICAGO, IL 60606

(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?
99 50	NONE	66608	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE SYNERGY PLAN, LLC				D Employer Identification Number (EIN) 76-0721383	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED					
b Name of sponsor of entity listed in (a): FEDERATED CAPITAL PRESERVATION TRUST					
c EIN-PN 22-2712853-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2722950	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103	

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) 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 THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE SYNERGY PLAN, LLC		D Employer Identification Number (EIN) 76-0721383

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)	460629	486272
(2) Participant contributions.....	1b(2)	145728	348700
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	177331	724
(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)	823661	783847
(9) Value of interest in common/collective trusts	1c(9)	2439579	2722950
(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)	65073210	69438274
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	99118	140110

		(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	69219256 73920877
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	69219256 73920877

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2000785
	(B) Participants	2a(1)(B)	4681626
	(C) Others (including rollovers)	2a(1)(C)	889752
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7572163
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	381
	(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)	41858
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	42239
(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)	1385806
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1385806
(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)		72246
(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)		13287349
c Other income	2c		30285
d Total income. Add all income amounts in column (b) and enter total	2d		22390088

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7425285	
(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)		7425285
f Corrective distributions (see instructions)	2f		8745
g Certain deemed distributions of participant loans (see instructions)	2g		121363
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	212288	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	242489	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		454777
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8010170

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14379918
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		9678297

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: **MUELLER & CO., LLP**

(2) EIN: **36-2658780**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		171797
4b		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FIDELITY	27-3442767	001
JOHN HANCOCK	27-3605596	001
ADP	35-2122608	001
ADP	81-1048282	001

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

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

A Name of plan <u>THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SYNERGY PLAN, LLC</u>	D Employer Identification Number (EIN) <u>76-0721383</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>45-0404698</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



MUELLER & CO., LLP

Certified Public Accountants – Business & Financial Advisors

ASSURANCE

**THE SYNERGY MULTIPLE EMPLOYER
RETIREMENT SAVINGS PLAN
AUDITED FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019**

MUELLER

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INDEPENDENT AUDITOR'S REPORT

To the Participants of The Synergy Multiple Employer
Retirement Savings Plan and the Board of Directors of
The Synergy Plan, LLC
Chicago, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Synergy Multiple Employer Retirement Savings Plan (Plan) which comprise the statements 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information detailed in Note 3, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications 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 and the supplemental schedule of delinquent participant contributions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Muller & Co., LLP

Orland Park, Illinois
October 5, 2020

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
Assets:		
Investments at fair value	\$ <u>72,301,334</u>	\$ <u>67,611,907</u>
Cash	<u>724</u>	<u>177,331</u>
Receivables:		
Employers' contributions	486,272	460,629
Participants' contributions	348,700	145,728
Notes receivable from participants	<u>783,847</u>	<u>823,661</u>
	<u>1,618,819</u>	<u>1,430,018</u>
	<u>73,920,877</u>	<u>69,219,256</u>
 Liabilities	 <u>-</u>	 <u>-</u>
 Net assets available for benefits	 <u>\$ 73,920,877</u>	 <u>\$ 69,219,256</u>

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

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2019

Additions:

Investment income:

Net appreciation in fair value of investments \$ 13,317,634

Interest and dividends 1,458,433

14,776,067

Interest income on notes receivable from participants 41,858

Contributions:

Participants 4,681,626

Employers 2,000,785

Rollover 889,752

7,572,163

Total additions 22,390,088

Deductions:

Benefits paid to participants 7,555,393

Administrative expenses 454,777

Total deductions 8,010,170

Increase in net assets 14,379,918

Transfers out to other plans (9,678,297)

Net assets available for benefits:

Beginning of year 69,219,256

End of year \$ 73,920,877

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

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The Synergy Multiple Employer Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement and Recipient Employers' Adoption Agreements for a more complete description of the Plan's provisions.

General

The sponsor of the Plan, The Synergy Plan, LLC (Company), is a Professional Employer Organization. Each of its clients is considered a Recipient Employer under the Plan and has executed a Recipient Employer Adoption Agreement, each with its own effective date. The Plan is a defined contribution plan covering the employees of Recipient Employers who have attained the age and eligibility requirements in accordance with the Recipient Employers' Adoption Agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company's Board of Directors oversees governance of the Plan and appoints the Plan's Retirement Savings Plan Committee. The Plan's Retirement Savings Plan Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as elected in the Recipient Employers' Adoption Agreements. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Recipient Employer contributions are at the discretion of Recipient Employers' management and are set forth in the Recipient Employers' Adoption Agreements.

The Plan allows participants to contribute a percentage of their taxable annual compensation as a Roth 401(k) contribution in lieu of all or a portion of the elective deferrals the participant is otherwise eligible to make to the Plan. Each Recipient Employers' Adoption Agreement may have its own effective date, if elected.

Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Recipient Employers' contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Recipient Employers' contribution portion of their account is in accordance with the Recipient Employers' Adoption Agreements.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 - DESCRIPTION OF THE PLAN, CONTINUED

Notes Receivable from Participants

Participants may borrow from their fund accounts any amount up to 50% of their vested account balance and no more than \$50,000 minus the participant's highest outstanding loan amount during the prior 12 months. Additionally, no more than one loan is to be initiated in any 24-month period. An advisory committee of the Plan determines the amount of the loan, repayment terms, the rate of interest to be charged, and all other terms of the loan. A \$100 loan origination fee is charged on new loans. The loans are collateralized by the balance in the participant's account and bear interest at fixed rates. Principal and interest are repaid through automatic payroll deduction. A participant can prepay all of the unpaid principal balance without penalty.

Payment of Benefits

On termination of service, a participant receives an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount in accordance with the Plan agreement.

Transfers

Transfers in from other plans represents funds received from other qualified defined benefit or defined contribution plans for certain Recipient Employers beginning participation in the Plan. Transfers out to other plans represents funds withdrawn for certain Recipient Employers terminating their participation in the Plan.

Forfeited Accounts

Forfeited nonvested account balances will be used to reduce Recipient Employers' contributions to the Plan. At December 31, 2019 and 2018, forfeited nonvested accounts totaled \$25,345 and \$31,160, respectively. In 2019, Recipient Employers' contributions of \$31,458 were paid out of the forfeited nonvested accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investment Valuation and Income Recognition

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. The Plan's Retirement Savings Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. Deemed distributions resulting from delinquent participant loans totaled \$121,363 for the year ended December 31, 2019.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Going Concern Evaluation

In accordance with accounting principles generally accepted in the United States of America, management performed an evaluation to determine if adverse conditions or events, considered in the aggregate, raise substantial doubt about the Plan's ability to continue as a going concern for the one-year period from the date the financial statements are available to be issued. Management's assessment did not identify any conditions or events raising substantial doubt about the Plan's ability to continue as a going concern for the period from October 5, 2020 to October 5, 2021.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Subsequent Events

Subsequent events have been evaluated through October 5, 2020, the date that the financial statements were available for issue.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic. The extent of the impact of COVID-19 on the Company and the Plan's investment performance will depend on certain developments, including the duration and spread of the outbreak. At this time, the extent to which COVID-19 may impact the Plan's results of operations is uncertain.

NOTE 3 - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation in fair value of investments, interest and dividends and interest income on notes receivable from participants for the year ended December 31, 2019, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Ascensus Trust Company, the trustee of the Plan.

NOTE 4 - FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. |
| Level 2 | <p>Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

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

Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed investments: The value is based on the closing price reported on the active market where the individual securities are traded and the quoted net asset values of the shares held by the Plan at year-end.

Common trust stable value funds: Valued using the NAV, as provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy:				
Mutual funds	\$ 69,438,274	-	-	69,438,274
Self-directed investments	<u>140,110</u>	<u>-</u>	<u>-</u>	<u>140,110</u>
Total assets				
in the fair value hierarchy	<u>\$ 69,578,384</u>	<u>-</u>	<u>-</u>	69,578,384
Assets measured at NAV				<u>2,722,950</u>
Total assets at fair value				<u>\$ 72,301,334</u>

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy:				
Mutual funds	\$ 65,073,210	-	-	65,073,210
Self-directed investments	<u>99,118</u>	<u>-</u>	<u>-</u>	<u>99,118</u>
Total assets				
in the fair value hierarchy	<u>\$ 65,172,328</u>	<u>-</u>	<u>-</u>	65,172,328
Assets measured at NAV				<u>2,439,579</u>
Total assets at fair value				<u>\$ 67,611,907</u>

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2019, is reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event of change in circumstances that caused the transfer. For the years ended December 31, 2019 and 2018, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments measured at fair value based on the NAV per share practical expedient as of December 31, 2019 and 2018, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2019</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common trust stable value funds	\$ 2,722,950	N/A	Daily	None

<u>December 31, 2018</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common trust stable value funds	\$ 2,439,579	N/A	Daily	None

NOTE 5 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Ascensus Trust Company and a related entity, Ascensus LLC. Ascensus Trust Company is the trustee of the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Ascensus LLC for recordkeeping and transaction processing services amounted to \$212,288 for the year ended December 31, 2019.

Merrill Lynch Consulting Services provides investment advisory services to the Plan. Fees paid by the Plan for investment advisory services amounted to \$175,881 for the year ended December 31, 2019.

In addition, trustee fees of \$66,608 were paid to the Company for the year ended December 31, 2019.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

Any participating Recipient Employer shall be permitted to discontinue or revoke its participation in the Plan. In such an event, the assets allocable to the participants of the Recipient Employer shall be transferred to the participants of the Recipient Employer or to the new trustee designated by such Recipient Employer if it has established a separate plan for its employees. If no separate plan has been established, the Plan shall proceed as though the Plan had been terminated with respect to the participants of such Recipient Employer.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 7 - TAX STATUS OF PLAN

The IRS has determined and informed the Company by a letter dated November 29, 2013, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator has no reason to believe Form 5500 is subject to examination for years prior to 2016.

NOTE 8 - RISK AND UNCERTAINTIES

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

NOTE 9 - PROHIBITED TRANSACTIONS

During 2019, the Company failed to remit to the Plan's trustee certain participant contributions totaling \$171,797 within the period prescribed by the Department of Labor's regulations. Delays in remitting contributions to the trustee were due to administrative errors and constitute prohibited transactions. During January 2020, the Company made contributions of \$1,546 relating to the 2019 late remittances to compensate participants for potential lost income due to the delays and the Form 5330 was filed with the applicable excise tax.

S U P P L E M E N T A R Y I N F O R M A T I O N

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN 76-0721383 - PLAN NUMBER 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 171,797	-	171,797	-	-
-	-	-	-	-
<u>\$ 171,797</u>	<u>-</u>	<u>171,797</u>	<u>-</u>	<u>-</u>

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN 76-0721383 - PLAN NUMBER 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

a.	b. IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	d. COST **	e. CURRENT VALUE
	American Funds	AMCAP Fund - Class R3	X	\$ 554,162
	American Funds	Capital Income Builder Fund - Class R3	X	961,910
	American Funds	GM Capital Income Builder Fund - Class R3	X	2,527,714
	American Funds	Europacific Growth Fund - Class R3	X	1,109,709
	American Funds	GM Europacific Growth Fund - Class R3	X	5,701,531
	American Funds	Fundamental Investors Fund - Class R3	X	1,749,957
	BlackRock	Health Sciences Opportunities Portfolio - Investor A Shares	X	1,273,380
	BlackRock	Inflation Protected Bond Portfolio - Investor A Shares	X	374,438
	BlackRock	GM Inflation Protected Bond Portfolio - Investor A Shares	X	1,726,640
	BlackRock	Mid-Cap Growth Equity Portfolio - Investor A Shares	X	1,118,602
	BlackRock	GM Mid-Cap Growth Equity Portfolio - Investor A Shares	X	2,264,403
	BlackRock	Technology Opportunities Fund - Institutional Shares	X	825,506
	BlackRock	iShares MSCI EAFE International Index Fund - Institutional Shares	X	265,218
	BlackRock	iShares Russell 2000 Small-Cap Index Fund - Institutional Shares	X	983,386
	BlackRock	iShares S&P 500 Index Fund - Institutional Shares	X	6,946,124
	BlackRock	iShares U.S. Aggregate Bond Index Fund - Class K	X	24,681
	Columbia	Mid Cap Index Fund - Institutional 2 Class	X	349,807
	Franklin Templeton	Global Bond Fund - Class A	X	459,968
	Goldman Sachs	International Small Cap Insights Fund - Class A	X	406,375
	Invesco	Energy Fund - Class A	X	280,159
	Invesco	Growth & Income Fund - Class A	X	2,240,369

* Represents a party-in-interest.

** Cost information is not required as per special rule for certain participant-directed transactions.

X Investments are in individual participant-directed accounts.

See Independent Auditor's Report.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN 76-0721383 - PLAN NUMBER 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

a.	b. IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	d. COST **	e. CURRENT VALUE
	Invesco	GM Growth & Income Fund - Class A	X	4,514,605
	Invesco	Oppenheimer Developing Markets Fund - Class A	X	1,265,968
	Invesco	GM Oppenheimer Developing Markets Fund - Class A	X	2,595,682
	Invesco	Oppenheimer Gold & Special Minerals Fund - Class Y	X	362,200
	Invesco	GM Oppenheimer Gold & Special Minerals Fund - Class Y	X	1,228,243
	Invesco	Small Cap Value Fund - Class A	X	809,471
	Invesco	GM Small Cap Value Fund - Class A	X	1,505,470
	John Hancock	Disciplined Value Mid Cap Fund - Class A	X	1,565,896
	John Hancock	GM Disciplined Value Mid Cap Fund - Class A	X	2,800,389
	JPMorgan	Government Bond Fund - Class A	X	410,487
	JPMorgan	GM Government Bond Fund - Class A	X	3,883,162
	Loomis Sayles	Growth Fund - Class A	X	1,143,511
	Loomis Sayles	GM Growth Fund - Class A	X	4,119,512
	MFS Investments	International Value Fund -Class A	X	348,433
	MFS Investments	Utilities Fund - Class A	X	295,596
	PIMCO Funds	GM Total Return Fund - Class A	X	89
	Pioneer Investments	Bond Fund - Class A	X	1,314,057
	Pioneer Investments	GM Bond Fund - Class A	X	4,250,506
	Principal Funds	High Yield Fund - Class A	X	334,029
	Principal Funds	GM High Yield Fund - Class A	X	617,160
	Principal Funds	Real Estate Securities Fund - Class A	X	922,833
	Principal Funds	GM Real Estate Securities Fund - Class A	X	1,018,318
	T Rowe Price	QM US Small-Cap Growth Equity Fund - Investor Class	X	1,016,247
	T Rowe Price	GM QM US Small-Cap Growth Equity Fund - Investor Class	X	972,371
	Self-directed investments	Self-directed investments	X	140,110
	Federated Investors, Inc.	Capital Preservation Fund	X	2,001,060

* Represents a party-in-interest.

** Cost information is not required as per special rule for certain participant-directed transactions.

X Investments are in individual participant-directed accounts.

See Independent Auditor's Report.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN 76-0721383 - PLAN NUMBER 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

a.	b. IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	d. COST **	e. CURRENT VALUE
	Federated Investors, Inc.	GM Capital Preservation Fund	X	<u>721,890</u>
	Total investments at fair value			<u>\$ 72,301,334</u>
*	Notes receivable from participants	Loans (interest rates of 5.25%-7.50%, various maturity dates)	\$0	<u>\$ 772,987</u>

* Represents a party-in-interest.

** Cost information is not required as per special rule for certain participant-directed transactions.

X Investments are in individual participant-directed accounts.

See Independent Auditor's Report.

Form 5500 Multiple Employer Plan Participating Employer Information
Plan Name : The Synergy Multiple Employer Retirement Savings
Plan Sponsor Name: The Synergy Plan, LLC
EIN: 76-0721383
PN: 001

Name of participating employer	EIN	Percentage of Total Contributions
MADISON WELLS PARTNERS, INC.	30-0554766	12.02%
ARGENTUM MEDICAL, LLC	36-4427015	7.97%
EMBRACE LIVING COMMUNITIES	36-3487477	6.76%
FUNKHOUSER VEGOSEN LIEBMAN & DUNN LTD.	36-3106449	6.40%
ACCREDITATION COUNCIL FOR CONTINUING MED ED	47-0941683	6.09%
VOITH-MERI ENVIRONMENTAL SOLUTIONS, INC.	04-3302625	5.99%
COMMUNITY STATE BANK	36-2800497	5.77%
NUANCE SOLUTIONS	36-2858787	4.78%
THE SYNERGY PLAN, LLC	76-0721383	4.11%
RUBBER, INC.	36-2547969	3.84%
ALGUS PACKAGING, INC.	36-3760273	3.22%
BROWN & BROWN, L. L. C.	36-4160073	3.21%
HEALY, BENDER & ASSOCIATES, INC.	36-2696955	2.54%
AUDINATE, INC.	80-0353637	2.38%
LIFETIME CHIROPRACTIC CENTERS, LLC.	45-4176479	1.72%
THE SKULLY GROUP	36-3995443	1.56%
ARLINGTON PLATING COMPANY	36-2886391	1.41%
ALL AMERICAN WASHER WERKS	36-4010867	1.33%
WEDGEWOOD BUILDING COMPANY	27-3605596	1.29%
THREE RIVERS MANUFACTURES ASSOCIATION	36-2414931	1.18%
ABILITY ENGINEERING TECHNOLOGY, INC.	36-3517867	1.16%
BROOK CAPITAL	20-1731664	0.91%
WAUKEGAN CORPORATE AVIATION FACILITIES	36-3366953	0.88%
HISTOGENEX, LLC	47-3655252	0.88%
ELGIN AREA CHAMBER OF COMMERCE	36-1035380	0.86%
HANCOCK COUNTY COMMUNITY FOUNDATION	35-1837729	0.84%
MIDLAND STAMPING AND FABRICATING, LLC.	27-3442767	0.82%
LODESTAR SOLUTIONS, INC.	20-1377573	0.78%
RENEW INDIANAPOLIS	80-0619587	0.63%
PARTNERS IN HOUSING DEVELOPMENT CORPORATION	35-1917637	0.59%
LA PLAZA, INC	35-1743525	0.56%
PARADIGM SYSTEMS, INC.	82-5324290	0.54%
NATIONAL ASSOC OF FIRE EQUIPMENT DISTRIBUTOR	36-2420809	0.54%
GREENWOOD TOOL & DIE	36-3144353	0.53%
FORT SHERIDAN ADVISORS, LLC	27-0463256	0.48%
REACH COUNSELING SERVICES	39-1292277	0.47%
AEG PARTNERS, LLC	36-4342564	0.47%
SHAW DEVELOPMENT COMPANY	36-4266706	0.47%
LOYAL MANUFACTURING CORPORATION	35-1358320	0.34%
MERRIMAC DENTAL LABORATORY, INC.	36-4250578	0.33%
NEAR EAST AREA RENEWAL, INC	20-0146547	0.32%
KDI DESIGN, INC.	20-1365643	0.30%
VAN NORMAN MOLDING, LLC	36-4208993	0.29%
HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT	32-0080849	0.27%
VISIONARY GROUP, LLC	37-1591268	0.26%

Name of participating employer	EIN	Percentage of
		Total Contributions
ALLANT GROUP, LLC	81-1048282	0.24%
I A C E D	35-1695379	0.20%
MR. SHIMS	36-3523154	0.20%
WINDLAB DEVELOPMENTS USA LTD.	98-0588398	0.19%
BECKER ARCHITECTS	36-3990261	0.19%
PANTENE ELECTRONICS NA, INC	20-3399100	0.18%
INVARION, INC	20-0205523	0.17%
FOUNDATION FOR HOMAN SQUARE	36-4032118	0.11%
CARLSON-STI, INC.	27-3908888	0.07%
KURT VONNEGUT MEMORIAL LIBRARY, INC.	27-0825749	0.07%
CURA SURGICAL, INC.	20-5741227	0.06%
E P P CORPORATION	36-2891247	0.04%
MCFARLAINE MEDICAL, INC.	20-8412005	0.03%
TIME PILOT CORPORATION	56-4444987	0.03%
THOMAS SHAFER ARCHITECTS	36-3792836	0.02%
DISTINCTIVE FOODS, LLC	36-4364670	0.02%
INDIANA ASSOC. OF AREA AGENCIES ON AGING	35-2122608	0.02%
PROFESSIONAL ENGINEERING TECH CONSULTANT	36-4205109	0.02%
VLM MEDICAL, LLC	47-3092829	0.01%
CARLTON MANAGEMENT COMPANY, LLC	27-4755568	0.01%
LA CHEMICAL, LTD.	37-1037667	0.01%
THE BUSINESS SECTION, INC	36-4262420	0.01%
PROPERTY SOLUTIONS GROUP, LLC	36-4157425	0.01%
PIERCE, MONROE & ASSOCIATES, LLC	86-1163772	0.00%
LINDNER LOGISTICS, LLC	39-1778537	0.00%
COLIANCE RISK ADVISORS, LLC	27-2921636	0.00%
RADAR MANAGEMENT, INC.	27-4499559	0.00%
CHRISTIAN LIFE RETIREMENT CENTER PLAN	36-3038261	0.00%
LIBERTY APPLIED ENERGY, LLC	46-5614829	0.00%
ARGON CREDIT	46-4459264	0.00%
SPECTRUM COMPANIES INTERNATIONAL, LTD.	36-3375443	0.00%
HEILO CRANE & HOIST, INC	36-3436613	0.00%
THOMPSON AUTO SUPPLY, INC.	36-2948370	0.00%
GAMMA ALPHA VISUAL COMMUNICATIONS, LLC	36-3954639	0.00%
NEFAB, INC.	04-3046763	0.00%
ADD ON STAFFING SOLUTIONS, INC	41-1698034	0.00%
CEDRIC SPRING & ASSOCIATES	36-2517088	0.00%
STRUCTURE MANAGEMENT MIDWEST, LLC	36-4094280	0.00%
FIELD PARTNERS, INC	36-4169236	0.00%
SIGNMEUP.COM	36-4150503	0.00%
J.C. MARSHALL FINANCIAL SERVICES, INC	36-3698454	0.00%
COE FINANCIAL GROUP, INC	36-4406275	0.00%
FIRST CHOICE BANK	36-4441114	0.00%
ADVANCED HEATHCARE FOR WOMEN, LTD	36-3589200	0.00%
ELECTRONIC MANUFACTURING SOLUTIONS, INC.	35-1910951	0.00%
CSI TECHNOLOGIES, INC.	36-3916496	0.00%
LOGISERVE, INC.	36-3864067	0.00%
SYNERGY NON-AFFILIATED EMPLOYERS	76-0721383	0.00%
ORANGE LOFT, LLC	36-4342684	0.00%
CARPET FAIR, INC.	36-2839354	0.00%
ZAVE NETWORKS, INC.	20-5377430	0.00%

Name of participating employer	EIN	Percentage of Total Contributions
NATIONAL HOME HEALTH SERVICES, LLC	20-2451380	0.00%



MUELLER & CO., LLP

Certified Public Accountants – Business & Financial Advisors

ASSURANCE

**THE SYNERGY MULTIPLE EMPLOYER
RETIREMENT SAVINGS PLAN
AUDITED FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2019**

MUELLER

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INDEPENDENT AUDITOR'S REPORT

To the Participants of The Synergy Multiple Employer
Retirement Savings Plan and the Board of Directors of
The Synergy Plan, LLC
Chicago, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Synergy Multiple Employer Retirement Savings Plan (Plan) which comprise the statements 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information detailed in Note 3, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications 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 and the supplemental schedule of delinquent participant contributions for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Muller & Co., LLP

Orland Park, Illinois
October 5, 2020

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
Assets:		
Investments at fair value	\$ <u>72,301,334</u>	\$ <u>67,611,907</u>
Cash	<u>724</u>	<u>177,331</u>
Receivables:		
Employers' contributions	486,272	460,629
Participants' contributions	348,700	145,728
Notes receivable from participants	<u>783,847</u>	<u>823,661</u>
	<u>1,618,819</u>	<u>1,430,018</u>
	<u>73,920,877</u>	<u>69,219,256</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	\$ <u><u>73,920,877</u></u>	\$ <u><u>69,219,256</u></u>

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

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2019

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 13,317,634
Interest and dividends	<u>1,458,433</u>
	<u>14,776,067</u>

Interest income on notes receivable from participants	<u>41,858</u>
---	---------------

Contributions:

Participants	4,681,626
Employers	2,000,785
Rollover	<u>889,752</u>
	<u>7,572,163</u>

Total additions	<u>22,390,088</u>
-----------------	-------------------

Deductions:

Benefits paid to participants	7,555,393
Administrative expenses	<u>454,777</u>
Total deductions	<u>8,010,170</u>

Increase in net assets	14,379,918
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Transfers out to other plans	(9,678,297)
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Net assets available for benefits:

Beginning of year	<u>69,219,256</u>
End of year	<u>\$ 73,920,877</u>

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

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The Synergy Multiple Employer Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement and Recipient Employers' Adoption Agreements for a more complete description of the Plan's provisions.

General

The sponsor of the Plan, The Synergy Plan, LLC (Company), is a Professional Employer Organization. Each of its clients is considered a Recipient Employer under the Plan and has executed a Recipient Employer Adoption Agreement, each with its own effective date. The Plan is a defined contribution plan covering the employees of Recipient Employers who have attained the age and eligibility requirements in accordance with the Recipient Employers' Adoption Agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company's Board of Directors oversees governance of the Plan and appoints the Plan's Retirement Savings Plan Committee. The Plan's Retirement Savings Plan Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as elected in the Recipient Employers' Adoption Agreements. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Recipient Employer contributions are at the discretion of Recipient Employers' management and are set forth in the Recipient Employers' Adoption Agreements.

The Plan allows participants to contribute a percentage of their taxable annual compensation as a Roth 401(k) contribution in lieu of all or a portion of the elective deferrals the participant is otherwise eligible to make to the Plan. Each Recipient Employers' Adoption Agreement may have its own effective date, if elected.

Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Recipient Employers' contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Recipient Employers' contribution portion of their account is in accordance with the Recipient Employers' Adoption Agreements.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 - DESCRIPTION OF THE PLAN, CONTINUED

Notes Receivable from Participants

Participants may borrow from their fund accounts any amount up to 50% of their vested account balance and no more than \$50,000 minus the participant's highest outstanding loan amount during the prior 12 months. Additionally, no more than one loan is to be initiated in any 24-month period. An advisory committee of the Plan determines the amount of the loan, repayment terms, the rate of interest to be charged, and all other terms of the loan. A \$100 loan origination fee is charged on new loans. The loans are collateralized by the balance in the participant's account and bear interest at fixed rates. Principal and interest are repaid through automatic payroll deduction. A participant can prepay all of the unpaid principal balance without penalty.

Payment of Benefits

On termination of service, a participant receives an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount in accordance with the Plan agreement.

Transfers

Transfers in from other plans represents funds received from other qualified defined benefit or defined contribution plans for certain Recipient Employers beginning participation in the Plan. Transfers out to other plans represents funds withdrawn for certain Recipient Employers terminating their participation in the Plan.

Forfeited Accounts

Forfeited nonvested account balances will be used to reduce Recipient Employers' contributions to the Plan. At December 31, 2019 and 2018, forfeited nonvested accounts totaled \$25,345 and \$31,160, respectively. In 2019, Recipient Employers' contributions of \$31,458 were paid out of the forfeited nonvested accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investment Valuation and Income Recognition

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. The Plan's Retirement Savings Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. Deemed distributions resulting from delinquent participant loans totaled \$121,363 for the year ended December 31, 2019.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Going Concern Evaluation

In accordance with accounting principles generally accepted in the United States of America, management performed an evaluation to determine if adverse conditions or events, considered in the aggregate, raise substantial doubt about the Plan's ability to continue as a going concern for the one-year period from the date the financial statements are available to be issued. Management's assessment did not identify any conditions or events raising substantial doubt about the Plan's ability to continue as a going concern for the period from October 5, 2020 to October 5, 2021.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Subsequent Events

Subsequent events have been evaluated through October 5, 2020, the date that the financial statements were available for issue.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic. The extent of the impact of COVID-19 on the Company and the Plan's investment performance will depend on certain developments, including the duration and spread of the outbreak. At this time, the extent to which COVID-19 may impact the Plan's results of operations is uncertain.

NOTE 3 - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation in fair value of investments, interest and dividends and interest income on notes receivable from participants for the year ended December 31, 2019, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Ascensus Trust Company, the trustee of the Plan.

NOTE 4 - FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. |
| Level 2 | <p>Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

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

Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
---------	---

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed investments: The value is based on the closing price reported on the active market where the individual securities are traded and the quoted net asset values of the shares held by the Plan at year-end.

Common trust stable value funds: Valued using the NAV, as provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy:				
Mutual funds	\$ 69,438,274	-	-	69,438,274
Self-directed investments	<u>140,110</u>	<u>-</u>	<u>-</u>	<u>140,110</u>
Total assets				
in the fair value hierarchy	<u>\$ 69,578,384</u>	<u>-</u>	<u>-</u>	69,578,384
Assets measured at NAV				<u>2,722,950</u>
Total assets at fair value				<u>\$ 72,301,334</u>

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy:				
Mutual funds	\$ 65,073,210	-	-	65,073,210
Self-directed investments	<u>99,118</u>	<u>-</u>	<u>-</u>	<u>99,118</u>
Total assets				
in the fair value hierarchy	<u>\$ 65,172,328</u>	<u>-</u>	<u>-</u>	65,172,328
Assets measured at NAV				<u>2,439,579</u>
Total assets at fair value				<u>\$ 67,611,907</u>

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2019, is reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event of change in circumstances that caused the transfer. For the years ended December 31, 2019 and 2018, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments measured at fair value based on the NAV per share practical expedient as of December 31, 2019 and 2018, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2019</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common trust stable value funds	\$ 2,722,950	N/A	Daily	None
<u>December 31, 2018</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common trust stable value funds	\$ 2,439,579	N/A	Daily	None

NOTE 5 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Ascensus Trust Company and a related entity, Ascensus LLC. Ascensus Trust Company is the trustee of the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Ascensus LLC for recordkeeping and transaction processing services amounted to \$212,288 for the year ended December 31, 2019.

Merrill Lynch Consulting Services provides investment advisory services to the Plan. Fees paid by the Plan for investment advisory services amounted to \$175,881 for the year ended December 31, 2019.

In addition, trustee fees of \$66,608 were paid to the Company for the year ended December 31, 2019.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

Any participating Recipient Employer shall be permitted to discontinue or revoke its participation in the Plan. In such an event, the assets allocable to the participants of the Recipient Employer shall be transferred to the participants of the Recipient Employer or to the new trustee designated by such Recipient Employer if it has established a separate plan for its employees. If no separate plan has been established, the Plan shall proceed as though the Plan had been terminated with respect to the participants of such Recipient Employer.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 7 - TAX STATUS OF PLAN

The IRS has determined and informed the Company by a letter dated November 29, 2013, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator has no reason to believe Form 5500 is subject to examination for years prior to 2016.

NOTE 8 - RISK AND UNCERTAINTIES

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

NOTE 9 - PROHIBITED TRANSACTIONS

During 2019, the Company failed to remit to the Plan's trustee certain participant contributions totaling \$171,797 within the period prescribed by the Department of Labor's regulations. Delays in remitting contributions to the trustee were due to administrative errors and constitute prohibited transactions. During January 2020, the Company made contributions of \$1,546 relating to the 2019 late remittances to compensate participants for potential lost income due to the delays and the Form 5330 was filed with the applicable excise tax.

S U P P L E M E N T A R Y I N F O R M A T I O N

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN 76-0721383 - PLAN NUMBER 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 171,797	-	171,797	-	-
-	-	-	-	-
<u>\$ 171,797</u>	<u>-</u>	<u>171,797</u>	<u>-</u>	<u>-</u>

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN 76-0721383 - PLAN NUMBER 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

a.	b. IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	d. COST **	e. CURRENT VALUE
	American Funds	AMCAP Fund - Class R3	X	\$ 554,162
	American Funds	Capital Income Builder Fund - Class R3	X	961,910
	American Funds	GM Capital Income Builder Fund - Class R3	X	2,527,714
	American Funds	Europacific Growth Fund - Class R3	X	1,109,709
	American Funds	GM Europacific Growth Fund - Class R3	X	5,701,531
	American Funds	Fundamental Investors Fund - Class R3	X	1,749,957
	BlackRock	Health Sciences Opportunities Portfolio - Investor A Shares	X	1,273,380
	BlackRock	Inflation Protected Bond Portfolio - Investor A Shares	X	374,438
	BlackRock	GM Inflation Protected Bond Portfolio - Investor A Shares	X	1,726,640
	BlackRock	Mid-Cap Growth Equity Portfolio - Investor A Shares	X	1,118,602
	BlackRock	GM Mid-Cap Growth Equity Portfolio - Investor A Shares	X	2,264,403
	BlackRock	Technology Opportunities Fund - Institutional Shares	X	825,506
	BlackRock	iShares MSCI EAFE International Index Fund - Institutional Shares	X	265,218
	BlackRock	iShares Russell 2000 Small-Cap Index Fund - Institutional Shares	X	983,386
	BlackRock	iShares S&P 500 Index Fund - Institutional Shares	X	6,946,124
	BlackRock	iShares U.S. Aggregate Bond Index Fund - Class K	X	24,681
	Columbia	Mid Cap Index Fund - Institutional 2 Class	X	349,807
	Franklin Templeton	Global Bond Fund - Class A	X	459,968
	Goldman Sachs	International Small Cap Insights Fund - Class A	X	406,375
	Invesco	Energy Fund - Class A	X	280,159
	Invesco	Growth & Income Fund - Class A	X	2,240,369

* Represents a party-in-interest.

** Cost information is not required as per special rule for certain participant-directed transactions.

X Investments are in individual participant-directed accounts.

See Independent Auditor's Report.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN 76-0721383 - PLAN NUMBER 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

a.	b. IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	d. COST **	e. CURRENT VALUE
	Invesco	GM Growth & Income Fund - Class A	X	4,514,605
	Invesco	Oppenheimer Developing Markets Fund - Class A	X	1,265,968
	Invesco	GM Oppenheimer Developing Markets Fund - Class A	X	2,595,682
	Invesco	Oppenheimer Gold & Special Minerals Fund - Class Y	X	362,200
	Invesco	GM Oppenheimer Gold & Special Minerals Fund - Class Y	X	1,228,243
	Invesco	Small Cap Value Fund - Class A	X	809,471
	Invesco	GM Small Cap Value Fund - Class A	X	1,505,470
	John Hancock	Disciplined Value Mid Cap Fund - Class A	X	1,565,896
	John Hancock	GM Disciplined Value Mid Cap Fund - Class A	X	2,800,389
	JPMorgan	Government Bond Fund - Class A	X	410,487
	JPMorgan	GM Government Bond Fund - Class A	X	3,883,162
	Loomis Sayles	Growth Fund - Class A	X	1,143,511
	Loomis Sayles	GM Growth Fund - Class A	X	4,119,512
	MFS Investments	International Value Fund -Class A	X	348,433
	MFS Investments	Utilities Fund - Class A	X	295,596
	PIMCO Funds	GM Total Return Fund - Class A	X	89
	Pioneer Investments	Bond Fund - Class A	X	1,314,057
	Pioneer Investments	GM Bond Fund - Class A	X	4,250,506
	Principal Funds	High Yield Fund - Class A	X	334,029
	Principal Funds	GM High Yield Fund - Class A	X	617,160
	Principal Funds	Real Estate Securities Fund - Class A	X	922,833
	Principal Funds	GM Real Estate Securities Fund - Class A	X	1,018,318
	T Rowe Price	QM US Small-Cap Growth Equity Fund - Investor Class	X	1,016,247
	T Rowe Price	GM QM US Small-Cap Growth Equity Fund - Investor Class	X	972,371
	Self-directed investments	Self-directed investments	X	140,110
	Federated Investors, Inc.	Capital Preservation Fund	X	2,001,060

* Represents a party-in-interest.

** Cost information is not required as per special rule for certain participant-directed transactions.

X Investments are in individual participant-directed accounts.

See Independent Auditor's Report.

THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN
EIN 76-0721383 - PLAN NUMBER 001
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

a.	b. IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	d. COST **	e. CURRENT VALUE
	Federated Investors, Inc.	GM Capital Preservation Fund	X	<u>721,890</u>
	Total investments at fair value			<u>\$ 72,301,334</u>
*	Notes receivable from participants	Loans (interest rates of 5.25%-7.50%, various maturity dates)	\$0	<u>\$ 772,987</u>

* Represents a party-in-interest.

** Cost information is not required as per special rule for certain participant-directed transactions.

X Investments are in individual participant-directed accounts.

See Independent Auditor's Report.

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		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 through 1j)	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.

		(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:

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

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

	Yes	No	Amount
4a			
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 THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

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
	Pioneer	Pioneer Bond A	0	1,314,057
	John Hancock	(CL) John Hancock III Disc Val Mid CapA	0	1,565,896
	Principal	GM Principal High Yield A	0	617,160
	Federated	Federated Capital Preservation ISP	0	2,001,060
	iShares	iShares S&P 500 Index Instl	0	6,946,124
	Invesco	GM (CL) Invesco Small Cap Value Fund A	0	1,505,470
	BlackRock	BlackRock Mid-Cap Growth Equity Inv A	0	1,118,602

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

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

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
	Invesco	Invesco Growth and Income A	0	2,240,369
	BlackRock	GM BlackRock Mid-Cap Growth Equity Inv A	0	2,264,403
	Pioneer	GM Pioneer Bond A	0	4,250,506
	JPMorgan	JPMorgan Government Bond A	0	410,486
	iShares	iShares MSCI EAFE Intl Index Instl	0	265,218
	Invesco	Invesco Energy A	0	280,159
	BlackRock	BlackRock Inflation Protected Bond Inv A	0	374,438

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

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

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
	Principal	Principal High Yield A	0	334,029
	Loomis Sayles	Loomis Sayles Growth A	0	1,143,511
	T Rowe Price	T Rowe Price QM US Sm Cap Growth Eqty	0	1,016,247
	Invesco	GM Invesco Growth and Income A	0	4,514,605
	BlackRock	BlackRock Technology Opport Instl	0	825,506
	Invesco	(CL) Invesco Small Cap Value Fund A	0	809,471
	JPMorgan	GM JPMorgan Government Bond A	0	3,883,162

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

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

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	GM American Funds EuroPacific Gr R3	0	5,701,531
	BlackRock	GM BlackRock Inflation Protected Bond In	0	1,726,640
	Federated	GM Federated Capital Preservation ISP	0	721,890
	Principal	GM Principal Real Estate Securities A	0	1,018,318
	T Rowe Price	GM T Rowe Price QM US Sm Cap Growth Eqty	0	972,371
	American Funds	American Funds Fundamental Inv R3	0	1,749,957
	Columbia	Columbia Mid Cap Index I2	0	349,807

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

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

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
	Invesco	GM Invesco Oppy Gold & Special Mineral Y	0	1,228,243
	MFS	MFS Utilities A	0	295,596
	Invesco	Invesco Oppy Dev Markets A	0	1,265,968
	Invesco	Invesco Oppy Gold & Special Mineral Y	0	362,200
	BlackRock	BlackRock Health Sciences Opp Port Inv A	0	1,273,380
	American Funds	American Funds Capital Inc Bldr R3	0	961,910
	Invesco	GM Invesco Oppy Dev Markets A	0	2,595,682

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

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

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	GM American Funds Capital Inc Bldr R3	0	2,527,714
	John Hancock	(CL)GM JohnHancock III Disc Val Mid CapA	0	2,800,389
	Loomis Sayles	GM Loomis Sayles Growth A	0	4,119,512
	American Funds	American Funds EuroPacific Gr R3	0	1,109,709
	American Funds	American Funds AMCAP R3	0	554,163
	iShares	iShares Russell 2000 SmCap Ind Instl	0	983,386
	Goldman Sachs	Goldman Sachs Intl Sm Cap Insights A	0	406,375

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

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

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
	PIMCO	OM PIMCO Total	0	89
	Self-Direct	Self-Direct Investment Fund	0	138,249
	Self-Direct	Self-Direct Cash Fund	0	1,861
	Templeton	Templeton Global Bond A	0	459,967
	iShares	iShares U.S.	0	24,682
	MFS	MFS International	0	348,433
	Principal	Principal Real Estate Securities A	0	922,833

Plan Name	THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN	EIN:	76-0721383
Plan Sponsor's Name	THE SYNERGY PLAN, LLC	PN:	001

[illegible]

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information—enter all requested information												
1a Name of plan 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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">1c Effective date of plan</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN)</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number</td> </tr> <tr> <td colspan="2">2d Business code (see instructions)</td> </tr> <tr> <td colspan="2" style="height: 30px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶		1c Effective date of plan		2b Employer Identification Number (EIN)		2c Plan Sponsor's telephone number		2d Business code (see instructions)			
1b Three-digit plan number (PN) ▶													
1c Effective date of plan													
2b Employer Identification Number (EIN)													
2c Plan Sponsor's telephone number													
2d Business code (see instructions)													

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ 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
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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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:	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Attachment to 2019 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name THE SYNERGY MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN

EIN: 76-0721383

Plan Sponsor's Name THE SYNERGY PLAN, LLC

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
MADISON WELLS PARTNERS, INC.	30-0554766	12.02
ARGENTUM MEDICAL, LLC	36-4427015	7.97
EMBRACE LIVING COMMUNITIES	36-3487477	6.76
FUNKHOUSER VEGOSEN LIEBMAN & DUNN LTD.	36-3106449	6.40
ACCREDITATION COUNCIL FOR CONTINUING MED ED	47-0941683	6.09
VOITH-MERI ENVIRONMENTAL SOLUTIONS, INC.	04-3302625	5.99
COMMUNITY STATE BANK	36-2800497	5.77
NUANCE SOLUTIONS	36-2858787	4.78
THE SYNERGY PLAN, LLC	76-0721383	4.11
RUBBER, INC.	36-2547969	3.84
ALGUS PACKAGING, INC.	36-3760273	3.22
BROWN & BROWN, L. L. C.	36-4160073	3.21
HEALY, BENDER & ASSOCIATES, INC.	36-2696955	2.54
AUDINATE, INC.	80-0353637	2.38
LIFETIME CHIROPRACTIC CENTERS, LLC.	45-4176479	1.72
THE SKULLY GROUP	36-3995443	1.56
ARLINGTON PLATING COMPANY	36-2886391	1.41
ALL AMERICAN WASHER WERKS	36-4010867	1.33
WEDGEWOOD BUILDING COMPANY	27-3605596	1.29
THREE RIVERS MANUFACTURES ASSOCIATION	36-2414931	1.18
ABILITY ENGINEERING TECHNOLOGY, INC.	36-3517867	1.16
BROOK CAPITAL	20-1731664	0.91
WAUKEGAN CORPORATE AVIATION FACILITIES	36-3366953	0.88
HISTOGENEX, LLC	47-3655252	0.88
ELGIN AREA CHAMBER OF COMMERCE	36-1035380	0.86
HANCOCK COUNTY COMMUNITY FOUNDATION	35-1837729	0.84
MIDLAND STAMPING AND FABRICATING, LLC.	27-3442767	0.82
LODESTAR SOLUTIONS, INC.	20-1377573	0.78
RENEW INDIANAPOLIS	80-0619587	0.63
PARTNERS IN HOUSING DEVELOPMENT CORPORATION	35-1917637	0.59
LA PLAZA, INC	35-1743525	0.56
PARADIGM SYSTEMS, INC.	82-5324290	0.54
NATIONAL ASSOC OF FIRE EQUIPMENT DISTRIBUTOR	36-2420809	0.54
GREENWOOD TOOL & DIE	36-3144353	0.53
FORT SHERIDAN ADVISORS, LLC	27-0463256	0.48
REACH COUNSELING SERVICES	39-1292277	0.47
AEG PARTNERS, LLC	36-4342564	0.47
SHAW DEVELOPMENT COMPANY	36-4266706	0.47
LOYAL MANUFACTURING CORPORATION	35-1358320	0.34
MERRIMAC DENTAL LABORATORY, INC.	36-4250578	0.33
NEAR EAST AREA RENEWAL, INC	20-0146547	0.32
KDI DESIGN, INC.	20-1365643	0.30
VAN NORMAN MOLDING, LLC	36-4208993	0.29
HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT	32-0080849	0.27
VISIONARY GROUP, LLC	37-1591268	0.26