Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
KHOROS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2011

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)
KHOROS

200 W CESAR CHAVEZ ST.
SUITE 600
AUSTIN, TX 78701

2b Employer Identification Number (EIN)
52-2338848

2c Plan Sponsor's telephone number
512-823-2321

2d Business code (see instructions)
541511

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.	10/12/2020	SAMUEL MONTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name SPREDFAST, INC.

c Plan Name SPREDFAST SAVINGS 401(K) PLAN

4b EIN 42-1758418

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	691
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)**	507
a(2) Total number of active participants at the end of the plan year	**6a(2)**	598
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	454
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1052
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1052
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	999
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
KHOROS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
52-2338848

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

CLSRS LLC

61-1723537

(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?
27	ADVISOR	56064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	53205	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF SM CAP VAL INST - DST ASSET MA	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.04%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARIEL APPREC INST - U.S. BANK GLOB	615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF EQUITY INC INST - PRINCIPAL SH	711 HIGH STREET DES MOINES, IA 50392	0.10%

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: HOLTZMAN PARTNERS LLP	**b** EIN: 74-3121060	
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
KHOROS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KHOROS

D Employer Identification Number (EIN)
52-2338848

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: FIAM INX TD INCOME T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-074	C	30738

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STBL VAL III

b Name of sponsor of entity listed in (a): AMVESCAP NATIONAL TRUST COMPANY

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)
84-1142974-001	C	30665

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2050 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-084	C	6253294

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2055 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-112	C	2970210

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE ASSET

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

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)
27-3884161-001	C	92782

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2015 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-077	C	33385

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2030 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-080	C	1082730

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2040 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-082	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6852679

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2060 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-146	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 599045

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2020 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-078	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 459166

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2025 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-079	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 379955

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2045 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-083	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4745941

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2035 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-081	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3666388

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 plan sponsor	**c** EIN-PN

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

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
KHOROS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
52-2338848

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	251252
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	12524	38325
(9) Value of interest in common/collective trusts	1c(9)	371894	27196978
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12111299	5156968
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	12495717	32643523
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	12495717	32643523

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	244861	
	(B) Participants	**2a(1)(B)**	4780063	
	(C) Others (including rollovers)	**2a(1)(C)**	744342	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		5769266
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	2232	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	1931	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		4163
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	153288	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		153288
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		4507187
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		418300
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		10852204
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5818823	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5818823
f Corrective distributions (see instructions)	2f		6686
g Certain deemed distributions of participant loans (see instructions)	2g		19856
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	4818	
(4) Other	2i(4)	109269	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		114087
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5959452
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4892752
l Transfers of assets:			
(1) To this plan	2l(1)		15255054
(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: FRANK, RIMERMAN & CO., LLP **(2)** EIN: 94-1341042

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
KHOROS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
52-2338848

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____



Khoros 401(k) Plan
(formerly, Spredfast Savings 401(k) Plan)

Financial Statements and Supplemental Schedule with Independent Auditors' Report

December 31, 2019 and 2018

Frank, Rimerman + Co. LLP

T A B L E O F C O N T E N T S

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Plan Administrator
Khoros 401(k) Plan
Austin, Texas

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Khoros 401(k) Plan (formerly, Spredfast Savings 401(k) Plan) (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

An independent member of Baker Tilly International

Frank Rimerman + Co. LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

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 - Report on the Supplemental Schedule

The supplemental schedule as December 31, 2019, listed in the accompanying table of contents, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

Other Matter – 2018 Financial Statement

The Plan's Statement of Net Assets Available for Benefits as of December 31, 2018, was audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Reliance Trust Company, the Plan's former investment custodian from January 1, 2018 through June 30, 2018, and Fidelity Management Trust Company, the Plan's trustee from July 1, 2018 through December 31, 2018. Their report, dated January 16, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by Reliance, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



San Jose, California
October 8, 2020

Khoros 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31, 2019	2018
Assets		
Investments:		
Common/collective trusts, at fair value	$ 27,073,531	$ -
Common/collective trusts, at contract value	123,447	371,894
Mutual funds, at fair value	5,156,968	12,111,299
Money market fund, at fair value	251,252	-
Total investments	32,605,198	12,483,193
Notes receivable from participants	38,325	12,524
Participant contributions receivable	154,922	-
Employer contributions receivable	-	244,861
Net Assets Available for Benefits	$ 32,798,445	$ 12,740,578

See Independent Auditors' Report and Notes to Financial Statements

Khoros 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

Additions to Net Assets	
Investment income:	
Net appreciation in fair value of investments	$ 4,904,766
Interest and dividends	176,242
Net investment income	5,081,008
Interest income on notes receivable from participants	1,930
Net income	5,082,938
Contributions:	
Participant	4,934,985
Participant rollover	744,342
Net contributions	5,679,327
Total additions	10,762,265
Deductions from Net Assets	
Benefits paid to participants	5,845,365
Administrative expenses	114,087
Total deductions	5,959,452
Transfer of Plan Assets from Lithium Technologies, LLC 401(k) Plan (Note 1)	15,255,054
Net Increase in Net Assets	20,057,867
Net Assets Available for Benefits	
December 31, 2018	12,740,578
December 31, 2019	$ 32,798,445

See Independent Auditors' Report and Notes to Financial Statements

1. Description of the Plan

The Khoros 401(k) Plan (the Plan) (formerly the Spredfast Savings 401(k) Plan) was established by Spredfast, Inc., effective January 1, 2011, to provide participants with a method to fund their retirement on a tax-deferred basis. In October 2018, the Spredfast, Inc. merged with Lithium Technologies, LLC and became Khoros, LLC (the Company). The Spredfast Savings 401(k) Plan was renamed the Khoros 401(k) Plan in June 2019. Effective January 1, 2019, all eligible employees of the Company, as defined, participated in the Plan. On March 1, 2019 and February 27, 2020, Plan assets totaling $15,255,054 and $787,712, respectively, were transferred from the Lithium Technologies, LLC 401(k) Plan to the Plan.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan with a salary deferral arrangement under appropriate provisions of the Internal Revenue Code (the Code) and applicable state laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company is the Plan sponsor and Plan administrator. The Plan is administered by a Retirement Plan Committee, comprised of Company employees. Fidelity Management Trust Company (Fidelity) serves as the Plan's trustee and record keeper. Fidelity holds, invests and reinvests trust assets in the interest and at the direction of participants and their beneficiaries.

Eligible Participants:

Employees, as defined by the Plan, are eligible to participate in the Plan on the first day of the month following completion of one month of service.

Contributions:

Participants may make contributions to the Plan through pre-tax salary deferrals and after-tax contributions up to 90% of annual compensation, as defined. Participants who have reached the age of 50 may elect to withhold additional catch-up contributions under the Code. Participants may also contribute amounts representing distributions from other tax-qualified plans (rollovers), subject to Code regulations.

1. Description of the Plan (continued)

Contributions: (continued)

The Plan provides for automatic enrollment on the date a participant becomes eligible for the Plan. The automatic pre-tax salary deferral contribution for eligible participants is 4% of their compensation, unless the participant requests a different amount to be contributed or formally declines participation. On January 1st of each year, provided the participant has been enrolled in the Plan for greater than six months, the contribution percentage increases 1%, until it reaches 10% of compensation, unless the participant makes an affirmative election to change the deferral percentage or formally declines participation. Participants may adjust their deferral rate or discontinue their contributions at any time.

The Company may make discretionary matching and non-elective contributions to the Plan. The Company did not make any contributions to the Plan in 2019.

Contributions are subject to certain limitations under the Code.

Participant Accounts:

Each participant's account is credited with participant contributions, Company contributions, rollovers and an allocation of the Plan's earnings or losses. Allocations are based on participant earnings or account balances, in accordance with Plan provisions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants may elect to invest their accounts in a variety of participant-directed investment options offered by the Plan that are designed to provide the participants with a wide range of investment options. A participant may authorize transfers among investment options at any time.

Vesting and Forfeitures:

Effective January 1, 2019, participants are fully vested (100%) in their account balances.

Forfeited non-vested accounts may be used to reduce Plan expenses or to reduce Company contributions. At December 31, 2019 and 2018, forfeited non-vested accounts were $18,644 and $14,606, respectively.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan agreement.

1. Description of the Plan (continued)

Notes Receivable from Participants: (continued)

Participant notes receivable transactions are not allowed under the Plan subsequent to a Plan amendment effective June 24, 2019. However, all previously issued and outstanding loans were grandfathered in to the Plan. Under the previous Plan provisions, participants could borrow up to one-half of their vested account balance, not to exceed $50,000, less the highest outstanding note balance during the previous twelve-month period, for a period not to exceed five years, except for notes used to purchase a primary residence for which terms up to ten years may be granted. Participant notes are evidenced by a written note, secured by the balance in the participant's account and bear interest at a rate that is commensurate with local prevailing rates, as determined by the Plan administrator under the note policy. The interest rates on all grandfathered notes outstanding at December 31, 2019 range from 4.25% to 6.50%. Repayment of principal and interest is generally made through payroll deductions.

Payment of Benefits:

Upon termination of service, participants may elect to receive their total benefits in a lump sum amount equal to the value of the participant's account balance. Benefits are recorded when paid.

Administrative Expenses:

Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance and, thus, are not separately disclosed in the accompanying financial statements. Participant accounts are assessed a separate fee for the administration of notes receivable and certain third-party administration fees. All other expenses to administer the Plan are paid by the Company and are not reflected in the Plan's financial statements.

Risks and Uncertainties:

The Plan offers a variety of investment options to participants. Investments are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in risk in the near term could materially affect participant account balances and the amounts reported in the accompanying financial statements.

1. Description of the Plan (continued)

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions and to terminate the Plan at any time, subject to provisions of ERISA. In the event of a Plan termination, participants would remain fully vested in their accounts and distributions will be made to participants as described in the Plan agreement.

2. Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates:

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments:

Investments are comprised of mutual funds, a money market fund, and common/collective trusts and accounted for as follows:

Mutual Funds and Money Market Fund: These funds are valued at the net asset value (NAV) of shares held by the Plan at year end, as quoted in active markets. It is not probable that the funds will be sold at amounts that differ materially from the NAV of shares held.

Fidelity Comingled Pool Funds: The Plan invests in common/collective trusts (CCTs) through Fidelity Commingled Pool Funds, which are reported at fair value, as determined based on the fair value of the fixed income securities in the trust portfolios.

2. Summary of Significant Accounting Policies (continued)

Investments: (continued)

Invesco Stable Asset Fund and Invesco Stable Value Trust – Class III CCTs: The Plan invests in fully benefit-responsive investment contracts through the Invesco Stable Asset Fund and the Invesco Stable Value Trust – Class III (the Funds), offered by Invesco Trust Company (Invesco). The Funds are reported at contract value as determined by Invesco. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

There are certain Company-initiated events that could limit the ability of the Plan to transact at contract value with the Funds. These events include Plan termination, Company bankruptcy, reorganization or merger, and income tax disqualification of the trust that forms a part of the Plan. These events would allow Invesco to terminate the contract with the Plan and settle at an amount different from contract value. If one of these events was to occur, the wrapper contract issuer could terminate the wrapper contract at the fair value of the underlying investments.

The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or Invesco are probable of occurring.

Fair Value Measurement:

The Plan uses a three-level hierarchy for fair value measurement based on the nature of inputs used in the valuation of an asset or liability as of the measurement date. The three-level hierarchy prioritizes, within the measurement of fair value, the use of market-based information over entity-specific information. Fair value focuses on an exit price and is defined as 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 inputs or methodology used for valuing financial instruments are not necessarily an indication of the risk associated with those instruments.

The three-level hierarchy for fair value measurement is defined as follows:

Level I: Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level II: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

2. Summary of Significant Accounting Policies (continued)

Fair Value Measurement: (continued)

Level III: Inputs to the valuation methodology, which are significant to the fair value measurement, are unobservable.

An investment'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.

Investments at fair value at December 31, 2019 under the three-level hierarchy are as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds and money market fund	$ 5,408,220	$ -	$ -	$ 5,408,220
Common/collective trusts	-	27,073,531	-	27,073,531
Total	$ 5,408,220	$ 27,073,531	$ -	$ 32,481,751

Investments at fair value at December 31, 2018 under the three-level hierarchy are as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds and money market fund	$ 12,111,299	$ -	$ -	$ 12,111,299
Common/collective trust	-	-	-	-
Total	$ 12,111,299	$ -	$ -	$ 12,111,299

The Funds, valued at contract value, are reported outside of the fair value hierarchy in accordance with GAAP.

Income Recognition:

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

3. Information Prepared and Certified by Fidelity

Fidelity, as the Plan's trustee, has certified the current value of the following assets held at December 31, 2019 and 2018, and the net income for the year ended December 31, 2019, which were used in the preparation of the accompanying financial statements and supplemental schedule.

	December 31, 2019	**2018**
Investments, at fair value	$ 32,481,751	$ 12,111,299
Investments, at contract value	123,447	-
Notes receivable from participants	38,325	12,524
Total certified assets	$ 32,643,523	$ 12,123,823
Net income for the year ended December 31, 2019	$ 5,082,938	

4. Income Tax Status

The Plan has adopted a volume submitter plan offered by Fidelity, which received an opinion letter from the Internal Revenue Service (IRS) stating that form of the plan submitted for review qualified under provisions of the Code. The Plan has been amended since receipt of the letter; however, the Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and related state statutes, and the trust, which forms a part of the Plan, is exempt from federal and state income taxes.

GAAP require Plan management evaluate income tax positions taken by the Plan and recognize an income tax liability if the Plan has taken an uncertain income tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the income tax positions taken by the Plan, and has concluded, as of December 31, 2019 there are no uncertain income tax 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 income tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for the years prior to 2016.

5. Party-In-Interest Transactions

Certain of the Plan's investments are offered by Fidelity, the Plan's trustee. Purchases and sales of these investments qualify as party-in-interest transactions. Notes receivable transactions with participants also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules under ERISA.

6. Reconciliation of Financial Statements to Form 5500

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

	2019	2018
Net assets available for benefits per the financial statements	$ 32,798,445	$ 12,740,578
Less: Participant contributions receivable	(154,922)	-
Less: Employer contributions receivable	-	(244,861)
Net assets available for benefits per Form 5500	$ 32,643,523	$ 12,495,717

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2019:

Change in net assets available for benefits per the financial statements	$ 20,057,867
Less: Participant contributions receivable as of December 31, 2019	(154,922)
Add: Employer contributions receivable as of December 31, 2018	244,861
Change in net assets available for benefits per Form 5500	$ 20,147,806

7. Subsequent Events

Effective January 1, 2020, the Plan was amended to decrease the initial automatic pre-tax salary deferral election for eligible participants to 3% of their compensation, unless the participant requests a different amount to be contributed or declines participation.

7. Subsequent Events (continued)

The outbreak of the novel coronavirus in 2020 has materially and adversely impacted global commercial activity and contributed to significant declines and volatility in financial markets. The outbreak is already having, and will likely continue to have, a material adverse impact on economic and market conditions. This presents uncertainty and risk with respect to the Plan, its future performance, and its future financial results.

Subsequent events have been evaluated through the date of the independent auditors' report, which is the date the financial statements were approved by the Plan and available to be issued.

Khoros 401(k) Plan
(Employer Identification Number 52-2338848)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value.	(d) Cost	(e) Current Value
	Fidelity Management Trust Company:		
	American Beacon Small Cap Value Fund Class R5	**	$ 21,623
	American Funds EuroPacific Growth Fund Class R-6	**	210,066
	Ariel Appreciation Fund Institutional Class	**	42,586
*	Fidelity 500 Index Fund	**	1,816,464
*	Fidelity Contrafund Fund Class K	**	424,397
*	Fidelity Hereford Street Trust - Fidelity Government Money Market Fund	**	251,252
*	Fidelity International Index Fund	**	531,449
*	Fidelity Small Cap Index Fund	**	499,963
*	Fidelity U.S. Bond Index Fund	**	265,607
	Janus Henderson Triton Fund Class N	**	259,066
	John Hancock Funds Disciplined Value Mid Cap Fund Class R6	**	87,139
	MassMutual Select Mid Cap Growth Fund Class I	**	193,382
	PGIM Total Return Bond Fund -Class R6	**	320,225
	PIMCO All Asset Fund Institutional Class	**	23,002
	Principal Equity Income Fund Institutional Class	**	461,999
	FIAM Index Target Date 2015 Commingled Pool Class T	**	33,385
*	FIAM Index Target Date 2020 Commingled Pool Class T	**	459,166
*	FIAM Index Target Date 2025 Commingled Pool Class T	**	379,955
*	FIAM Index Target Date 2030 Commingled Pool Class T	**	1,082,730
*	FIAM Index Target Date 2035 Commingled Pool Class T	**	3,666,388
*	FIAM Index Target Date 2040 Commingled Pool Class T	**	6,852,679
*	FIAM Index Target Date 2045 Commingled Pool Class T	**	4,745,941
*	FIAM Index Target Date 2050 Commingled Pool Class T	**	6,253,294
*	FIAM Index Target Date 2055 Commingled Pool Class T	**	2,970,210
*	FIAM Index Target Date 2060 Commingled Pool Class T	**	599,045
*	FIAM Index Target Date Income Commingled Pool Class T	**	30,738
	Invesco Stable Asset Fund***	**	92,782
	Invesco Stable Value Trust - Class III***	**	30,665
*	Participant notes receivable - 9 notes outstanding with interest rates from 4.25% to 6.50%	-	38,325
	Total assets held at end of year		$ 32,643,523

* An asterisk in column (a) denotes a transaction with a party-in-interest to the Plan.

** Cost information is not required as all investments are participant directed.

*** Reported at contract value



Khoros 401(k) Plan
(formerly, Spredfast Savings 401(k) Plan)

Financial Statements and Supplemental Schedule with Independent Auditors' Report

December 31, 2019 and 2018

Frank, Rimerman + Co. LLP

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Plan Administrator
Khoros 401(k) Plan
Austin, Texas

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Khoros 401(k) Plan (formerly, Spredfast Savings 401(k) Plan) (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

An independent member of Baker Tilly International

Frank Rimerman + Co. LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

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 - Report on the Supplemental Schedule

The supplemental schedule as December 31, 2019, listed in the accompanying table of contents, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

Other Matter – 2018 Financial Statement

The Plan's Statement of Net Assets Available for Benefits as of December 31, 2018, was audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Reliance Trust Company, the Plan's former investment custodian from January 1, 2018 through June 30, 2018, and Fidelity Management Trust Company, the Plan's trustee from July 1, 2018 through December 31, 2018. Their report, dated January 16, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by Reliance, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



San Jose, California
October 8, 2020

Khoros 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31, 2019	2018
Assets		
Investments:		
Common/collective trusts, at fair value	$ 27,073,531	$ -
Common/collective trusts, at contract value	123,447	371,894
Mutual funds, at fair value	5,156,968	12,111,299
Money market fund, at fair value	251,252	-
Total investments	32,605,198	12,483,193
Notes receivable from participants	38,325	12,524
Participant contributions receivable	154,922	-
Employer contributions receivable	-	244,861
Net Assets Available for Benefits	$ 32,798,445	$ 12,740,578

See Independent Auditors' Report and Notes to Financial Statements

Khoros 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

Additions to Net Assets	
Investment income:	
Net appreciation in fair value of investments	$ 4,904,766
Interest and dividends	176,242
Net investment income	5,081,008
Interest income on notes receivable from participants	1,930
Net income	5,082,938
Contributions:	
Participant	4,934,985
Participant rollover	744,342
Net contributions	5,679,327
Total additions	10,762,265
Deductions from Net Assets	
Benefits paid to participants	5,845,365
Administrative expenses	114,087
Total deductions	5,959,452
Transfer of Plan Assets from Lithium Technologies, LLC 401(k) Plan (Note 1)	15,255,054
Net Increase in Net Assets	20,057,867
Net Assets Available for Benefits	
December 31, 2018	12,740,578
December 31, 2019	$ 32,798,445

See Independent Auditors' Report and Notes to Financial Statements

1. Description of the Plan

The Khoros 401(k) Plan (the Plan) (formerly the Spredfast Savings 401(k) Plan) was established by Spredfast, Inc., effective January 1, 2011, to provide participants with a method to fund their retirement on a tax-deferred basis. In October 2018, the Spredfast, Inc. merged with Lithium Technologies, LLC and became Khoros, LLC (the Company). The Spredfast Savings 401(k) Plan was renamed the Khoros 401(k) Plan in June 2019. Effective January 1, 2019, all eligible employees of the Company, as defined, participated in the Plan. On March 1, 2019 and February 27, 2020, Plan assets totaling $15,255,054 and $787,712, respectively, were transferred from the Lithium Technologies, LLC 401(k) Plan to the Plan.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan with a salary deferral arrangement under appropriate provisions of the Internal Revenue Code (the Code) and applicable state laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company is the Plan sponsor and Plan administrator. The Plan is administered by a Retirement Plan Committee, comprised of Company employees. Fidelity Management Trust Company (Fidelity) serves as the Plan's trustee and record keeper. Fidelity holds, invests and reinvests trust assets in the interest and at the direction of participants and their beneficiaries.

Eligible Participants:

Employees, as defined by the Plan, are eligible to participate in the Plan on the first day of the month following completion of one month of service.

Contributions:

Participants may make contributions to the Plan through pre-tax salary deferrals and after-tax contributions up to 90% of annual compensation, as defined. Participants who have reached the age of 50 may elect to withhold additional catch-up contributions under the Code. Participants may also contribute amounts representing distributions from other tax-qualified plans (rollovers), subject to Code regulations.

1. Description of the Plan (continued)

Contributions: (continued)

The Plan provides for automatic enrollment on the date a participant becomes eligible for the Plan. The automatic pre-tax salary deferral contribution for eligible participants is 4% of their compensation, unless the participant requests a different amount to be contributed or formally declines participation. On January 1st of each year, provided the participant has been enrolled in the Plan for greater than six months, the contribution percentage increases 1%, until it reaches 10% of compensation, unless the participant makes an affirmative election to change the deferral percentage or formally declines participation. Participants may adjust their deferral rate or discontinue their contributions at any time.

The Company may make discretionary matching and non-elective contributions to the Plan. The Company did not make any contributions to the Plan in 2019.

Contributions are subject to certain limitations under the Code.

Participant Accounts:

Each participant's account is credited with participant contributions, Company contributions, rollovers and an allocation of the Plan's earnings or losses. Allocations are based on participant earnings or account balances, in accordance with Plan provisions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants may elect to invest their accounts in a variety of participant-directed investment options offered by the Plan that are designed to provide the participants with a wide range of investment options. A participant may authorize transfers among investment options at any time.

Vesting and Forfeitures:

Effective January 1, 2019, participants are fully vested (100%) in their account balances.

Forfeited non-vested accounts may be used to reduce Plan expenses or to reduce Company contributions. At December 31, 2019 and 2018, forfeited non-vested accounts were $18,644 and $14,606, respectively.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan agreement.

1. Description of the Plan (continued)

Notes Receivable from Participants: (continued)

Participant notes receivable transactions are not allowed under the Plan subsequent to a Plan amendment effective June 24, 2019. However, all previously issued and outstanding loans were grandfathered in to the Plan. Under the previous Plan provisions, participants could borrow up to one-half of their vested account balance, not to exceed $50,000, less the highest outstanding note balance during the previous twelve-month period, for a period not to exceed five years, except for notes used to purchase a primary residence for which terms up to ten years may be granted. Participant notes are evidenced by a written note, secured by the balance in the participant's account and bear interest at a rate that is commensurate with local prevailing rates, as determined by the Plan administrator under the note policy. The interest rates on all grandfathered notes outstanding at December 31, 2019 range from 4.25% to 6.50%. Repayment of principal and interest is generally made through payroll deductions.

Payment of Benefits:

Upon termination of service, participants may elect to receive their total benefits in a lump sum amount equal to the value of the participant's account balance. Benefits are recorded when paid.

Administrative Expenses:

Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance and, thus, are not separately disclosed in the accompanying financial statements. Participant accounts are assessed a separate fee for the administration of notes receivable and certain third-party administration fees. All other expenses to administer the Plan are paid by the Company and are not reflected in the Plan's financial statements.

Risks and Uncertainties:

The Plan offers a variety of investment options to participants. Investments are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in risk in the near term could materially affect participant account balances and the amounts reported in the accompanying financial statements.

1. Description of the Plan (continued)

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions and to terminate the Plan at any time, subject to provisions of ERISA. In the event of a Plan termination, participants would remain fully vested in their accounts and distributions will be made to participants as described in the Plan agreement.

2. Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates:

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments:

Investments are comprised of mutual funds, a money market fund, and common/collective trusts and accounted for as follows:

Mutual Funds and Money Market Fund: These funds are valued at the net asset value (NAV) of shares held by the Plan at year end, as quoted in active markets. It is not probable that the funds will be sold at amounts that differ materially from the NAV of shares held.

Fidelity Comingled Pool Funds: The Plan invests in common/collective trusts (CCTs) through Fidelity Commingled Pool Funds, which are reported at fair value, as determined based on the fair value of the fixed income securities in the trust portfolios.

2. Summary of Significant Accounting Policies (continued)

Investments: (continued)

Invesco Stable Asset Fund and Invesco Stable Value Trust – Class III CCTs: The Plan invests in fully benefit-responsive investment contracts through the Invesco Stable Asset Fund and the Invesco Stable Value Trust – Class III (the Funds), offered by Invesco Trust Company (Invesco). The Funds are reported at contract value as determined by Invesco. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

There are certain Company-initiated events that could limit the ability of the Plan to transact at contract value with the Funds. These events include Plan termination, Company bankruptcy, reorganization or merger, and income tax disqualification of the trust that forms a part of the Plan. These events would allow Invesco to terminate the contract with the Plan and settle at an amount different from contract value. If one of these events was to occur, the wrapper contract issuer could terminate the wrapper contract at the fair value of the underlying investments.

The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or Invesco are probable of occurring.

Fair Value Measurement:

The Plan uses a three-level hierarchy for fair value measurement based on the nature of inputs used in the valuation of an asset or liability as of the measurement date. The three-level hierarchy prioritizes, within the measurement of fair value, the use of market-based information over entity-specific information. Fair value focuses on an exit price and is defined as 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 inputs or methodology used for valuing financial instruments are not necessarily an indication of the risk associated with those instruments.

The three-level hierarchy for fair value measurement is defined as follows:

Level I: Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level II: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

2. Summary of Significant Accounting Policies (continued)

Fair Value Measurement: (continued)

Level III: Inputs to the valuation methodology, which are significant to the fair value measurement, are unobservable.

An investment'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.

Investments at fair value at December 31, 2019 under the three-level hierarchy are as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds and money market fund	$ 5,408,220	$ -	$ -	$ 5,408,220
Common/collective trusts	-	27,073,531	-	27,073,531
Total	$ 5,408,220	$ 27,073,531	$ -	$ 32,481,751

Investments at fair value at December 31, 2018 under the three-level hierarchy are as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds and money market fund	$ 12,111,299	$ -	$ -	$ 12,111,299
Common/collective trust	-	-	-	-
Total	$ 12,111,299	$ -	$ -	$ 12,111,299

The Funds, valued at contract value, are reported outside of the fair value hierarchy in accordance with GAAP.

Income Recognition:

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

3. Information Prepared and Certified by Fidelity

Fidelity, as the Plan's trustee, has certified the current value of the following assets held at December 31, 2019 and 2018, and the net income for the year ended December 31, 2019, which were used in the preparation of the accompanying financial statements and supplemental schedule.

	December 31, 2019	**2018**
Investments, at fair value	$ 32,481,751	$ 12,111,299
Investments, at contract value	123,447	-
Notes receivable from participants	38,325	12,524
Total certified assets	$ 32,643,523	$ 12,123,823
Net income for the year ended December 31, 2019	$ 5,082,938	

4. Income Tax Status

The Plan has adopted a volume submitter plan offered by Fidelity, which received an opinion letter from the Internal Revenue Service (IRS) stating that form of the plan submitted for review qualified under provisions of the Code. The Plan has been amended since receipt of the letter; however, the Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and related state statutes, and the trust, which forms a part of the Plan, is exempt from federal and state income taxes.

GAAP require Plan management evaluate income tax positions taken by the Plan and recognize an income tax liability if the Plan has taken an uncertain income tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the income tax positions taken by the Plan, and has concluded, as of December 31, 2019 there are no uncertain income tax 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 income tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for the years prior to 2016.

5. Party-In-Interest Transactions

Certain of the Plan's investments are offered by Fidelity, the Plan's trustee. Purchases and sales of these investments qualify as party-in-interest transactions. Notes receivable transactions with participants also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules under ERISA.

6. Reconciliation of Financial Statements to Form 5500

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

	2019	2018
Net assets available for benefits per the financial statements	$ 32,798,445	$ 12,740,578
Less: Participant contributions receivable	(154,922)	-
Less: Employer contributions receivable	-	(244,861)
Net assets available for benefits per Form 5500	$ 32,643,523	$ 12,495,717

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2019:

Change in net assets available for benefits per the financial statements	$ 20,057,867
Less: Participant contributions receivable as of December 31, 2019	(154,922)
Add: Employer contributions receivable as of December 31, 2018	244,861
Change in net assets available for benefits per Form 5500	$ 20,147,806

7. Subsequent Events

Effective January 1, 2020, the Plan was amended to decrease the initial automatic pre-tax salary deferral election for eligible participants to 3% of their compensation, unless the participant requests a different amount to be contributed or declines participation.

7. Subsequent Events (continued)

The outbreak of the novel coronavirus in 2020 has materially and adversely impacted global commercial activity and contributed to significant declines and volatility in financial markets. The outbreak is already having, and will likely continue to have, a material adverse impact on economic and market conditions. This presents uncertainty and risk with respect to the Plan, its future performance, and its future financial results.

Subsequent events have been evaluated through the date of the independent auditors' report, which is the date the financial statements were approved by the Plan and available to be issued.

Khoros 401(k) Plan
(Employer Identification Number 52-2338848)
(Plan Number 002)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value.	(d) Cost	(e) Current Value
	Fidelity Management Trust Company:		
	American Beacon Small Cap Value Fund Class R5	**	$ 21,623
	American Funds EuroPacific Growth Fund Class R-6	**	210,066
	Ariel Appreciation Fund Institutional Class	**	42,586
*	Fidelity 500 Index Fund	**	1,816,464
*	Fidelity Contrafund Fund Class K	**	424,397
*	Fidelity Hereford Street Trust - Fidelity Government Money Market Fund	**	251,252
*	Fidelity International Index Fund	**	531,449
*	Fidelity Small Cap Index Fund	**	499,963
*	Fidelity U.S. Bond Index Fund	**	265,607
	Janus Henderson Triton Fund Class N	**	259,066
	John Hancock Funds Disciplined Value Mid Cap Fund Class R6	**	87,139
	MassMutual Select Mid Cap Growth Fund Class I	**	193,382
	PGIM Total Return Bond Fund -Class R6	**	320,225
	PIMCO All Asset Fund Institutional Class	**	23,002
	Principal Equity Income Fund Institutional Class	**	461,999
	FIAM Index Target Date 2015 Commingled Pool Class T	**	33,385
*	FIAM Index Target Date 2020 Commingled Pool Class T	**	459,166
*	FIAM Index Target Date 2025 Commingled Pool Class T	**	379,955
*	FIAM Index Target Date 2030 Commingled Pool Class T	**	1,082,730
*	FIAM Index Target Date 2035 Commingled Pool Class T	**	3,666,388
*	FIAM Index Target Date 2040 Commingled Pool Class T	**	6,852,679
*	FIAM Index Target Date 2045 Commingled Pool Class T	**	4,745,941
*	FIAM Index Target Date 2050 Commingled Pool Class T	**	6,253,294
*	FIAM Index Target Date 2055 Commingled Pool Class T	**	2,970,210
*	FIAM Index Target Date 2060 Commingled Pool Class T	**	599,045
*	FIAM Index Target Date Income Commingled Pool Class T	**	30,738
	Invesco Stable Asset Fund***	**	92,782
	Invesco Stable Value Trust - Class III***	**	30,665
*	Participant notes receivable - 9 notes outstanding with interest rates from 4.25% to 6.50%	-	38,325
	Total assets held at end of year		$ 32,643,523

* An asterisk in column (a) denotes a transaction with a party-in-interest to the Plan.

** Cost information is not required as all investments are participant directed.

*** Reported at contract value