

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SECURUS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>09/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>09/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TILSON HR, INC.</u> <u>1530 AMERICAN WAY, SUITE 222</u> <u>GREENWOOD, IN 46147</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>35-1954179</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>317-885-3838</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>35-1954179</u>	2c Plan Sponsor's telephone number <u>317-885-3838</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>35-1954179</u>					
2c Plan Sponsor's telephone number <u>317-885-3838</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	BRENT R TILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	BRENT R TILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1615
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)	1189
a(2) Total number of active participants at the end of the plan year		6a(2)	957
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	512
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1469
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1469
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1040
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2J 2K 2R 2S 3B 3F 2F			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SECURUS 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 37 38 50	TPA	155882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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 51	INVESTMENT MGMT	43345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON LARSEN ALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	17850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>SECURUS 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TILSON HR, INC.</u>	D Employer Identification Number (EIN) <u>35-1954179</u>

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	162882	166521
(2) Participant contributions.....	1b(2)	18338	44067
(3) Other	1b(3)	631	2890
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	508475	508524
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34657633	41200836
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	301977	382259

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	35649936 42305097
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	35649936 42305097

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1246640
	(B) Participants	2a(1)(B)	2834477
	(C) Others (including rollovers).....	2a(1)(C)	258505
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4339622
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	25762
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	25762
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	888808
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	888808
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4638240
c Other income	2c		80544
d Total income. Add all income amounts in column (b) and enter total.....	2d		9972976

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2862574	
(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)		2862574
f Corrective distributions (see instructions)	2f		48513
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17850	
(2) Contract administrator fees	2i(2)	155882	
(3) Investment advisory and management fees	2i(3)	43345	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		217077
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3128164

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6844812
l Transfers of assets:			
(1) To this plan.....	2l(1)		163378
(2) From this plan	2l(2)		353029

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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSENALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BOTTLELESS WATER SOLUTIONS 401(K) PLAN	82-4273354	001
WORKSMART SYSTEMS, INC. 401(K) PROFIT SHARING PLAND AND TRUST	35-2060071	001
ROBINSON & FARTHING LLC 401K PLAN	83-2225949	001

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

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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan SECURUS 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

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

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

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

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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 _____

SECURUS 401(K) PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
YEARS ENDED DECEMBER 31, 2020 AND 2019



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**SECURUS 401(K) PLAN
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Securus 401(k) Plan
Greenwood, Indiana

Report on the Financial Statements

We have audited the accompanying financial statements of Securus 401(k) Plan, (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020 and 2019, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2020, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

CliftonLarsonAllen LLP

Indianapolis, Indiana
October 13, 2021

SECURUS 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 41,200,836	\$ 34,566,915
Self-Directed Brokerage Accounts	<u>382,259</u>	<u>301,977</u>
Total Investments (at Fair Value)	41,583,095	34,868,892
RECEIVABLES		
Co-Employers Contributions	166,521	162,882
Participant Contributions	46,957	18,969
Dividend Income	-	14,174
Securities Sold	-	76,544
Notes Receivable from Participants	<u>508,524</u>	<u>508,475</u>
Total Receivables	<u>722,002</u>	<u>781,044</u>
Total Assets	42,305,097	35,649,936
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	<u>93,912</u>	<u>48,513</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 42,211,185</u></u>	<u><u>\$ 35,601,423</u></u>

See accompanying Notes to Financial Statements.

SECURUS 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS:		
INVESTMENT INCOME		
Interest and Dividend Income	\$ 888,808	\$ 819,962
Net Appreciation in Fair Value of Investments	<u>4,718,784</u>	<u>4,893,675</u>
Total Investment Income	5,607,592	5,713,637
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	25,762	26,419
CONTRIBUTIONS		
Participant Salary Deferral	2,742,064	2,490,263
Participant Rollover	258,505	1,137,568
Co-Employers	<u>1,245,141</u>	<u>1,210,676</u>
Total Contributions	<u>4,245,710</u>	<u>4,838,507</u>
Total Additions	9,879,064	10,578,563
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	2,862,574	2,324,707
ADMINISTRATIVE EXPENSES	<u>217,077</u>	<u>254,593</u>
Total Deductions	<u>3,079,651</u>	<u>2,579,300</u>
NET INCREASE	6,799,413	7,999,263
ASSETS TRANSFERRED FROM CO-EMPLOYERS PLANS	163,378	3,829,525
ASSETS TRANSFERRED TO CO-EMPLOYERS PLANS	(353,029)	(449,237)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>35,601,423</u>	<u>24,221,872</u>
End of Year	<u><u>\$ 42,211,185</u></u>	<u><u>\$ 35,601,423</u></u>

See accompanying Notes to Financial Statements.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of Securus 401(k) Plan (the Plan) are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent notes are treated as distributions based upon the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Administrative expenses for maintaining the Plan may be paid by the participating co-employers or the Plan, at the co-employers' discretion. Loan administration fees and benefit payment processing fees are charged directly to the participant's account and are included in administrative expenses.

Subsequent Events

Management evaluated subsequent events through October 13, 2021, the date the financial statements were available to be issued.

Subsequent to December 31, 2020, and prior to October 13, 2021, approximately \$2,635,000 of Plan assets were transferred to co-employers plans and approximately \$5,000 of assets were transferred into the Plan.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 2 DESCRIPTION OF PLAN

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

General

The Plan was organized effective September 1, 2000, as a multiple-employer defined contribution retirement savings plan covering all eligible employees of participating co-employers. The Plan has been amended throughout the years to comply with tax legislation and was most recently amended effective January 1, 2015. Tilson HR, Inc. (the Plan Sponsor) makes the Plan available under a co-employment arrangement with those companies (Co-employers) that elect to participate in the Plan. Each participating Co-employer has established participation requirements for its affected employees, independently of other Co-employers participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Plan participants may authorize the Co-employers to contribute to the Plan up to 100% of their annual compensation, subject to the maximum annual amount permitted under the Internal Revenue Code (IRC). Such amounts may be contributed as pre-tax 401(k) or Roth contributions to the Plan. Participants who attain age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions from amounts representing distributions from other qualified plans.

The Plan includes an auto-enrollment provision that can be elected by each Co-employer. If elected by the Co-employers, newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their contribution rate set at 3% of eligible compensation and their contributions are invested in a designated fund until an investment election is made by the participant.

Matching contributions may be made based on criteria established by each Co-employer's Board of Directors before the beginning of each Plan year. Additional amounts may also be contributed at the option of each Co-employer's Board of Directors at the end of each Plan year and allocated to participants' accounts based upon annual compensation within each Co-employer's participant group.

Participants direct the investment of their contributions, as well as those made by the Co-employers, into various investment options offered by the Plan.

Amounts payable to participants for contributions in excess of amounts allowed under the IRC are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions at December 31 to the applicable participants prior to March 15 of the subsequent year.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and Co-employers' contributions, as well as allocations of Plan earnings or losses. Participant accounts may also be charged with an allocation of certain administrative expenses of the Plan. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Co-employers' contribution portion of their account is based on years of continuous service. A participant is generally 100% vested after six years of credited service. Vesting schedules are determined by each Co-employer for its participant group.

Notes Receivable from Participants

Participants may borrow from their account a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The terms of the notes range up to five years except notes issued to purchase a principal residence, for which the terms generally cannot exceed 15 years. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits

Upon the occurrence of a distributable event due to separation from service by termination, death, disability, or retirement, as defined by the Plan agreement, a participant may elect to receive a lump sum cash distribution equal to the value of the participant's vested interest in his or her account. Hardship and in-service withdrawals, as defined in the Plan agreement, are also permitted from a participant's account. The Plan allows in-service distributions at any time for participants who are 100% vested and age 59½. Benefits are recorded by the Plan when paid.

Forfeited Accounts

At December 31, 2020 and 2019, forfeited nonvested accounts of terminated participants totaled \$6,354 and \$11,700, respectively. These accounts will be used to reduce future Co-employers contributions or pay Plan expenses. For the years ended December 31, 2020 and 2019, forfeited nonvested accounts of \$8,774 and \$17,054, respectively, were used to reduce Co-employer contributions, and \$17,850 and \$17,000, respectively, were used to reduce Plan expenses.

Plan Termination

Although they have not expressed any intent to do so, the Plan Sponsor or Co-employers have the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants will become 100% vested in their accounts.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 3 FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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

Following is a description of the valuation methodologies used by the Plan for investment assets that are measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2020 and 2019.

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

Self-Directed Brokerage Accounts: Consist of mutual funds and common stocks that are valued at the closing price reported on the active market on which the individual securities are traded.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 41,200,836	\$ -	\$ -	\$ 41,200,836
Self-Directed Brokerage Accounts	382,259	-	-	382,259
Total investments at Fair Value	<u>\$ 41,583,095</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 41,583,095</u>

Following is a summary within each level of the fair value hierarchy of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 34,566,915	\$ -	\$ -	\$ 34,566,915
Self-Directed Brokerage Accounts	301,977	-	-	301,977
Total investments at Fair Value	<u>\$ 34,868,892</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 34,868,892</u>

NOTE 4 PLAN TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments (Fidelity) and Charles Schwab Bank (Schwab). Fidelity and Schwab are the custodians as defined by the Plan and, therefore, the investment transactions qualify as exempt party-in-interest transactions under ERISA. In addition, certain Plan investments are managed by Slavic Mutual Fund Management Corp. (Slavic), the Plan's portfolio manager. Therefore, transactions in these investments qualify as exempt party-in-interest transactions under ERISA.

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 5 PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

As described in Note 2, fees are incurred by the Plan for recordkeeping services, and for the administration of notes receivable from participants and benefit payments, which are paid to Slavic. Administrative fees paid by the Plan to the Slavic totaled \$199,227 and \$182,941 in 2020 and 2019, respectively.

The Plan Sponsor oversees certain accounting, administrative, and investment management services provided by third parties to the Plan for which it received \$17,024 in 2020 and \$14,537 in 2019, which was subsequently remitted to the third parties. Such amounts are included in administrative expenses in the accompanying statements of changes in net assets available for benefits.

Notes receivable from participants are permitted party-in-interest transactions.

NOTE 6 RISKS AND UNCERTAINTIES

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

NOTE 7 ASSETS TRANSFERRED FROM/TO CO-EMPLOYERS PLANS

The Plan Sponsor is a Professional Employer Organization (PEO) who provides comprehensive human resource services to its clients. One of these client offerings is the option to participate in the Plan. As a result, these clients, who are considered co-employers of the Plan, elect to have their 401(k) assets transferred in or out of the Plan. These transactions occur in the normal course of operations of the Plan.

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2020</u>	<u>2019</u>
Net Assets Available for Benefits per Financial Statements	\$ 42,211,185	\$ 35,601,423
Excess Contributions due to Participants at End of Year	93,912	48,513
Net Assets per Form 5500	<u>\$ 42,305,097</u>	<u>\$ 35,649,936</u>

**SECURUS 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of net increase per the financial statements to net income per Form 5500 for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Net Increase per Financial Statements	\$ 6,799,413	\$ 7,999,263
Excess Contributions due to Participants at Beginning of Year	(48,513)	(20,929)
Excess Contributions due to Participants at at End of Year	<u>93,912</u>	<u>48,513</u>
Net Income per Form 5500	<u><u>\$ 6,844,812</u></u>	<u><u>\$ 8,026,847</u></u>

SECURUS 401(K) PLAN
E.I.N. 35-1954179 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	American Century	American Century Mid Cap Value	\$	12,458
	American Funds	American Funds Euro Pacific Growth		2,243,151
	BlackRock	BlackRock Health Sciences		785,267
	DFA	DFA Inflation Protected SEC Port		41,737
*	Fidelity Investments	Fidelity 500 Index Fund		1,476,739
*	Fidelity Investments	Fidelity Advisor Technology		1,202,405
*	Fidelity Investments	Fidelity Advisor Materials		69,586
*	Fidelity Investments	Fidelity Emerging Markets Index		176,534
	Franklin	Franklin Utilities R6		170,274
	JPMorgan	JPMorgan US Research Enhanced EQ		544,440
	JPMorgan	JPMorgan Core Plus Bond Fund Class R6		171,661
	Invesco	Invesco Gold & Spec Minerals R6		154,447
	Invesco	Invesco Developing Markets		81,771
	Neuberger Berman	Neuberger Berman Mid Cap Fund Class R6		531,438
	PGIM	PGIM High Yield CL Z		139,901
	Principal	Principal Large Cap Growth		855,390
	Vanguard	Vanguard Energy Fund Admiral		44,770
	Vanguard	Vanguard Real Estate Index Admiral		223,661
	Vanguard	Vanguard Total Int'l Stock Index Admiral		192,294
	Vanguard	Vanguard Equity Income Admiral		662,369
	Vanguard	Vanguard Small-Cap Value Index Admiral		119,212
	Vanguard	Vanguard Mid-Cap Value Index Admiral		313,628
	Vanguard	Vanguard Small-Cap Growth Index Admiral		759,867
	Vanguard	Vanguard Target Retirement 2015		7,060
	Vanguard	Vanguard Target Retirement 2025		1,206,574
	Vanguard	Vanguard Target Retirement 2035		1,070,514
	Vanguard	Vanguard Target Retirement 2045		845,648
	Vanguard	Vanguard Target Retirement 2065		34,030
	Vanguard	Vanguard Target Retirement 2020		1,034,087
	Vanguard	Vanguard Target Retirement 2060		224,113
	Vanguard	Vanguard Target Retirement 2055		287,904
	Vanguard	Vanguard Target Retirement 2050		497,581
	Vanguard	Vanguard Target Retirement 2040		1,991,153
	Vanguard	Vanguard Target Retirement 2030		2,089,873
	Vanguard	Vanguard Information Tech Ind Admiral		1,017,181
	Vanguard	Vanguard Industrials Index Admiral		895,875

SECURUS 401(K) PLAN
E.I.N. 35-1954179 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	Cost**	Current Value
	Vanguard	Vanguard Total Stock Market Index Admiral		\$ 9,119,938
	Vanguard	Vanguard Total Bond Market Index Admiral		269,899
	Vanguard	Vanguard Short Term Bond Index Admiral		89,213
	Vanguard	Vanguard Target Ret Inc FD Investor CL		19,970
	Vanguard	Vanguard Emerging Mrkts Bond Admiral		36,506
	Vanguard	Vanguard Short Term Federal Admiral		5,255,464
	Vanguard	Vanguard Fed Reserve MMKT		<u>3,582,457</u>
		Total Mutual Funds		41,200,836
		<u>Self-Directed Brokerage Accounts:</u>		
	Common Stock	Aphria, Inc.		2,076
	Common Stock	Apple, Inc.		238,842
	Common Stock	China Score Inc.		1
	Common Stock	Howmet Aerospace Inc.		5,708
	Common Stock	Nokia Corp.		391
	Common Stock	Synaptics Inc.		28,920
	Common Stock	Teck Resources, Ltd.		5,445
	Common Stock	Gulf Coast Ultra DP UTS		6
*	Mutual Funds	Schwab Money Market Fund		<u>100,870</u>
		Total Self-Directed Brokerage Accounts		382,259
*	Participants	Participant Loans		
		Rates from 4.25% to 6.00%, with Maturities Through June 2035	-	<u>508,524</u>
				<u><u>\$ 42,091,619</u></u>

* Indicates party-in-interest

** Cost omitted for participant-directed investment

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor. CLA is an independent member of Nexia International, a leading, global network of independent accounting and consulting firms. See nexia.com/member-firm-disclaimer for details. **CliftonLarsonAllen LLP**



Multiple-Employer Plan Participating Employer Information

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
A.B. YOUNG COMPANY INC	35-1649583	0.83%
Actegy Health Inc.	99-0382638	0.67%
Alderson Commercial Group, Inc.	26-0885200	0.41%
Alliance for Substance Abuse Progress, Inc	83-3373292	0.20%
ANACLIM USA LLC	20-3878483	0.00%
Antares Trailer, LLC	38-3920786	0.00%
Approved Credit Solutionc LLC/Dialing Innovations LLC	20-5469593	0.00%
Arlington Heights Veterinary Hospital, Inc	35-1378871	1.60%
Arrived, LLC & All Central Group Companies	26-4579798	0.08%
Aspire Johnson County, Inc.	35-1832901	0.03%
BD Managed Services	27-0222289	2.34%
BOHLSSEN GROUP	27-2307778	1.44%
Bottleless Water Solutions DBA Artesian Water	82-4273354	0.08%
Byrd Enterprises of Arizona Inc.	86-0809821	0.24%
Cambridge Crystallographic Data Centre, Inc.	46-3619014	1.71%
CARMEL DADS' CLUB	23-7173843	0.67%
CHARITABLE RESOURCE FOUNDATION	35-1955579	0.00%
COX SARGEANT and BURNS P.C.	35-2077919	1.18%
CPM CONSTRUCTION PLANNING and MGMT. INC.	35-1488211	1.39%
Craig Shouse DPM PC	85-1017345	0.02%
Creed Daily Living, Inc.	83-4291242	0.11%
Delta Zeta National Housing Corporation	31-1353726	0.37%
Dialing Innovations, LLC	45-3155193	0.00%
Distance Learning Systems Indiana/Coastal Education Inst.	35-2076793	1.65%
DR IRWIN MALAMENT DPM	35-1551686	0.97%
Driven Consulting Inc.	35-2356897	2.92%
ENDGENITOR TECHNOLOGIES INC	20-1960038	0.00%
Epic Hospitality Group / Detour / Sensu	27-3501735	0.00%
Express Medical Records, LLC Case Pacer, LLC, Express Softwa	26-3083396	0.00%
Flagship Enterprise Center, Inc.	04-3732583	2.83%
FREW PROCESS GROUP	45-4150508	0.00%
Fuzic Inc.	81-2223245	2.28%
GASCO LLC	45-4148528	0.00%
Hoosier Cancer Research Network, Inc.	26-0303542	8.30%
Hoosiers for Quality Education / Choice Trust	26-1280876	1.53%
HUMANIZING TECHNOLOGIES INC	94-3351229	2.17%
HUNTERSVILLE ROAD INVESTORS LP	35-1895812	1.21%
IMAGINESTICS LLC	32-0038417	1.84%
INDEPENDENT WELDING DIST COOP INC.	23-7098450	7.91%
Indiana 211 Partnership, Inc.	35-2141347	0.55%
INDIANA HEALTH INDUSTRY FORUM	35-2111772	0.00%
Indy Glass Center, Inc.	35-1757449	3.20%
Johnson Operations dba Productive Resources	61-1399876	5.49%
JVC Consulting Group, LLC dba Partner Intelligence	46-2163521	0.00%
Kidscommons Columbus' Community Children's Museum	35-2033887	0.26%
Lhasa Limited, Inc.	30-0713945	0.00%
Lighthouse Readiness Group, Inc.	26-0802491	0.00%
Marketpath, Inc.	35-2131101	0.57%
Monarch Management & Realty, Inc./Avondale Assoc./Fox Fire	35-1294928	0.00%
MO'S	87-0694562	0.00%
Music for All	36-3413042	3.07%
MVP National Title	61-1421745	0.00%
Office Pride, Inc.	35-1853764	0.60%
Official Sports International	22-2538122	0.86%
OnPoint Realty, LLC	37-1878926	0.48%
Optimum Water Solutions, Inc.	47-1183105	1.20%
POINT Biopharma USA Inc.	84-3892756	0.20%
PROFESSIONAL GARAGE DOOR SYSTEMS INC.	35-1504027	7.20%
Quality Environmental Professionals, Inc.	35-1973394	0.00%
Red's Classic Barber Shop Company	20-4145359	0.00%
Robinson & Farthing LLC	83-2225949	0.00%
Sexton Biotechnologies, Inc.	84-2967112	3.41%
Sigma Kappa National Housing Corporation	35-1913456	0.00%
Sink Cancer, LLC	82-2626270	4.21%
SKYLINE PROPERTY GROUP LLC/SPG CONTRACT SERVICES	27-3517298	0.97%
Society of St. Vincent De Paul, Arch Diocesan Council of Ind	37-1507632	0.93%
Soladoc, LLC	46-4207130	0.00%
Solutions Healthcare Management Group, LLC	45-4305795	2.20%
Spectrum Technology, Inc.	45-1577023	0.00%
St. Francis Imaging Center, LLC	20-4607426	0.86%
SURVEYTECH PC	26-0079622	0.00%
The Arc of Indiana	35-1075886	4.78%
Tilson HR	35-1954179	5.57%
Tilson HR Suspense Plan	12-2121523	0.00%
Vision Quest Eyecare, P.C.	35-2024526	2.13%
VitaCyle LLC	47-0930763	1.03%
WINTERWOOD MORTGAGE GROUP LLC	35-0901024	3.25%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

SECURUS 401(K) PLAN

Plan # 333

EIN # 35-1954179

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Century	ACMVX - American Century Mid Cap Value Fund Investor Class		12,458
	Dimensional Fund Advisors	DFCXX - DFA Emerging Markets Core Equity Portfolio Institutional Class		-
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		41,737
	Fidelity	FATIX - Fidelity Advisor Technology		1,202,406
	Fidelity	FGZMX - Fidelity New Markets Income		-
	Fidelity	FMFEX - Fidelity Advisor Materials Fund Class I		69,586
	Fidelity	FPADX - Fidelity Emerging Markets Index		176,534
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		170,274
	Fidelity	FXAIX - Fidelity 500 Index Fund		1,476,738
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		171,661
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity F		544,440
	JPMorgan	JPIEX - JPMorgan Discipline Equity		-
	Neuberger & Berman	NRMGX - Neuberger Berman Mid Cap Growth Fund Cla		531,438
	Oppenheimer Funds	ODVYX - Oppenheimer Developing Markets Y		81,771
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		154,447
	Prudential	PHYZX - Prudential High Yield Z		139,901
	Principal	PLGIX - Principal Large Cap Growth		855,389
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		2,243,095
	BlackRock	SHSSX - BlackRock Health Sciences Ops I		785,268
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		89,213
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		269,899
	Vanguard	VEGBX - Vanguard Emerging Markets Bond Fund Adm		36,506
	Vanguard	VEIRX - Vanguard Equity Income Admiral		662,368
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		287,903
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		497,581
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		1,991,153
	Vanguard	VGELX - Vanguard Energy Admiral		44,770
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		223,662
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		276,063
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		895,887
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		1,017,153
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		34,030
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		3,582,503
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		313,628
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		759,867
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		5,255,555
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		119,211
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		376,731
	Vanguard	VTHRX - Vanguard Target Retirement 2030		2,089,873
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		192,294
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		19,970
	Vanguard	VTIVX - Vanguard Target Retirement 2045		845,648
	Vanguard	VTMAX - Vanguard Total Stock Market Index Fund Admiral Shares		9,119,877
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		1,070,514
	Vanguard	VTTX - Vanguard Target Retirement 2060 Fund Investor Shares		224,113
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,206,574
	Vanguard	VTWNX - Vanguard Target Retirement 2020		1,034,087
	Vanguard	VTXVX - Vanguard Target Retirement 2015		7,060
	Loan	LOAN - Loan		508,524