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
TCPP, LLC D/B/A TRUSTCOMMERCE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2012

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)
TCPP, LLC D/B/A TRUSTCOMMERCE

1 MACARTHUR PL STE 400
SANTA ANA, CA 92707

2b Employer Identification Number (EIN) 82-2220130

2c Plan Sponsor's telephone number 949-387-3747

2d Business code (see instructions) 522300

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.	12/31/2020	CLAUDIA BENITEZ
	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:	**4b**	EIN 95-4857775
a	Sponsor's name TCPP, LLC D/B/A TRUSTCOMMERCE	**4d**	PN 001
c	Plan Name TCPP, LLC D/B/A TRUSTCOMMERCE		
5	Total number of participants at the beginning of the plan year	**5**	188
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)**	136
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	206
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	235
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	235
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	167
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:

2A 2E 2F 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[ ] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
TCPP, LLC D/B/A TRUSTCOMMERCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TCPP, LLC D/B/A TRUSTCOMMERCE

D Employer Identification Number (EIN)
82-2220130

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-0974148	88072	GA-828443	167	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
17179	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

KESTRA INVESTMENT SERVICES LLC
5707 SOUTHWEST PKWY STE 400
AUSTIN, TX 78735

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
17179			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	151884
5	Current value of plan's interest under this contract in separate accounts at year end	5	6486503

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	78861
c	Additions: (1) Contributions deposited during the year	7c(1)	62326		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	3199		
	(4) Transferred from separate account	7c(4)	5985		
	(5) Other (specify below)	7c(5)	37149		
	▶ ROLLOVER,LOAN PYMT				
	(6)Total additions			7c(6)	108659
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	187520
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12979		
	(2) Administration charge made by carrier	7e(2)	202		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	22455		
	▶ LOAN W/D				
	(5) Total deductions			7e(5)	35636
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	151884

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
TCPP, LLC D/B/A TRUSTCOMMERCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TCPP, LLC D/B/A TRUSTCOMMERCE

D Employer Identification Number (EIN)
82-2220130

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).. . . . . ☐ 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

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

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

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

MASSMUTUAL LIFE INSURANCE CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	NONE	2769	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	27	Yes [X] No [ ]

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

ENVESTNET RETIREMENT SOLUTIONS, LLC

61-1732930

(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?
28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
MASSMUTUAL LIFE INSURANCE CO.	15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	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.
SEE ATTACHED 04-1590850	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MANAGE	49	27

(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.
MASSMUTUAL LIFE INSURANCE CO. 04-1590850	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ENVESTNET RETIREMENT SOLUTIONS, LLC	28	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.
MASSMUTUAL LIFE INSURANCE CO. 04-1590850	SEE ATTACHED

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
TCPP, LLC D/B/A TRUSTCOMMERCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TCPP, LLC D/B/A TRUSTCOMMERCE

D Employer Identification Number (EIN)
82-2220130

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: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): TALCOTT RESOLUTION LIFE INSURANCE 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)
06-0974148-000	P	6486503

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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
TCPP, LLC D/B/A TRUSTCOMMERCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TCPP, LLC D/B/A TRUSTCOMMERCE

D Employer Identification Number (EIN)
82-2220130

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	96204	60139
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4790856	6486503
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	78861	151884
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4965921	6698526
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4965921	6698526

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)	489630	
	(B) Participants	2a(1)(B)	1094358	
	(C) Others (including rollovers)	2a(1)(C)	164033	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1748021
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4943	
	(F) Other	2b(1)(F)	3199	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8142
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1232798
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2988961
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1245662	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1245662
f Corrective distributions (see instructions)	2f		9161
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2768	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2768
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1257591
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1731370
l Transfers of assets:			
(1) To this plan	2l(1)		1235
(2) From this plan	2l(2)		0

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: ARMANIO, LLP (2) EIN: 94-6214841

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		43123
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		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
TCPP, LLC D/B/A TRUSTCOMMERCE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TCPP, LLC D/B/A TRUSTCOMMERCE

D Employer Identification Number (EIN)
82-2220130

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-1590850

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_____

TrustCommerce and Anovia Payments 401(k) Plan

Financial Statements
and Supplemental Schedules

December 31, 2019 and 2018
and For the Year Ended December 31, 2019

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
TrustCommerce and Anovia Payments 401(k) Plan
Irving, Texas

We were engaged to audit the accompanying financial statements of TrustCommerce and Anovia Payments 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any audit procedures with respect to the information referred to in Note 5 which was certified by Massachusetts Mutual Life Insurance Company, the asset custodian of the Plan ("Custodian"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As further discussed in Note 10, on March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measure worldwide. The COVID-19 outbreak in the United States has caused economic disruption through mandated and voluntary closings of businesses and shelter-in-place orders. As a result, equity markets have experienced significant volatility. It is at least reasonably possible that this matter will negatively impact the Plan. However, the ultimate financial impact and duration cannot be reasonably estimated at this time. Our opinion is not modified with respect to this matter.

Other Matter

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

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

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

Armanino LLP

Armanino LLP
Dallas, Texas

October 12, 2020

TrustCommerce and Anovia Payments 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments		
Pooled separate accounts, at fair value	$ 6,486,503	$ 4,790,856
Guaranteed interest account, at contract value	151,884	78,861
Total investments	6,638,387	4,869,717
Receivables		
Employer contributions	-	2,448
Participant contributions	-	3,841
Notes receivable from participants	60,139	96,204
Total receivables	60,139	102,493
Net assets available for benefits	$ 6,698,526	$ 4,972,210

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

TrustCommerce and Anovia Payments 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019

Additions to net assets	
Contributions	
Participant contributions	$ 1,090,519
Employer contributions	487,180
Rollover contributions	164,033
Total contributions	1,741,732
Investment income	
Dividends and interest income	3,143
Net appreciation in fair value of investments	1,234,087
Total investment income	1,237,230
Interest income on notes receivable from participants	4,943
Total additions to net assets	2,983,905
Deductions from net assets	
Benefits paid to or on behalf of participants	1,254,824
Administrative expenses	2,765
Total deductions from net assets	1,257,589
Net increase in net assets available for benefits	1,726,316
Net assets available for benefits, beginning of year	4,972,210
Net assets available for benefits, end of year	$ 6,698,526

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

TrustCommerce and Anovia Payments 401(k) Plan
Notes to Financial Statements
December 31, 2019 and 2018

1. DESCRIPTION OF THE PLAN

The following description of the TrustCommerce and Anovia 401(k) Plan (the "Plan") provides only general information. Therefore, participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan covering all employees of Sphere Acquisition Co., LLC and its subsidiaries (the "Company" or "Employer"), excluding nonresident aliens, leased employees, and employees covered by a collectively bargained agreement. The Plan is designed to comply with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code (IRC). The financial statements have been prepared in compliance with accounting principles generally accepted in the United States of America (U.S. GAAP) and with ERISA. Massachusetts Mutual Life Insurance Company is the asset custodian ("Custodian") and record keeper of the Plan's assets and is responsible for asset custody and executing investment transactions and for maintaining participant accounts.

Eligibility

Eligible employees who have completed 30 days of service, as defined, are eligible to participate in the Plan. Participants must complete 90 days of service, as defined, to be eligible to receive Employer contributions.

Contributions

Participants may elect to contribute a portion of their compensation to the Plan, subject to calendar year contribution limits set forth by the IRC. Participant contributions may be made on a pre-tax basis or after tax as Roth contributions. Participants who have attained age 50 and older before the end of the Plan year are eligible to make catch up contributions which are also subject to IRC limits. Participants may also contribute amounts (rollovers) representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer makes a safe harbor matching contribution equal to: (i) 100% of a participant's deferrals up to the first 3% of compensation, plus (ii) 50% of the amount of a participant's deferrals up to the next 2% of compensation. The Employer may make additional discretionary contributions at the option of the Employer's board of directors, allocated as a uniform percentage of the Plan compensation. Contributions are subject to IRC limitations.

1. DESCRIPTION OF THE PLAN (continued)

Notes receivable from participants

Participants may borrow from their fund accounts an amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms are generally five years, although it may be up to thirty years for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with prevailing local market rates for similar loans as determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Participant accounts

Each participant's account is credited with the participant's contributions, Employer safe harbor matching contributions, allocations of discretionary contributions, if any, and investment earnings, and charged with an allocation of investment losses and fees designated by the Plan. Allocations of investment earnings or losses are based on a participant's account balance as a percentage of the total of participants' account balances in each investment or the change in unit or share value of the individual investments.

Vesting

Participants are vested immediately in their contributions, safe harbor matching contributions and actual earnings or losses thereon.

Vesting in additional Employer discretionary contributions, if any, is based on years of service as follows:

Years of Service	
Less than 2	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6 or more years	100 %

Forfeitures

Forfeitures of terminated participants' non-vested account balances are used to pay Plan expenses or reduce Employer contributions. Forfeited accounts available for the Employer to pay Plan expenses or reduce future Employer contributions totaled approximately $1,541 and $278, as of December 31, 2019 and 2018, respectively. The Plan used $27 in forfeitures to pay expenses during the year ended December 31, 2019.

1. DESCRIPTION OF THE PLAN (continued)

Payment of benefits

Upon termination of service due to death, disability, retirement, or termination of employment from the Company, a participant may elect to receive a lump-sum payment for the participant's vested interest in his or her account. The Plan allows for hardship distributions for which participants meeting Plan criteria for such distributions, are allowed to receive a distribution from their salary deferral account.

Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of pooled separate accounts and a guaranteed interest account as investment options for participants.

Administrative expenses

Administrative expenses cover the routine expenses for services of lawyers, accountants, third party administrators, and other advisors. The Plan requires that certain expenses related to the Plan be paid directly by the Employer, but permits certain expenses incurred to administer the Plan to be paid from Plan assets.

Certain Plan investments are pooled separate accounts and a guaranteed interest account managed by affiliates of the Custodian. Certain fees paid to the Custodian and others for investment management services are incorporated into the expense ratios of the Plan's individual funds and paid directly from fund earnings, thus impacting Plan earnings.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. GAAP and present the Plan's net assets available for benefits and changes in those net assets.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates. Significant items subject to such estimates and assumptions include the fair value of investments. (Note 3)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risk and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes therein. (Note 9).

Investment valuation and income recognition

Participants direct the investment of their contributions into a variety of investment options offered by the Plan, including pooled separate accounts and a guaranteed interest account. The Plan's investment in pooled separate accounts (PSA) are stated at net asset value (NAV), as a practical expedient to fair value, as determined by the Custodian. NAV is the relevant value paid and received by participants for the purchase and sale of PSA. The Plan's investment in the guaranteed interest account (GIA) is a fully benefit responsive account valued at contract value as reported by the Custodian. 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 (depreciation) in the fair value of investments includes the gains and losses on investments purchased and sold as well as held during the year.

Contribution and contributions receivables

Participant contributions are recorded based on the date the contributions or repayments have been separated from a participant's pay by the Employer, which is the pay date. The Plan records receivables for participants' contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year. Discretionary employer matching contributions, if any, are recorded in the year they are earned.

Payment of benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Notes receivable from participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principle balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative expenses

Administrative expenses cover the routine expenses for services of lawyers, accountants, third party administrators, and other advisors. The Plan requires that certain expenses related to the Plan be paid directly by the Employer, but permits certain expenses incurred to administer the Plan to be paid from Plan assets.

3. FAIR VALUE MEASUREMENTS

Accounting standards require that fair value be determined based on the price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market, in an orderly transaction between market participants. Such fair value is a market-based measurement, not an entity-specific measurement. U.S. GAAP establishes a three-level valuation hierarchy based upon observable and unobservable inputs. The hierarchy gives the highest priority to level 1 measurements and the lowest priority to level 3 measurements. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions.

The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities that the Plan has ability to access.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full-term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

In instances where the determination of fair value measurement is based on inputs from the different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The Plan's investment in a guaranteed interest account is valued at contract value and is not disclosed in the fair value hierarchy under accounting standards.

3. FAIR VALUE MEASUREMENTS (continued)

PSA is an investment vehicle managed by an insurance company solely for the purpose of investing the assets of one or more plans. The goal of the separately managed accounts is to provide a high level of performance through competitive investment strategies and experienced portfolio management teams. As a practical expedient, units in PSA are valued at NAV as determined by the Custodian. Investments valued at NAV are not disclosed within the fair value hierarchy.

As of December 31, 2019, and 2018, there were no restrictions on redemptions or unfunded commitments for any of the major classes of assets.

4. GROUP FUNDING AGREEMENT

The Plan has a Group Funding Agreement (the "contract") with the Custodian under which the Custodian maintains certain participant directed contributions in a guaranteed interest account (GIA) which is commingled with the general assets of the Custodian. The GIA is considered fully benefit responsive and is reported at contract value, as determined by the Custodian, in the Plan's financial statements. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The GIA can be terminated by the Custodian if the total fair value of the investments or the annual contribution amounts fall below minimum levels as stated in the contract. The GIA can also be terminated by either the Company or Custodian for additional reasons as defined in the contract. Certain events, such as the premature termination of the GIA by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with the Custodian. The plan administrator believes the occurrence of such events (which would also limit the Plan's ability to transact at contract value with Plan participants) is not probable.

The crediting interest rate for the contract at December 31, 2019 and 2018, was 3.0% for both years. The crediting interest rate is determined and periodically changed by the Custodian, but may not be less than 3.0%.

5. POOLED SEPARATE ACCOUNTS

The investments of the PSA are designed to deliver safety and stability by preserving principal and accumulating earnings. The significant investment strategies of the investees of the investments in the PSA at December 31, 2019 are as follows:

Large cap: Investment in the assets and stocks of large-capitalization companies, both domestic and foreign.

Asset allocation: Investment to capitalize on global opportunities with a diversified balanced portfolio, managing risk through combining equity and debt securities to help protect principal and manage volatility.

International global: Investments in high-quality, growing companies outside of the United States which may include developing and emerging markets.

5. POOLED SEPARATE ACCOUNTS (continued)

Natural resources: Investment in assets and stocks of the companies in the natural resources sector, companies that own, produce, refine, process, transport, and market natural resources and companies that provide related equipment, infrastructure, and services.

6. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of ERISA. Accordingly, as permitted under such an election, the plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following investments and notes receivable from participants and related activity, certified by the Custodian as accurate and complete, except for comparing such information to corresponding information included in the Plan's financial statements and supplemental schedule.

The following is a summary of financial information certified by the Trustee, as complete and accurate as of December 31:

	2019	2018
Pooled separate accounts, at fair value	$ 6,486,503	$ 4,790,856
Guaranteed interest account, at contract value	151,884	78,861
Notes receivable from participants	60,139	96,204
	$ 6,698,526	$ 4,965,921

Investment income and interest on notes receivable from participants certified by the Custodian as complete and accurate for the year ended December 31, 2019, is as follows:

Dividends and interest income	$ 3,143
Net appreciation in fair value of investments	1,234,059
Interest income on notes receivable from participants	4,943
	$ 1,242,145

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts as defined in the plan document.

8. INCOME TAX STATUS

The Plan is a Volume Submitter Plan sponsored by the Custodian. The Custodian received a favorable opinion letter from the Internal Revenue Service (IRS) dated April 2, 2012, which states that the document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan's financial statements.

9. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted by the Custodian and its affiliates and the Company, on behalf of the Plan, qualify as party-in-interest transactions. The fee offsets are credited to the participant accounts based on their investment in qualifying funds and reduce actual expenses. The Custodian pays certain commissions related to the Plan to a party-in-interest. Also, the Company pays certain fees on behalf of the Plan.

The Custodian retains as compensation, any interest on amounts earned while certain transactions are pending. This applies to both contributions and distributions. Earnings are at institutional money market rates.

10. SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. The COVID-19 outbreak in the United States has caused economic disruption through mandated and voluntary closings of businesses and shelter-in-place orders. As a result, equity markets have experienced significant volatility. In response, the U.S. Government enacted the Coronavirus Aid, Relief and Economic Security (CARES) Act, which includes provisions to provide relief and assistance to affected organizations including tax qualified retirement plans and their participants. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of the closings and shelter-in-place orders and the impact of the CARES Act and other government initiatives. It is at least reasonably possible that this matter will negatively impact the Plan. However, the ultimate financial impact and duration cannot be reasonably estimated at this time. Our opinion is not modified with respect to this matter.

On January 1, 2020, the Plan Sponsor executed an amendment to the Plan's adoption agreement to change the Plan's name to Sphere Commerce, LLC.

Management of the Plan has evaluated subsequent events through October 12, 2020, the date the financial statements were available to be issued. No other subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

TrustCommerce and Anovia Payments 401(k) Plan
EIN: 12-3456789; Plan: 001
Schedule H, Part IV, Item 4(a) - Schedule of Delinquent Participant Contributions
December 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
☒	$ 43,123	$ -	$ -	$ -

TrustCommerce and Anovia Payments 401(k) Plan
EIN: 12-3456789; Plan: 001
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Massachusetts Mutual Life Insurance Company	Guaranteed Interest Account	**	$ 151,884
*	Massachusetts Mutual Life Insurance Company	PIMCO Total Return R	**	100,044
*	Massachusetts Mutual Life Insurance Company	MFS Research Intl R2	**	208,909
*	Massachusetts Mutual Life Insurance Company	Ivy Science And Tech R	**	284,079
*	Massachusetts Mutual Life Insurance Company	PIMCO Real Return R	**	87,351
*	Massachusetts Mutual Life Insurance Company	Franklin High In R	**	38,929
*	Massachusetts Mutual Life Insurance Company	Virtus Ceredex Small Cap Value Eqty A	**	117,365
*	Massachusetts Mutual Life Insurance Company	Blackrock Mid Cap Dividend R	**	129,833
*	Massachusetts Mutual Life Insurance Company	Ivy Asset Strategy R	**	15,532
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Global R	**	232,941
*	Massachusetts Mutual Life Insurance Company	MFS Value R2	**	502,139
*	Massachusetts Mutual Life Insurance Company	Goldman Sachs Govinc R	**	104,001
*	Massachusetts Mutual Life Insurance Company	Amcent Growth R	**	652,334
*	Massachusetts Mutual Life Insurance Company	empleton Global Bnd R	**	87,990
*	Massachusetts Mutual Life Insurance Company	JPM Small Cap Value R2	**	128,478
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Developing Markets R	**	167,186
*	Massachusetts Mutual Life Insurance Company	Lord Abbett Grwth Opps R3	**	97,664
*	Massachusetts Mutual Life Insurance Company	JPMorgan U.S. Equity R2	**	110,908
*	Massachusetts Mutual Life Insurance Company	MFS Emerging Markets Debt R2	**	84,503
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2020 R2	**	254,019
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2025 R2	**	214,116
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2030 R2	**	834,057
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2035 R2	**	459,061
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2040 R2	**	225,045
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2045 R2	**	539,715
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2050 R2	**	594,569
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement Inc R2	**	6,794
*	Massachusetts Mutual Life Insurance Company	Franklin Tot Return R	**	13,585
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Gold And Special Minerals R	**	66,517
*	Massachusetts Mutual Life Insurance Company	Ivy Natural Resources R	**	793
*	Massachusetts Mutual Life Insurance Company	American Funds Inv Comp America R1	**	93,435
*	Massachusetts Mutual Life Insurance Company	AllianzGI NFJ Dividend Value R	**	59
*	Massachusetts Mutual Life Insurance Company	Janus Henderson Balanced R	**	19,003
*	Massachusetts Mutual Life Insurance Company	AB Sustainable International Thematic R	**	9,660
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Glob Strat Inc R	**	1,408
*	Massachusetts Mutual Life Insurance Company	Eaton Vance LC Value R	**	4,368
*	Massachusetts Mutual Life Insurance Company	MFS Utility	**	60
*	Massachusetts Mutual Life Insurance Company	HTFD LIFET	**	53
				6,638,387
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 6.50%		60,139
				$ 6,698,526

* Indicated party-in-interest to the Plan
** Cost information not provided as all investments are participant directed

MassMutual

Schedule C Soft Dollar Compensation
Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, the funds listed below had soft dollar arrangements during the previous fiscal year-end. For details, please refer to the Portfolio Transactions and Brokerage section of the Statement of Additional Information ("SAI"). For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

MassMutual Premier Funds

MassMutual Premier Global Fund
MassMutual Premier International Eq Fund
MassMutual Premier Main Street Fund
MassMutual Premier Small Cap Opps Fund
MassMutual Premier Strat Emerg Mkts Fund

MassMutual Select Funds

MassMutual Select BlackRock Glbl Allc Fund
MassMutual Select Blue Chip Growth Fund
MassMutual Select Diversified Value Fund
MassMutual Select Equity Opports Fund
MassMutual Select Fundamental Value Fund
MassMutual Select Growth Opps Fund
MassMutual Select Mid Cap Growth Fund
MassMutual Select Mid Cap Value Fund
MassMutual Select Overseas Fund
MassMutual Select Small Cap Growth Eq Fund
MassMutual Select Small Cap Val Eq Fund
MassMutual Select Small Company Val Fund
MassMutual Select TRP Intl Equity
MassMutual Select TRP Retirement 2005
MassMutual Select TRP Retirement 2010
MassMutual Select TRP Retirement 2015
MassMutual Select TRP Retirement 2020
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Fee and Compensation Disclosure Report

Please refer to the plan's ERISA Section 408(b)(2) Disclosure materials, including the 408(b)(2) Disclosure Statement(s), Investment Option Disclosure(s), Service Agreement and Contract Amendments and 408(b)(2) Disclosure Statement Change Notices (the "408(b)(2) Disclosure Materials") previously delivered to you. You can also access copies of your 408(b)(2) Disclosure Materials through your MassMutual plan sponsor portal or you can contact your account manager for assistance.

The 408(b)(2) Disclosure Materials and this document, together, can assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of services and the different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2019 - 12/31/2019 and indirect compensation is presented on a calendar year basis ending 12/31/2019.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes (based on the information in our records) with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

SPHERECOMMERCE, 401K 401(K) PLAN (828443)
EIN #: 82-2220130

Important Note: Massachusetts Mutual Life Insurance Company (together, with its affiliates, "MassMutual") acquired The Hartford's retirement plans business effective January 1, 2013. In connection with the acquisition, MassMutual was appointed to provide all of administrative services necessary to support your plan under contracts issued by Talcott Resolution Life Insurance Company (formerly, "Hartford Life Insurance Company"). MassMutual receives all charges, fees and compensation – both direct and indirect – as payable to Talcott Resolution Life Insurance Company for the services provided to your plan under the packaged retirement services programs.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2019 - 12/31/2019 and indirect compensation is presented on a calendar year basis ending 12/31/2019.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$2,768.50**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$2,768.50**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2019 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2019, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$168.28**

Bank accounts and investments associated with short-term investment pool

This is an estimate based on the annual average rate of float (0.399% for 2019) earned on the bank accounts and investments associated with the short-term investment pool for the 2019 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding for your plan is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan's/Plan Sponsor's tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2019.Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds*

*Note: If your plan's investment options are available through a group variable insurance contract, your plan does not invest directly in the underlying funds listed below. For information regarding the plan's investment option menu, including but not limited to any fees and charges associated with the plan's investment contract, please refer to the 408(b)(2) Disclosure Materials.

Underlying Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2019)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*	*Separate Account Charge* *
AB SUSTAINABLE INTL THEMATIC R	13-4071393	.8	1.76%	0.10%
ALLIANZGI NFJ DIVIDEND VALUE R	06-1349805	.75	1.36%	0.10%
AMERICAN CENTURY GROWTH R	44-6006315	.85	1.47%	0.10%
AMERICAN FUNDS INV CO OF AMER R1	95-1426645	1.1	1.39%	0.10%
BLACKROCK MID CAP DIVIDEND R	13-3806694	.8	1.50%	0.10%
EATON VANCE LARGE-CAP VALUE R	04-6039283	.8	1.31%	0.10%
FIXED ACCOUNT	06-0974148		0.00%	0.00%
FRANKLIN HIGH INCOME R	94-1693697	0.50%+ .10% + $12/participant	1.12%	0.10%
FRANKLIN TOTAL RETURN R	13-3151768	0.50%+ .10% + $12/participant	1.17%	0.10%
GOLDMAN SACHS GOVERNMENT INC R	46-5215217	.8	1.36%	0.10%
HARTFORD LIFETIME INCOME R	22-2937447		0.00%	0.00%
INVESCO OPPEN DEV MARKETS R	76-0343427	.8	1.77%	0.10%
INVESCO OPPEN GLOB STRAT INC R	76-0343427	.8	1.29%	0.10%
INVESCO OPPEN GLOBAL R	76-0352823	.8	1.33%	0.10%
INVESCO OPPEN GOLD & SPEC MIN R	84-0933032	.8	1.52%	0.10%
IVY ASSET STRATEGY R	48-1112076	.75	1.43%	0.10%

Underlying Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2019)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*	*Separate Account Charge* *
IVY NATURAL RESOURCES R	48-1112076	.75	1.67%	0.10%
IVY SCIENCE AND TECHNOLOGY R	48-1112076	.75	1.56%	0.10%
JANUS HENDERSON BALANCED R	84-0592523	.75	1.32%	0.10%
JPMORGAN SMALL CAP VALUE R2	26-3613641	.8	1.59%	0.10%
JPMORGAN SMARTRETIREMENT 2020 R2	33-1043149	.8	1.21%	0.10%
JPMORGAN SMARTRETIREMENT 2025 R2	33-1043149	.8	1.22%	0.10%
JPMORGAN SMARTRETIREMENT 2030 R2	33-1043149	.8	1.23%	0.10%
JPMORGAN SMARTRETIREMENT 2035 R2	33-1043149	.8	1.23%	0.10%
JPMORGAN SMARTRETIREMENT 2040 R2	33-1043149	.8	1.24%	0.10%
JPMORGAN SMARTRETIREMENT 2045 R2	33-1043149	.8	1.24%	0.10%
JPMORGAN SMARTRETIREMENT 2050 R2	33-1043149	.8	1.24%	0.10%
JPMORGAN SMARTRETIREMENT INC R2	33-1043149	.8	1.20%	0.10%
JPMORGAN US EQUITY R2	33-1043149	.8	1.24%	0.10%
LORD ABBETT GROWTH OPPS R3	13-6995863	.75	1.43%	0.10%
MFS EMERGING MARKETS DEBT R2	04-3158862	.8	1.31%	0.10%
MFS RESEARCH INTERNATIONAL R2	04-3158862	.8	1.36%	0.10%
MFS UTILITIES R2	04-3158862	.8	1.25%	0.10%
MFS VALUE R2	04-3158862	.8	1.07%	0.10%
PIMCO REAL RETURN R	95-2632339	.65	1.63%	0.10%
PIMCO TOTAL RETURN R	95-2632339	.65	1.30%	0.10%
TEMPLETON GLOBAL BOND R	59-6865210	0.50%+ .10% + $12/participant	1.27%	0.10%
VIRTUS CEREDEX SM CP VAL EQTY A	95-6981193	.75	1.46%	0.10%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in insurance company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The above list includes any investment option held by the plan on at least one month end during the 2019 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

***Separate Account Charge**

[see fund chart]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Recipient: NFP SECURITIES INC EIN: 74-2794194

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission**	Payor: Massachusetts Mutual Life Insurance Company	EIN: 04-1590850	**$17,178.91**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2019 . Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual platform package fee ("Model My Goals") **$26.66**
Service code: 49

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Recipient: Envestnet Retirement Solutions, LLC(ERS) EIN: 61-1732930

Indirect Compensation

Annual basis point fee for Envestnet's plan investment management services
Service code: 28

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

Mass Mutual paid Envestnet Retirement Solutions, LLC(ERS) an annual fee based on a tiered percentage of assets equal to 1.32 bps of the aggregate assets of all participating plans in the Fiduciary Assure Program with respect to ERS's investment management services.

Direct Revenue Detail

Recipient: ***Massachusetts Mutual Life Insurance Company***

Fee Description	**Dollar Amount**
Loan Set-up Fee	$525.00
Rapid Delivery Fee	$240.00
Holding Account: Internal Fee	$27.50
One-Time Distribution Fee	$1,700.00
Loan Administration Fee	$276.00
Total Direct Revenue:	**$2,768.50**
Grand Total Direct Fees:	**$2,768.50**

TrustCommerce and Anovia Payments 401(k) Plan

Financial Statements
and Supplemental Schedules

December 31, 2019 and 2018
and For the Year Ended December 31, 2019

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
TrustCommerce and Anovia Payments 401(k) Plan
Irving, Texas

We were engaged to audit the accompanying financial statements of TrustCommerce and Anovia Payments 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any audit procedures with respect to the information referred to in Note 5 which was certified by Massachusetts Mutual Life Insurance Company, the asset custodian of the Plan ("Custodian"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As further discussed in Note 10, on March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measure worldwide. The COVID-19 outbreak in the United States has caused economic disruption through mandated and voluntary closings of businesses and shelter-in-place orders. As a result, equity markets have experienced significant volatility. It is at least reasonably possible that this matter will negatively impact the Plan. However, the ultimate financial impact and duration cannot be reasonably estimated at this time. Our opinion is not modified with respect to this matter.

Other Matter

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

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

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

Armanino LLP

Armanino LLP
Dallas, Texas

October 12, 2020

TrustCommerce and Anovia Payments 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments		
Pooled separate accounts, at fair value	$ 6,486,503	$ 4,790,856
Guaranteed interest account, at contract value	151,884	78,861
Total investments	6,638,387	4,869,717
Receivables		
Employer contributions	-	2,448
Participant contributions	-	3,841
Notes receivable from participants	60,139	96,204
Total receivables	60,139	102,493
Net assets available for benefits	$ 6,698,526	$ 4,972,210

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

TrustCommerce and Anovia Payments 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019

Additions to net assets	
Contributions	
Participant contributions	$ 1,090,519
Employer contributions	487,180
Rollover contributions	164,033
Total contributions	1,741,732
Investment income	
Dividends and interest income	3,143
Net appreciation in fair value of investments	1,234,087
Total investment income	1,237,230
Interest income on notes receivable from participants	4,943
Total additions to net assets	2,983,905
Deductions from net assets	
Benefits paid to or on behalf of participants	1,254,824
Administrative expenses	2,765
Total deductions from net assets	1,257,589
Net increase in net assets available for benefits	1,726,316
Net assets available for benefits, beginning of year	4,972,210
Net assets available for benefits, end of year	$ 6,698,526

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

TrustCommerce and Anovia Payments 401(k) Plan
Notes to Financial Statements
December 31, 2019 and 2018

1. DESCRIPTION OF THE PLAN

The following description of the TrustCommerce and Anovia 401(k) Plan (the "Plan") provides only general information. Therefore, participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan covering all employees of Sphere Acquisition Co., LLC and its subsidiaries (the "Company" or "Employer"), excluding nonresident aliens, leased employees, and employees covered by a collectively bargained agreement. The Plan is designed to comply with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code (IRC). The financial statements have been prepared in compliance with accounting principles generally accepted in the United States of America (U.S. GAAP) and with ERISA. Massachusetts Mutual Life Insurance Company is the asset custodian ("Custodian") and record keeper of the Plan's assets and is responsible for asset custody and executing investment transactions and for maintaining participant accounts.

Eligibility

Eligible employees who have completed 30 days of service, as defined, are eligible to participate in the Plan. Participants must complete 90 days of service, as defined, to be eligible to receive Employer contributions.

Contributions

Participants may elect to contribute a portion of their compensation to the Plan, subject to calendar year contribution limits set forth by the IRC. Participant contributions may be made on a pre-tax basis or after tax as Roth contributions. Participants who have attained age 50 and older before the end of the Plan year are eligible to make catch up contributions which are also subject to IRC limits. Participants may also contribute amounts (rollovers) representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer makes a safe harbor matching contribution equal to: (i) 100% of a participant's deferrals up to the first 3% of compensation, plus (ii) 50% of the amount of a participant's deferrals up to the next 2% of compensation. The Employer may make additional discretionary contributions at the option of the Employer's board of directors, allocated as a uniform percentage of the Plan compensation. Contributions are subject to IRC limitations.

1. DESCRIPTION OF THE PLAN (continued)

Notes receivable from participants

Participants may borrow from their fund accounts an amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms are generally five years, although it may be up to thirty years for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with prevailing local market rates for similar loans as determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Participant accounts

Each participant's account is credited with the participant's contributions, Employer safe harbor matching contributions, allocations of discretionary contributions, if any, and investment earnings, and charged with an allocation of investment losses and fees designated by the Plan. Allocations of investment earnings or losses are based on a participant's account balance as a percentage of the total of participants' account balances in each investment or the change in unit or share value of the individual investments.

Vesting

Participants are vested immediately in their contributions, safe harbor matching contributions and actual earnings or losses thereon.

Vesting in additional Employer discretionary contributions, if any, is based on years of service as follows:

Years of Service	
Less than 2	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6 or more years	100 %

Forfeitures

Forfeitures of terminated participants' non-vested account balances are used to pay Plan expenses or reduce Employer contributions. Forfeited accounts available for the Employer to pay Plan expenses or reduce future Employer contributions totaled approximately $1,541 and $278, as of December 31, 2019 and 2018, respectively. The Plan used $27 in forfeitures to pay expenses during the year ended December 31, 2019.

1. DESCRIPTION OF THE PLAN (continued)

Payment of benefits

Upon termination of service due to death, disability, retirement, or termination of employment from the Company, a participant may elect to receive a lump-sum payment for the participant's vested interest in his or her account. The Plan allows for hardship distributions for which participants meeting Plan criteria for such distributions, are allowed to receive a distribution from their salary deferral account.

Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of pooled separate accounts and a guaranteed interest account as investment options for participants.

Administrative expenses

Administrative expenses cover the routine expenses for services of lawyers, accountants, third party administrators, and other advisors. The Plan requires that certain expenses related to the Plan be paid directly by the Employer, but permits certain expenses incurred to administer the Plan to be paid from Plan assets.

Certain Plan investments are pooled separate accounts and a guaranteed interest account managed by affiliates of the Custodian. Certain fees paid to the Custodian and others for investment management services are incorporated into the expense ratios of the Plan's individual funds and paid directly from fund earnings, thus impacting Plan earnings.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. GAAP and present the Plan's net assets available for benefits and changes in those net assets.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates. Significant items subject to such estimates and assumptions include the fair value of investments. (Note 3)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risk and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes therein. (Note 9).

Investment valuation and income recognition

Participants direct the investment of their contributions into a variety of investment options offered by the Plan, including pooled separate accounts and a guaranteed interest account. The Plan's investment in pooled separate accounts (PSA) are stated at net asset value (NAV), as a practical expedient to fair value, as determined by the Custodian. NAV is the relevant value paid and received by participants for the purchase and sale of PSA. The Plan's investment in the guaranteed interest account (GIA) is a fully benefit responsive account valued at contract value as reported by the Custodian. 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 (depreciation) in the fair value of investments includes the gains and losses on investments purchased and sold as well as held during the year.

Contribution and contributions receivables

Participant contributions are recorded based on the date the contributions or repayments have been separated from a participant's pay by the Employer, which is the pay date. The Plan records receivables for participants' contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year. Discretionary employer matching contributions, if any, are recorded in the year they are earned.

Payment of benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Notes receivable from participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principle balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative expenses

Administrative expenses cover the routine expenses for services of lawyers, accountants, third party administrators, and other advisors. The Plan requires that certain expenses related to the Plan be paid directly by the Employer, but permits certain expenses incurred to administer the Plan to be paid from Plan assets.

3. FAIR VALUE MEASUREMENTS

Accounting standards require that fair value be determined based on the price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market, in an orderly transaction between market participants. Such fair value is a market-based measurement, not an entity-specific measurement. U.S. GAAP establishes a three-level valuation hierarchy based upon observable and unobservable inputs. The hierarchy gives the highest priority to level 1 measurements and the lowest priority to level 3 measurements. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions.

The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities that the Plan has ability to access.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full-term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

In instances where the determination of fair value measurement is based on inputs from the different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The Plan's investment in a guaranteed interest account is valued at contract value and is not disclosed in the fair value hierarchy under accounting standards.

3. FAIR VALUE MEASUREMENTS (continued)

PSA is an investment vehicle managed by an insurance company solely for the purpose of investing the assets of one or more plans. The goal of the separately managed accounts is to provide a high level of performance through competitive investment strategies and experienced portfolio management teams. As a practical expedient, units in PSA are valued at NAV as determined by the Custodian. Investments valued at NAV are not disclosed within the fair value hierarchy.

As of December 31, 2019, and 2018, there were no restrictions on redemptions or unfunded commitments for any of the major classes of assets.

4. GROUP FUNDING AGREEMENT

The Plan has a Group Funding Agreement (the "contract") with the Custodian under which the Custodian maintains certain participant directed contributions in a guaranteed interest account (GIA) which is commingled with the general assets of the Custodian. The GIA is considered fully benefit responsive and is reported at contract value, as determined by the Custodian, in the Plan's financial statements. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The GIA can be terminated by the Custodian if the total fair value of the investments or the annual contribution amounts fall below minimum levels as stated in the contract. The GIA can also be terminated by either the Company or Custodian for additional reasons as defined in the contract. Certain events, such as the premature termination of the GIA by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with the Custodian. The plan administrator believes the occurrence of such events (which would also limit the Plan's ability to transact at contract value with Plan participants) is not probable.

The crediting interest rate for the contract at December 31, 2019 and 2018, was 3.0% for both years. The crediting interest rate is determined and periodically changed by the Custodian, but may not be less than 3.0%.

5. POOLED SEPARATE ACCOUNTS

The investments of the PSA are designed to deliver safety and stability by preserving principal and accumulating earnings. The significant investment strategies of the investees of the investments in the PSA at December 31, 2019 are as follows:

Large cap: Investment in the assets and stocks of large-capitalization companies, both domestic and foreign.

Asset allocation: Investment to capitalize on global opportunities with a diversified balanced portfolio, managing risk through combining equity and debt securities to help protect principal and manage volatility.

International global: Investments in high-quality, growing companies outside of the United States which may include developing and emerging markets.

5. POOLED SEPARATE ACCOUNTS (continued)

Natural resources: Investment in assets and stocks of the companies in the natural resources sector, companies that own, produce, refine, process, transport, and market natural resources and companies that provide related equipment, infrastructure, and services.

6. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of ERISA. Accordingly, as permitted under such an election, the plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following investments and notes receivable from participants and related activity, certified by the Custodian as accurate and complete, except for comparing such information to corresponding information included in the Plan's financial statements and supplemental schedule.

The following is a summary of financial information certified by the Trustee, as complete and accurate as of December 31:

	2019	2018
Pooled separate accounts, at fair value	$ 6,486,503	$ 4,790,856
Guaranteed interest account, at contract value	151,884	78,861
Notes receivable from participants	60,139	96,204
	$ 6,698,526	$ 4,965,921

Investment income and interest on notes receivable from participants certified by the Custodian as complete and accurate for the year ended December 31, 2019, is as follows:

Dividends and interest income	$ 3,143
Net appreciation in fair value of investments	1,234,059
Interest income on notes receivable from participants	4,943
	$ 1,242,145

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts as defined in the plan document.

8. INCOME TAX STATUS

The Plan is a Volume Submitter Plan sponsored by the Custodian. The Custodian received a favorable opinion letter from the Internal Revenue Service (IRS) dated April 2, 2012, which states that the document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan's financial statements.

9. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted by the Custodian and its affiliates and the Company, on behalf of the Plan, qualify as party-in-interest transactions. The fee offsets are credited to the participant accounts based on their investment in qualifying funds and reduce actual expenses. The Custodian pays certain commissions related to the Plan to a party-in-interest. Also, the Company pays certain fees on behalf of the Plan.

The Custodian retains as compensation, any interest on amounts earned while certain transactions are pending. This applies to both contributions and distributions. Earnings are at institutional money market rates.

10. SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. The COVID-19 outbreak in the United States has caused economic disruption through mandated and voluntary closings of businesses and shelter-in-place orders. As a result, equity markets have experienced significant volatility. In response, the U.S. Government enacted the Coronavirus Aid, Relief and Economic Security (CARES) Act, which includes provisions to provide relief and assistance to affected organizations including tax qualified retirement plans and their participants. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of the closings and shelter-in-place orders and the impact of the CARES Act and other government initiatives. It is at least reasonably possible that this matter will negatively impact the Plan. However, the ultimate financial impact and duration cannot be reasonably estimated at this time. Our opinion is not modified with respect to this matter.

On January 1, 2020, the Plan Sponsor executed an amendment to the Plan's adoption agreement to change the Plan's name to Sphere Commerce, LLC.

Management of the Plan has evaluated subsequent events through October 12, 2020, the date the financial statements were available to be issued. No other subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

TrustCommerce and Anovia Payments 401(k) Plan
EIN: 12-3456789; Plan: 001
Schedule H, Part IV, Item 4(a) - Schedule of Delinquent Participant Contributions
December 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
☒	$ 43,123	$ -	$ -	$ -

TrustCommerce and Anovia Payments 401(k) Plan
EIN: 12-3456789; Plan: 001
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Massachusetts Mutual Life Insurance Company	Guaranteed Interest Account	**	$ 151,884
*	Massachusetts Mutual Life Insurance Company	PIMCO Total Return R	**	100,044
*	Massachusetts Mutual Life Insurance Company	MFS Research Intl R2	**	208,909
*	Massachusetts Mutual Life Insurance Company	Ivy Science And Tech R	**	284,079
*	Massachusetts Mutual Life Insurance Company	PIMCO Real Return R	**	87,351
*	Massachusetts Mutual Life Insurance Company	Franklin High In R	**	38,929
*	Massachusetts Mutual Life Insurance Company	Virtus Ceredex Small Cap Value Eqty A	**	117,365
*	Massachusetts Mutual Life Insurance Company	Blackrock Mid Cap Dividend R	**	129,833
*	Massachusetts Mutual Life Insurance Company	Ivy Asset Strategy R	**	15,532
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Global R	**	232,941
*	Massachusetts Mutual Life Insurance Company	MFS Value R2	**	502,139
*	Massachusetts Mutual Life Insurance Company	Goldman Sachs Govinc R	**	104,001
*	Massachusetts Mutual Life Insurance Company	Amcent Growth R	**	652,334
*	Massachusetts Mutual Life Insurance Company	empleton Global Bnd R	**	87,990
*	Massachusetts Mutual Life Insurance Company	JPM Small Cap Value R2	**	128,478
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Developing Markets R	**	167,186
*	Massachusetts Mutual Life Insurance Company	Lord Abbett Grwth Opps R3	**	97,664
*	Massachusetts Mutual Life Insurance Company	JPMorgan U.S. Equity R2	**	110,908
*	Massachusetts Mutual Life Insurance Company	MFS Emerging Markets Debt R2	**	84,503
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2020 R2	**	254,019
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2025 R2	**	214,116
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2030 R2	**	834,057
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2035 R2	**	459,061
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2040 R2	**	225,045
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2045 R2	**	539,715
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement 2050 R2	**	594,569
*	Massachusetts Mutual Life Insurance Company	JPMorgan Smart Retirement Inc R2	**	6,794
*	Massachusetts Mutual Life Insurance Company	Franklin Tot Return R	**	13,585
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Gold And Special Minerals R	**	66,517
*	Massachusetts Mutual Life Insurance Company	Ivy Natural Resources R	**	793
*	Massachusetts Mutual Life Insurance Company	American Funds Inv Comp America R1	**	93,435
*	Massachusetts Mutual Life Insurance Company	AllianzGI NFJ Dividend Value R	**	59
*	Massachusetts Mutual Life Insurance Company	Janus Henderson Balanced R	**	19,003
*	Massachusetts Mutual Life Insurance Company	AB Sustainable International Thematic R	**	9,660
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Glob Strat Inc R	**	1,408
*	Massachusetts Mutual Life Insurance Company	Eaton Vance LC Value R	**	4,368
*	Massachusetts Mutual Life Insurance Company	MFS Utility	**	60
*	Massachusetts Mutual Life Insurance Company	HTFD LIFET	**	53
				6,638,387
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 6.50%		60,139
				$ 6,698,526

* Indicated party-in-interest to the Plan
** Cost information not provided as all investments are participant directed