

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan <u>COADVANTAGE CORPORATION RETIREMENT SAVINGS 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>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/1998</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>COADVANTAGE CORPORATION</u> <u>101 RIVERFRONT BLVD</u> <u>SUITE 300</u> <u>BRADENTON, FL 34205</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-3007025</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>813-935-2000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-3007025</u>	2c Plan Sponsor's telephone number <u>813-935-2000</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>27-3007025</u>					
2c Plan Sponsor's telephone number <u>813-935-2000</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.	08/19/2022	JAY MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/19/2022	JAY MARTIN
	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 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE COADVANTAGE 401K PLAN COMMITTEE 101 RIVERFRONT BLVD SUITE 300 BRADENTON, FL 34205	3b Administrator's EIN 27-3007025 3c Administrator's telephone number 407-422-8448
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 35765
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 33609 6a(2) 37370 6b 43 6c 2728 6d 40141 6e 2 6f 40143 6g 17170 6h 283
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2A 2F 2G 2K 3D 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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) ☒ <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025

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.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(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
04-1590850	65935	MR 61723	40143	01/01/2021	12/31/2021

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 241	(b) Total amount of fees paid 0
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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 RAYMOND JAMES INSURANCE GROUP INC 880 CARILLON PKWY ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
217			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid AURORA INSURANCE SERVICES INC 100 ENTERPRISE DR ROCKAWAY, NJ 07866
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			4

(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	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0
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. Specify nature of costs ▶	6d	
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 ANNUITY CONTRACT		
b	Balance at the end of the previous year	7b	58124669
c	Additions: (1) Contributions deposited during the year	7c(1)	3501061
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	1550447
	(4) Transferred from separate account.....	7c(4)	7764909
	(5) Other (specify below)..... ▶ LN DISTRIB, LN INT, LN PRIN, LN TRF	7c(5)	1848479
	(6) Total additions	7c(6)	14664896
d	Total of balance and additions (add lines 7b and 7c(6))	7d	72789565
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7300482
	(2) Administration charge made by carrier.....	7e(2)	296820
	(3) Transferred to separate account.....	7e(3)	3140192
	(4) Other (specify below)..... ▶ LN DISTRIB, LN TRF TO TRUSTEE, MOVE	7e(4)	537983
	(5) Total deductions	7e(5)	11275477
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	61514088

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. Specify nature of costs.	10b	

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) 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025	

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
CHARLES SCHWAB INVESTMENT MANAGEMEN
94-3106735

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC.
94-1737784

(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)

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
52 60 62 64 68 72	CONTRACT ADMINISTRATOR	3492775	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COADVANTAGE RESOURCES, INC.

59-3434670

(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?
50	PROFESSIONAL SERVICES	1035289	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH CONSULTING SERVICES

13-5674085

(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?
17	ADVISOR	270875	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)

MAYER HOFFMAN MCCANN, PC

43-1947695

(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	56742	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINSTON & STRAWN, LLP

36-1975990

(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?
29	LEGAL	36869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59 71	INVESTMENT SERVICE PROVID	114	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

RAYMOND JAMES INSURANCE GROUP INC

59-1199408

(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?
53	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	10620	Yes ☐ No ☒

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

AMERICAN FUNDS

94-6050854

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

BLACKROCK

13-3806694

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DODGE & COX

94-6067274

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-2466841

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

FIDELITY INVESTMENTS

04-2993075

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-3022712

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-3365630

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

FRANKLINTEMPLETON

13-3151768

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(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	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

HARBOR

34-1953393

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

INVESCO

76-0343427

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JANUS HENDERSON

84-0592523

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

LEGG MASON

95-2705767

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

LORD ABBETT

13-3731507

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MFS INVESTMENT MANAGEMENT

04-3158862

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MORGAN STANLEY

36-3145972

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

PIMCO FUNDS

95-2632339

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIONEER

04-3453709

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

52-1827505

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

T. ROWE PRICE

52-1805594

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-2787277

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1711688

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VANGUARD

23-1899003

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-2311358

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

51-0106626

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VANGUARD

23-1945930

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. 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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	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.	
SAGIC 61723 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	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 US GOVERNMENT MNY MKT FD 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	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 MID CAP GROWTH FUND 04-3512596	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK STRATEGIC GLOBAL BOND FD 13-3806694	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INSURANCE	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE DIVIDEND GROWTH FUND 52-1805594	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS

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
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RAYMOND JAMES INSURANCE GROUP INC	53	10620
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	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.	
MACQUARIE INVESTMENT MANAGEMENT 610 MARKET STREET PHILADELPHIA, PA 19106	BASIS POINTS * PLAN ASSETS	

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
CHARLES SCHWAB & CO., INC.	59	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.	
VICTORY CAPITAL 4900 TIEDERMAN ROAD 4TH FLOOR BROOKLYN, OH 44144	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	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.	
ALGER FUNDS 13-2665689	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	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.	
AMERICAN FUNDS BALANCED FUND 94-6050854	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	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.	
AMERICAN FUNDS NEW WORLD FUND 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK	52	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.	
BLACKROCK STRATEGIC GLOBAL BOND FD 13-3806694	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	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.	
DODGE & COX GLOBAL STOCK 94-6067274	BASIS POINTS * PLAN ASSETS	

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
DODGE & COX	52	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.	
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	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.	
FIDELITY MID CAP INDEX FUND 04-2466841	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	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.	
FIDELITY SMALL CAP INDEX FUND 04-2466841	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	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.
FIDELITY U.S. BOND INDEX FUND 04-2993075	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	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.
FIDELITY TOTAL INTL INDEX FD 04-3022712	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	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.
FIDELITY 500 INDEX FUND 04-3365630	BASIS POINTS * PLAN ASSETS

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
FRANKLINTEMPLETON	52	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.
FRANKLIN SMALL MID CAP GROWTH FUND 13-3151768	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	49	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.
MILLENNIUM TRUST COMPANY, LLC 36-4400066	REFERRAL FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOR	52	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.
HARBOR MID CAP VALUE FUND 34-1953393	BASIS POINTS * PLAN ASSETS

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
INVESCO	52	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.	
INVESCO EQUITY AND INCOME FUND 76-0343427	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS HENDERSON	52	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.	
JANUS HENDERSON SMALL CAP VALUE FD 84-0592523	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON	52	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.	
WESTERN ASSET CORE PLUS BOND FUND 95-2705767	BASIS POINTS * PLAN ASSETS	

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
LORD ABBETT	52	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.	
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MFS INVESTMENT MANAGEMENT	52	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.	
MFS RESEARCH INTERNATIONAL FUND 04-3158862	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY	52	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.	
MORGAN STANLEY INSTL INTL ADV FD 36-3145972	BASIS POINTS * PLAN ASSETS	

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
PIMCO FUNDS	52	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.	
PIMCO REAL RETURN FUND 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIONEER	52	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.	
PIONEER STRATEGIC INCOME FUND 04-3453709	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	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.	
T. ROWE PRICE BLUE CHIP GROWTH FUND 52-1827505	BASIS POINTS * PLAN ASSETS	

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
T. ROWE PRICE	52	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.	
T. ROWE PRICE DIVIDEND GROWTH FUND 52-1805594	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD STRATEGIC EQUITY FUND 23-2787277	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD WELLESLEY INCOME FUND 23-1711688	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	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.
VANGUARD HIGH-YIELD CORPORATE FUND 23-1899003	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
CLOSED VANGUARD INSTL TARGET R 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2015 FD 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2020 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2025 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2030 FD 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2035 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2040 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2045 FD 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2050 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2055 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.
VANGUARD TARGET RETMNT 2060 FD 23-2311358	BASIS POINTS * PLAN ASSETS

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
VANGUARD	52	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.	
VANGUARD TARGET RETMNT INCM FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD EXPLORER FUND 51-0106626	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD INSTITUTIONAL INDEX FUND 23-1945930	BASIS POINTS * PLAN ASSETS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>COADVANTAGE CORPORATION RETIREMENT SAVINGS 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>COADVANTAGE CORPORATION</u>	D Employer Identification Number (EIN) <u>27-3007025</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	9925735	10541676
(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)	663556962	847286637
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	58124669	61514088
(15) Other.....	1c(15)	1987566	2192888

		(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 733594932	921535289
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 733594932	921535289

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 27338192	
	(B) Participants	2a(1)(B) 78398991	
	(C) Others (including rollovers).....	2a(1)(C) 19201563	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	124938746
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) 511937	
	(F) Other	2b(1)(F) 1550447	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	2062384
(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) 32918651	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	32918651
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		76679346
c Other income.....	2c		475590
d Total income. Add all income amounts in column (b) and enter total.....	2d		237074717
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	75363835	
(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)		75363835
f Corrective distributions (see instructions).....	2f		828916
g Certain deemed distributions of participant loans (see instructions).....	2g		236727
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	269158	
(3) Investment advisory and management fees.....	2i(3)	4575812	
(4) Other.....	2i(4)	55701	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4900671
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		81330149
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		155744568
l Transfers of assets:			
(1) To this plan.....	2l(1)		113659901
(2) From this plan.....	2l(2)		81464112

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: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

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			

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
APPLIED BUSINESS SOLUTIONS	20-0379472	001
BLUE STAR	20-1550259	001
EMPOWER	84-0467907	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 _____.

	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			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EPIC	87-0629690	001
EQUITABLE	13-5570651	001
FIDELITY	04-3523567	001
GUIDELINE 401K	47-4474775	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 _____.

	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			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HESSEL & ASSOCIATES	36-4117711	001
INSPERITY	76-0178498	001
JOHN HANCOCK	04-3483032	001
LINCOLN	95-1744635	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 _____.

	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			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PAYCHEX	16-1124166	001
PRINCIPAL	43-1929483	001
RETIREMENT PLAN FIDUCIARIES, LLC	36-4526030	001
SLAVIC	01-0620969	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 _____.

	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			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STATE STREET BANK & TRUST	90-0337987	001
TRANSAMERICA	36-6071399	001
VOYA	52-1317217	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE CORPORATION	D Employer Identification Number (EIN) 27-3007025

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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

**Financial Statements
and Supplemental Schedule**

**December 31, 2021 and 2020
(With Independent Auditors' Report Thereon)**

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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Independent Auditors' Report

To Plan Administrator
CoAdvantage Corporation Retirement Savings Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed the audit of the financial statements of CoAdvantage Corporation Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors’ Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated August 2, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements; and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Mayer Hoffman McCann P.C.

July 29, 2022
St. Petersburg, Florida

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments:		
Guaranteed interest account, at contract value	\$ 61,514,088	58,124,669
Mutual funds, at fair value	847,286,637	663,556,962
Self directed brokerage account, at fair value	<u>2,192,888</u>	<u>1,987,566</u>
Total investments	910,993,613	723,669,197
Receivables:		
Participant contributions	2,561,555	1,735,397
Employer contributions	2,240,907	1,764,355
Notes receivable from participants	<u>10,541,676</u>	<u>9,925,735</u>
Total receivables	<u>15,344,138</u>	<u>13,425,487</u>
Total assets	926,337,751	737,094,684
Liabilities:		
Accrued expenses	457,973	722,861
Excess contributions payable	<u>975,309</u>	<u>958,339</u>
Total liabilities	<u>1,433,282</u>	<u>1,681,200</u>
Net assets available for benefits	<u>\$ 924,904,469</u>	<u>735,413,484</u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 76,679,346
Interest and dividends	34,944,688
Interest income on notes receivable from participants	<u>511,937</u>

Net investment income 112,135,971

Contributions:

Participant	78,249,840
Employer	27,814,744
Rollover	18,792,622
Other	<u>408,941</u>

125,266,147

Total additions 237,402,118

Deductions from net assets attributed to:

Benefits paid to participants	75,471,139
Administrative expenses	<u>4,635,783</u>

Total deductions 80,106,922

Net increase 157,295,196

Transfers in 113,659,901

Transfers out (81,464,112)

Net assets available for benefits:

Beginning of year 735,413,484

End of year \$ 924,904,469

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(1) **Description of the Plan**

The following description of the CoAdvantage Corporation Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

(a) **General**

The Plan is a multiple employer defined contribution plan covering eligible employees of CoAdvantage Corporation (the “Principal Participating Employer”) and Adopting Employers. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Investment Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan’s investment offerings and monitoring investment performance.

The Plan operates under an agreement with Empower Retirement LLC (“Empower”), for recordkeeping and custodian services of its group annuity contract. As part of this agreement, Empower enters into a trust agreement with a related party or third party trustee to hold the investments and execute investment transactions of the Plan during the year. All investments and related investment activity, except for the guaranteed interest account which is certified separately, were certified by Reliance Trust Company (“RTC”) who served as trustee for the years ended December 31, 2021 and 2020. With the structure of the agreement with Empower, no changes in investment options or transfer of assets are required when the trustee is changed.

An affiliate of Empower, Great-West Life & Annuity Insurance Company (“GWL&A”), has provided the certification for the guaranteed interest account as of December 31, 2021 and 2020.

(b) **Contributions**

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollover”). Participants direct the investment of their contributions into various investment options offered by the Plan. Each Adopting Employer elects the level of safe harbor, matching and/or profit-sharing contributions. Contributions are subject to certain Internal Revenue Service limitations. Roth deferrals are allowed under the Plan, if elected by Adopting Employers.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(c) Participant Accounts

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

(d) Vesting

Participants are immediately vested in their contributions and their Adopting Employer's Safe Harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant generally begins to vest in year one at (20%) and increases ratably until fully vested in year five. However, vesting schedules vary based on the Adopting Employer's elections. Participants also become fully vested upon retirement age (65), death or becoming disabled.

(e) Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is the prime rate plus 1.00%. Principal and interest is paid ratably through regular payroll deductions. Loans must be repaid in five years unless they are for the purchase of a primary residence in which case the loan may not exceed 30 years.

Under the Coronavirus Aid, Relief, and Economic security ("CARES") Act, the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020, and if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

(f) Payment of Benefits

Upon termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may take in-service withdrawals upon attainment of age 59 ½ or for immediate and heavy financial hardship needs, as defined in the plan document.

Section 2202 of the CARES Act permits eligible plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(f) Payment of Benefits - Continued

The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020. CARES distributions may be repaid within three years at the election of the participant.

As a result of the Bipartisan Budget Act of 2018 effective January 1, 2019, the requirement to exhaust loan distributions prior to receiving a hardship distribution was removed from the Plan. Additionally, participants are no longer suspended from making contributions to the Plan or from receiving Company matching contributions as a result of a hardship withdrawal.

(g) Forfeited Accounts

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Adopting Employers' future matching contributions. Approximately \$76,000 of forfeited nonvested accounts were utilized during the year ended December 31, 2021 to pay plan expenses and reduce Adopting Employer contributions. Additionally, approximately \$195,000 in forfeitures were transferred out of the Plan with Adopting Employer terminations. At December 31, 2021 and 2020, forfeited nonvested accounts available for use totaled approximately \$2,142,000 and \$1,583,000 respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

(c) Investment Valuation and Income Recognition

Investments in mutual funds and the insurance company general account are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 for discussion of fair value measurements.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition - Continued

The guaranteed interest account is an investment option offered by Empower. It is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Under the terms of the group annuity contract, participants may direct permitted withdrawals and/or transfer transactions of all or a portion of their balance in the investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. The guaranteed interest account investment qualifies as a fully benefit responsive investment.

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs.

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. 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, 2021 or 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the plan agreement.

(f) Expenses

Management fees and operating expenses are paid out of the Plan. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Information Certified by the Trustee and the Custodian**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, RTC and GWL&A, the trustee and custodian, respectively, as of December 31, 2021 and 2020 have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020;
- Net investment income and related investment activity, as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021;
- Investments as presented in the Schedule of Assets (Held at End of Year), as of December 31, 2021 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(4) **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). Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- a) Quoted prices for similar assets or liabilities in active markets;
 - b) Quoted prices for identical or similar assets or liabilities in inactive markets;
 - c) Inputs other than quoted prices that are observable for the asset or liability;
 - d) 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 that are unobservable inputs for the asset or liability.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) Fair Value Measurements - Continued

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 or 2020.

Mutual Funds: valued at quoted market prices in an active market and represent the net asset value of shares held by the Plan and are classified as Level 1.

Self-Directed Brokerage Accounts: valued at the quoted market prices in active and inactive markets or quoted market prices for similar assets and are classified as Level 2.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Assets Measured at Fair Value at December 31, 2021	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 847,286,637	847,286,637	-	-
Self-directed brokerage account	2,192,888	-	2,192,888	-
	<u>\$ 849,479,525</u>	<u>847,286,637</u>	<u>2,192,888</u>	<u>-</u>

Description	Assets Measured at Fair Value at December 31, 2020	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 663,556,962	663,556,962	-	-
Self-directed brokerage account	1,987,566	-	1,987,566	-
	<u>\$ 665,544,528</u>	<u>663,556,962</u>	<u>1,987,566</u>	<u>-</u>

(5) Related Party and Party-in-Interest Transactions

The Plan operates under a revenue sharing agreement with Empower, thereby Empower receives revenue from service providers for services Empower provides to the funds. This revenue received is deposited into an expense budget account and is used to offset certain amounts owed to Empower and GWL&A for its administrative services. If the revenue received by Empower from such service providers exceeds the amount owed, Empower remits the excess to the Plan's trust. Such amounts may be applied to pay plan administrative expenses or allocated to the accounts of the participants. Remaining expenses not covered by the revenue sharing are paid by the Principal Participating Employer. During 2021, the Plan received and used approximately \$1,413,000 in earnings adjustments to pay plan expenses as part of this revenue sharing agreement.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(5) **Related Party and Party-in-Interest Transactions - Continued**

During 2021, the Plan's administrative expenses totaled approximately \$4,635,000, including approximately \$770,000 paid to the Principal Participating Employer for services provided to the Plan, and approximately \$3,493,000 paid to GWL&A for services provided, and approximately \$372,000 for other expenses such as investment advisory and audit fees.

Certain of the plan investments are managed by GWL&A. These activities, along with the administrative expenses noted above and participant loan transactions are considered party-in-interest activity defined in Section 3(14) of ERISA, however are expressed exempt from the prohibited transaction rules.

As of December 31, 2021 and 2020, the Plan accrued \$458,000 and \$723,000 for expenses payable to the Principal Participating Employer for administrative services provided during 2021 and 2020, respectively.

(6) **Plan Termination**

Although it has not expressed any intent to do so, the Principal Participating Employer 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 100% vested in the Adopting Employers' contribution portion of their account.

(7) **Tax Status**

The Plan adopted the Massachusetts Mutual Life Insurance Company Non-Standardized Profit Sharing/401(k) Plan sponsored by Empower. Empower, obtained a favorable opinion letter dated April 7, 2021. The plan administrator has adopted all plan provisions within the volume submitter document and believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) **Risks and Uncertainties**

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

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Reconciliation of Financial Statements to Form 5500

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

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 924,904,469	735,413,484
Less: contributions receivable	(4,802,462)	(3,499,752)
Plus: accrued expenses	457,973	722,861
Plus: excess contributions payable	<u>975,309</u>	<u>958,339</u>
Net assets available for benefits per Form 5500	<u>\$ 921,535,289</u>	<u>733,594,932</u>

The following is a reconciliation of the net increase in net assets per the financial statements to net income per Form 5500 for the year ended December 31, 2021:

Net increase in net assets per the financial statements	\$ 157,295,196
Plus: contributions receivable - beginning of year	3,499,752
Less: contributions receivable - end of year	(4,802,462)
Plus: excess contributions payable - end of year	975,309
Less: excess contributions payable - beginning of year	(958,339)
Plus: accrued expenses - end of year	457,973
Less: accrued expenses - beginning of year	<u>(722,861)</u>
Net income per Form 5500	<u>\$ 155,744,568</u>

(10) Transfers In and Out

Qualified plans sponsored by certain Adopting Employers may be merged into the Plan in conjunction with such Adopting Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Adopting Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

(11) Excess Contributions Payable

The Plan's statements of net assets available for benefits at December 31, 2021 and 2020 includes \$975,309 and \$958,339, respectively, of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

(12) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through July 29, 2022, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 27-3007025

Plan Number: 333

December 31, 2021

(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 (If Applicable)	(e) Current Value
*	MassMutual Fixed Interest Fund	Guaranteed Interest Account	\$ 61,514,088
	American Funds Balanced	Mutual Fund	62,695,745
	American Funds New World	Mutual Fund	8,962,464
	BlackRock Strtgc Gbl Bd Fd	Mutual Fund	2,372,865
	Dodge & Cox Global Stock	Mutual Fund	9,259,648
	Dodge & Cox Stock Fund	Mutual Fund	27,285,230
	Fidelity 500 Index Fund	Mutual Fund	93,265,887
	Fidelity Mid Cap Index Fund	Mutual Fund	19,473,598
	Fidelity Small Cap Index Fund	Mutual Fund	22,286,239
	Fidelity Total Intl Index Fd	Mutual Fund	5,257,797
	Fidelity U.S. Bond Index Fund	Mutual Fund	8,760,530
	Franklin Small Mid Cap Growth	Mutual Fund	20,299,260
	Harbor Mid Cap Value	Mutual Fund	9,631,369
	Janus Henderson Sm Cap Val Fd	Mutual Fund	7,372,699
*	MassMutual Holding Account	Mutual Fund	2,317,930
	MassMutual US Govt Mny Mkt Fd	Mutual Fund	7,681,811
	MFS Research Intl Fund	Mutual Fund	9,967,774
	Morgan Stanley International Advantage	Mutual Fund	20,397,649
	PIMCO Real Return	Mutual Fund	7,300,673
	Pioneer Strategic Income	Mutual Fund	3,411,909
	T. Rowe Price Blue Chip Growth	Mutual Fund	61,353,692
	T. Rowe Price Dividend Gr Fd	Mutual Fund	21,420,440
	Vanguard Explorer	Mutual Fund	18,189,912
	Vanguard High-Yield Corp Fd	Mutual Fund	4,390,715
	Vanguard Strategic Equity	Mutual Fund	9,513,656
	Vanguard Target Retirement 2015	Mutual Fund	3,435,102
	Vanguard Target Retirement 2020	Mutual Fund	25,757,702
	Vanguard Target Retirement 2025	Mutual Fund	47,514,207
	Vanguard Target Retirement 2030	Mutual Fund	61,545,383
	Vanguard Target Retirement 2035	Mutual Fund	53,738,410
	Vanguard Target Retirement 2040	Mutual Fund	49,555,359
	Vanguard Target Retirement 2045	Mutual Fund	44,915,868
	Vanguard Target Retirement 2050	Mutual Fund	33,736,626
	Vanguard Target Retirement 2055	Mutual Fund	20,682,416
	Vanguard Target Retirement 2060	Mutual Fund	11,461,409
	Vanguard Target Retirement Income	Mutual Fund	6,369,108
	Vanguard Wellesley Income	Mutual Fund	4,517,497
	Western Asset Core Bond	Mutual Fund	21,188,058
	Schwab PCRA	Self Directed Brokerage	2,192,888
			910,993,613
*	Participant loans	3.25% - 7.50%	10,541,676
			<u>\$ 921,535,289</u>

* Party-in-interest

See accompanying independent auditors' report.

A. Name Of Plan CoAdvantage Corporation Retirement Savings Plan	B. Three-Digit 333 plan number
C. Plan Year 1/1/2021 - 12/31/2021	D. Employer Identification Number 273007025

Multiple-Employer Plan Participating Employer Information

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
CoAdvantage Corporation	27-3007025	5.86%	\$26,658,934.69
22 SMR Company, LLC	83-2925567	0.01%	\$2,685,660.58
30A Escapes, LLC	82-5368208	0.35%	\$635,262.73
365 Enterprises LLC	46-5639798	0.00%	\$195,940.08
4675 Investments, Inc.	59-3702694	0.00%	\$26,153.74
68 Ventures, LLC	81-3290751	0.01%	\$17,662.88
90 Works	59-2299573	0.00%	\$24,462.27
924 Petcoral LLC	47-4659190	0.00%	\$12,596.08
A AAmerican Container	59-3354575	0.11%	\$980,526.69
A. Advocates & Attorneys of Kennedy Law Group	59-3607269	0.03%	\$81,470.34
A. James Global Services, Inc.	82-3502878	0.01%	\$21,220.42
A.R. Choice Management, Inc.	20-1795707	0.01%	\$85,088.98
A-1 24 Hour Service Inc.	65-0891963	0.00%	\$53,056.93
Abuyo, Inc. dba SelectHub	45-3821823	0.02%	\$36,052.92
ABX Collision Centers, Inc	46-6592410	0.00%	\$3,173.60
Academic & Clinical Infectious	59-1568228	0.05%	\$95,068.60
ACAI Associates, Inc.	65-0020223	0.16%	\$1,252,606.33
Accellix, Inc.	27-2402415	0.36%	\$1,055,468.10
Accent Signs	59-3286988	0.04%	\$769,759.85

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Accurate Monitoring Limited	20-5795855	3.04%	\$7,029,200.34
Ace Electric Service Company	27-1494757	0.04%	\$82,517.19
Ace Electrical Service of North Florida Inc.	20-4999192	0.03%	\$194,398.47
Action Air, Inc.	65-0285865	0.00%	\$8,992.81
Active Cyber, LLC	46-4556357	0.43%	\$776,533.37
Activus Connect, LLC	83-1917754	0.00%	\$348.08
AcuityIM LLC	37-1797643	0.01%	\$105,013.41
Adams County Dairies	83-4058478	0.01%	\$23,817.37
Adler Family Dental LLC	22-3780238	0.07%	\$2,771,342.57
ADLI Law Group P.C.	27-2187270	0.07%	\$459,095.48
ADV Pediatric Surgeons PC	45-2500613	0.22%	\$1,096,006.74
Advanced Marketing & Processing Inc.	59-3811155	0.07%	\$0.01
Advanced Pharmaceutical Consultants Inc.	59-3186282	1.47%	\$4,185,550.27
Advanced Telecom, Inc.	59-3015968	0.01%	\$1,015,107.25
Advanced Vascular Solutions	84-4744855	0.02%	\$35,754.89
Advanced Ventures, LLC	26-2166165	0.01%	\$73,812.07
Advantage Communications Group	20-0441923	1.83%	\$3,375,927.76
Advantage Property Management	51-0418931	0.18%	\$997,549.22
Affinity Solutions, Inc.	13-4024222	0.95%	\$9,564,980.61
Affordable Body Shop, Inc.	02-0642647	0.30%	\$491,500.86
After Market Services, Inc.	59-2733205	0.00%	\$3,527.40
AGR Financial, LLC	22-3376977	0.20%	\$1,377,890.07
AGS Installations, Inc	26-3492498	0.00%	\$14,235.58

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Air America A/C	55-0856947	0.25%	\$827,997.47
Air Quality Innovative Solutions	20-2971629	0.19%	\$2,281,316.84
Aircraft Maintenance Specialis	65-0088882	0.03%	\$1,749,634.70
Airway Technologies, LLC	27-1498276	0.06%	\$959,946.11
AIS-JAX, Inc.	02-0710297	0.01%	\$0.00
AJ Logistics	76-0541531	0.12%	\$1,305,220.18
Alabama Family Dentist	63-1264278	0.01%	\$11,236.51
Alan R. Heap, D.M.D., P.A.	59-2977900	0.23%	\$1,978,772.48
Align Insurance Group, LLC	83-2444025	0.00%	\$582.20
Aliquantum International, Inc.	27-3006907	0.06%	\$107,809.30
All State Packaging, LLC	83-4295372	0.00%	\$373.89
Alliance Coach, Inc.	27-0777094	0.00%	\$71,097.05
Alliance Retail Construction	32-0266470	0.09%	\$2,521,377.55
All-Pro Title Group, LLC	06-1715740	0.00%	\$371,439.99
AllSouth Appliance Group, Inc	72-1353380	0.01%	\$10,863.14
Allstate Storefront Systems	75-2696794	0.00%	\$137,057.70
Almond Street Cold Storage	75-2856344	0.01%	\$15.21
Alpen HPP, LLC	45-5515377	0.04%	\$166,890.87
ALPFA, Inc.	32-0178401	0.32%	\$620,817.79
Alpha Omega Co USA, Inc	58-2580239	0.05%	\$195,773.68
Amber Ridge Apartments	52-1737346	0.02%	\$15,308.95
AMCI Wireless, Inc.	85-0273340	0.11%	\$902,414.32
America Sunshine LLC	65-6525725	0.05%	\$784,260.55

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
American Academy of Nurse Practitioners	52-2216259	0.08%	\$697,906.80
American Academy of Pediatrics	58-1164164	0.01%	\$560,448.78
American Medical Depot	59-2337158	0.06%	\$1,881,390.80
American Polylite Inc.	82-0814494	0.03%	\$108,213.11
American Solar Energy Society	59-1768923	0.00%	\$6,453.97
Ameritape, Inc.	59-3018988	0.09%	\$597,112.21
Amherst Consulting Company LLC	45-3656202	0.03%	\$97,700.55
AmNet ESOP Corporation	83-3280015	0.19%	\$341,071.30
Ancor Holdings, LP	75-2516108	0.00%	\$302,235.61
Anderson & Associates Insurance	02-0659451	0.01%	\$22,909.57
AndorHealth, LLC	83-1558230	0.34%	\$722,847.46
Apartment Association of Metro	84-0592187	0.20%	\$1,439,222.46
Apartment Concepts Unlimited	20-8040843	0.03%	\$361,030.04
Apogee Scientific, Inc.	84-1284844	0.00%	\$140,649.45
Application Development Consultants	59-2982835	1.84%	\$2,821,550.71
April USA Assistance INC	65-0564647	0.09%	\$1,055,289.13
APS Energy, Inc.	84-3190697	0.03%	\$42,004.19
Aqua Culture Technologies, Inc	23-3189319	0.06%	\$297,025.14
Aquaspy, Inc.	68-0461115	1.08%	\$2,079,525.64
Aqua-Tech	33-1220631	0.00%	\$9,461.05
Arbour Valley Management	84-1693540	0.00%	\$2,576.14
ARC Dialysis LLC	81-4179179	0.27%	\$1,705,633.10
Arcadia Consumer Healthcare	82-5378086	0.34%	\$1,769,522.98

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Archimedean Academy	02-0607904	0.11%	\$2,927,744.56
ARCO Marine, Inc.	83-4659854	0.63%	\$1,160,134.93
Arco Steel Company	22-0740657	0.03%	\$466,401.66
Arcturus Group LLC	26-0351320	0.07%	\$649,872.35
Ares Materials, Inc.	47-4095035	0.05%	\$83,796.60
Arms Wide Open Adoption Services	74-2116380	0.18%	\$1,661,602.76
Artistry in Mosaics	65-0933394	0.36%	\$2,330,213.09
Ascent Surgical Partners, LLC	39-1964361	0.00%	\$350,413.88
Ash Properties	36-4691763	0.00%	\$19,332.82
Aspen Auto Clinic	20-1188042	0.07%	\$118,499.44
Aspen Grove Apartments	38-3201874	0.01%	\$11,491.72
ASPENBLUFF, LLC	82-3987019	0.00%	\$22,968.63
Asset Navigator, LLC	26-0302557	0.01%	\$158,486.73
Associated Personnel Services	22-3730377	0.07%	\$418,745.46
At Home In Key West, Inc.	65-0951798	0.15%	\$1,394,138.76
ATCO Pest Control, Inc.	51-0510458	0.06%	\$108,366.55
Atlanta Community Food Bank	58-1376648	4.58%	\$7,431,371.44
Atlantis National Services	20-4326391	0.24%	\$1,711,915.70
Atlas Spine, Inc.	33-1131445	0.00%	\$193,262.35
ATN Consulting	38-3324809	0.14%	\$375,859.15
Auto Body Excellence, Inc	33-0704012	0.00%	\$3,386.66
Automotive Development Group	13-4309924	0.15%	\$1,354,700.24
Avalon Heating and Air LLC	46-2321929	0.35%	\$632,858.50

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
AVL Systems, Inc.	59-2612461	0.07%	\$249,794.94
AVSI Group, LLC	27-3587088	0.00%	\$157,528.80
AW Real Estate Management, LLC	47-4548957	0.05%	\$669,666.35
Axiva Health Solutions, Inc.	45-3988879	0.01%	\$10,315.38
AxivaRX of Kansas, LLC	82-4262188	0.00%	\$5,596.69
BabySparks	46-1892580	0.01%	\$18,425.99
Backwoods Retail Inc.	37-1650080	0.00%	\$542,142.64
Bailey Tax and Accounting, Inc	59-2980126	0.06%	\$672,998.43
Bakke Development Corp.	74-2790691	0.12%	\$0.00
BallenIsles Community Association	65-0151050	0.21%	\$1,016,750.83
Bankruptcy Global Holdings LLC	47-2328009	0.08%	\$244,633.80
Barclay Investments LLC	82-0822761	0.00%	\$101,299.03
Barco Pump	75-1431764	0.19%	\$1,865,531.17
Barlop, Inc.	59-2288364	0.06%	\$1,290,147.31
Barnett Machine Tool	22-3479892	0.13%	\$897,496.65
Barta Media Group	14-2009837	0.01%	\$174,105.04
Bay Motor Winding, Inc	64-0674340	0.00%	\$2,211.91
Baywood Technologies, Inc.	59-2751509	0.00%	\$427,136.44
BBD USA LLC	38-4016359	0.11%	\$556,188.70
Beck-Ford Construction, LLC	76-0226117	0.00%	\$502,863.64
Beds Express, LLC	82-4238235	0.00%	\$145.27
Bellator Real Estate & Develop	45-5226962	0.00%	\$2,549.40
Benson Engineering Company	75-1013468	0.02%	\$1,074,571.84

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Bent Pine Golf Club	51-0198590	0.21%	\$2,412,600.93
Berkley Primary Care, PLC	14-1839021	0.01%	\$176,037.11
Best Western on the Bay Shucke	47-5314988	0.00%	\$53,164.81
Best Western Plus Siesta Key	46-0543005	0.02%	\$214,781.94
Beta Squared Lithography. Inc.	06-1560046	0.06%	\$1,389,510.30
Betteridge Jewelers, Inc.	06-0963121	0.12%	\$0.63
Big Tree, Inc.	84-1339265	0.00%	\$2,301,228.89
Birmingham Infectious Diseases	45-5399027	0.00%	\$2,666.86
Black Dragon Capital Investment	83-4030129	0.57%	\$932,813.35
Black Salmon Capital, LLC	82-1239430	0.02%	\$42,084.12
BlackRidge Technology	27-2460725	0.00%	\$393,937.74
Blackstone America	65-0576903	0.00%	\$3,640.81
B-Line Carriers, Inc.	59-3690511	0.00%	\$192,927.85
Blue Tread LLC	47-1053255	0.00%	\$54,229.76
Blueberry Systems, LLC	01-0828967	0.00%	\$481,303.87
Bluebonnet School of Cedar Park	74-2963012	0.15%	\$542,343.00
Bluegrass Industries	65-0704572	0.00%	\$25,998.36
Bob Hill Inc	59-0661820	0.02%	\$483,364.06
Boca Bay Master Association	62-1342782	0.35%	\$1,954,977.40
BodyLogicMD Franchise Corp	26-4232799	0.64%	\$0.00
Bonita Bay Community Association	59-2497446	0.17%	\$4,989,628.33
Bonita Springs-Estero Realtors	59-1708371	0.01%	\$93,068.00
Boomerang Packaging Inc.	76-0439261	0.01%	\$158,452.74

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Boston Barricade Company, Inc.	02-0472117	0.60%	\$2,069,878.42
Bp Logix, Inc.	33-0671038	0.47%	\$775,636.25
Brand 44, LLC	20-1562120	0.00%	\$96,838.27
Brasfield, Freeman, Goldis & Cash	59-1709234	0.13%	\$1,122,695.32
Brawco, Inc.	63-0966796	0.00%	\$2,474.75
Breathe Easy Medical, Inc.	20-1560238	0.05%	\$598,382.51
BRES, Inc.	20-8124576	0.00%	\$15,680.64
Bright Beginnings	84-1382420	0.00%	\$20,639.89
Brighton Animal Clinic	81-1565037	0.02%	\$128,189.75
Broad Reach Management Company	84-4040134	0.42%	\$0.00
Broadleaf IT, LLC	82-3854230	0.57%	\$1,079,120.88
Broedell Plumbing Supply, Inc.	59-2743259	0.01%	\$390,584.29
Brooks, Sheppard & Rocha, PLLC	84-3929499	0.06%	\$206,119.04
Brownings Nursery & Landscaping	59-2031099	0.00%	\$156,389.78
Bruce J. Levine DPM PA	59-3285417	0.11%	\$2,887,244.85
Bruce Rossmeyer's Daytona Harl	59-3205613	0.18%	\$2,994,175.05
Bruce Rossmeyer's New Smyrna	20-2178089	0.01%	\$270,693.13
Bruce Williams Benchmark Homes	02-0794906	0.02%	\$334,538.58
Bulbrite Industries, Inc.	13-2701380	0.62%	\$5,447,258.36
Bush Brothers Provision Company	59-1370103	0.41%	\$0.00
Business Actualization, LLC	45-4532131	0.00%	\$6,146.55
Busk & Associates	65-0010642	0.02%	\$25,739.63
Bykowski Equipment Co.	95-2817380	1.84%	\$3,112,297.71

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
BYS, Inc.	59-2224469	0.03%	\$116,326.52
Byte Consulting, Inc.	52-2286553	0.03%	\$123,295.90
C & P Automation, Inc.	54-2062984	0.06%	\$100,266.05
C.J. Henley, D.M. D. PA	47-4550082	0.06%	\$129,519.41
C1 Partners	27-5110354	0.09%	\$211,760.49
C4 Advanced Tactical Systems	87-0736523	1.24%	\$2,915,837.10
C4 Architecture, LLC	20-3485443	0.39%	\$771,640.10
Cabinet Essential of Chicago	20-5334463	0.00%	\$692.76
California Pipeline Inspection	47-3211297	0.17%	\$556,013.33
Call Management Products, Inc.	84-1088445	0.13%	\$1,958,379.45
Calvert Holdings, LLC	27-2229716	1.29%	\$3,506,430.44
Camberwell Apartments	52-1660946	0.01%	\$21,447.39
Cambia Information Group LLC	90-0147959	0.13%	\$2,180,042.63
Cameo, Wealth & Creative Management	20-8031671	0.00%	\$88,547.33
Cantium Management LLC	81-5200854	8.19%	\$20,525,981.45
Capital Claims Management, LLC	46-4161533	0.18%	\$318,713.79
Capital Real Estate, LLC	90-0285280	0.01%	\$0.00
Capital Realty Advisors, Inc.	65-0192168	0.10%	\$1,144,160.22
Capri Isles Golf, Inc	59-1380785	0.07%	\$1,439,883.37
Cardax Pharma, Inc.	46-2790734	0.09%	\$1,213,154.22
Carewave, Inc	56-2349464	0.03%	\$180,235.90
Caridad Center Inc.	65-0149423	0.01%	\$0.00
Carleton Energy Consulting	46-0589300	0.08%	\$342,666.81

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Carlisle Property Management	65-0712618	0.01%	\$293,879.81
Carlyle Jupiter Island	65-0840198	0.03%	\$222,782.94
Carnegie Hill Properties, LLC	74-3214548	0.01%	\$562,229.61
Carnie P. Bragg Funeral Homes	22-1971690	0.02%	\$53,572.55
Carras Services, LLC	27-2188539	0.01%	\$143,000.39
Carts of Colorado, Inc.	84-0970915	2.86%	\$5,853,258.88
Casual Living Ltd	75-2467445	0.00%	\$2,051.00
Cattle Dog Coffee Roasters, Inc.	26-1542839	0.01%	\$51,501.48
CBHS IPA, PA	47-1254788	0.07%	\$125,203.94
CCDI, Inc.	59-3661949	0.08%	\$566,999.93
Cebert Wealth	46-5291738	0.02%	\$157,762.43
Cedarlane Natural Foods, Inc.	94-4458950	0.00%	\$1,404.45
Center for Independent Living	59-2288751	0.05%	\$80,267.83
Centra Healthcare Solutions	26-4282042	0.21%	\$998,392.67
Central Alabama Research, Inc.	71-0945933	0.00%	\$772.59
Central Carolina Power Equip.	56-2278514	0.08%	\$131,009.92
Central Communications Network	59-3087065	0.00%	\$121,887.03
Central Engineering Supply Co.	75-0181620	0.01%	\$749,456.52
Central Florida Window & Door	45-4220189	0.07%	\$529,110.61
CentralLink Corp.	95-4873856	0.01%	\$411,063.77
Centurion Miami Management LLC	85-0621823	0.03%	\$53,272.43
Century Cherry Lawn Pharmacy	13-4060815	0.00%	\$419,957.90
Cerapedics Inc.	20-8302692	2.52%	\$7,092,065.46

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Certus Psychiatry and Integrated Care	81-4615670	0.38%	\$580,076.70
Chapman Smidt Hardware	74-1912977	0.00%	\$58,972.93
Charles E. Brown, III, DDS	20-1272605	0.15%	\$626,683.14
Charlotte Sheet Metal, LLC	86-3043052	0.00%	\$4,554.41
Charter Software Inc.	84-1361133	0.00%	\$223,529.12
Chaucer America	20-8059086	0.23%	\$0.00
Chirisa DF LLC	82-3385591	0.06%	\$108,439.25
Chrome Capital Group LLC	46-3217646	0.00%	\$18,980.17
Chrome Collision, Inc	27-3852846	0.09%	\$166,913.43
Circle Property Management	65-1062623	0.20%	\$749,851.81
Circle Square Foundation	83-6900931	0.01%	\$17,624.04
Citizens Bank of Florida	59-0557762	0.73%	\$4,895,158.25
Citron Pharma, LLC	46-1733482	0.11%	\$702,046.21
CJ Horak Enterprises, Inc.	46-0735275	0.00%	\$12,777.53
CJ's Sales & Service of Ocala	59-2488285	0.00%	\$4,000.43
Clancy Learning LLC	20-5362183	0.00%	\$2,464.94
Clarke Construction Group, Inc	84-1709113	0.03%	\$385,872.13
Claudia M.P. Battle CFP ® LLC	82-2888122	0.07%	\$142,377.29
Claws, Inc. dba Frameworks	65-0654361	0.02%	\$38,090.21
Clean Air Technologies - HVACR	65-0506464	0.00%	\$45,978.87
Clean Energy Solutions, Inc.	20-5409816	0.09%	\$409,605.24
CleanFUEL USA, Inc.	81-4054197	0.00%	\$131,130.11
Clearly Agile, LLC	83-3562722	0.17%	\$1,260,756.12

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Clifford B. Newton (Newton & Newton)	59-3548888	0.00%	\$126,645.45
Climate Systems, LLC	85-4430034	0.07%	\$120,926.02
Closeouts, Surplus & Salvage	22-3413052	0.12%	\$2,000,997.46
Clubside Apartment Homes	52-1873897	0.01%	\$9,301.55
ClubSpecialists International	26-4384651	0.00%	\$5,827.64
CN Infusion Resources, Inc.	26-2589064	0.00%	\$4,789.38
CN Motor Company, LLC	61-1917684	0.04%	\$744,032.10
Coastal HVAC Supply	26-2634002	0.36%	\$1,502,383.73
Coastal Neurology, Inc.	59-3609982	0.09%	\$961,236.56
Coastal Protection, Inc.	47-3607836	0.00%	\$24,794.19
Cochran Consulting, Inc	75-2118274	0.02%	\$676,126.78
Coil Processors LLC	83-3337332	0.02%	\$179,444.69
Collier Materials, LLC	74-3003840	0.04%	\$0.00
Collin County Urology	75-1531693	0.00%	\$13,253.51
Colorado Gulf Packaging, Inc.	74-2779972	0.00%	\$359,243.41
Colorado Lending Source, Ltd.	84-1171311	0.55%	\$0.00
Coloron Plastics Corporation	22-2270194	0.08%	\$1,824,928.26
Commercial Construction & Main	47-0935496	0.00%	\$1,732.39
Commercial Wood Designs, Inc.	27-0087018	0.00%	\$8,303.08
Commerical Property Southwest	26-4245433	0.00%	\$18,324.77
Communication Construction Services	65-0767680	0.13%	\$1,015,280.34
Community Asset Management	76-0348337	0.00%	\$13,232.51
Community Foundation of Collie	59-2396243	0.67%	\$2,207,593.01

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Compensation Resources, Inc.	52-1668892	0.00%	\$1,759,440.25
Complete Communications Services	35-2560783	0.16%	\$430,911.69
Complete Urgent Healthcare, LLC	45-1600063	0.00%	\$14,930.05
Concrete Precast Products, Inc	27-5549047	0.04%	\$664,089.30
Concurrent, Inc.	26-2636279	0.00%	\$65,363.64
Co-nexus	37-1450529	0.04%	\$1,157,703.07
Confiant, Inc.	46-1749127	0.32%	\$0.00
Connections for Business	65-0024224	0.12%	\$557,007.09
Connectivity, LLC	56-2172131	0.06%	\$655,700.10
Construction Solutions, Inc	59-3333568	0.03%	\$586,667.78
Contemporary Design Company	83-2042033	0.01%	\$11,787.26
Contemporary Plastic Surgery	43-2011710	0.08%	\$984,296.77
Contract Leasing Corporation	22-3101115	1.26%	\$3,527,700.15
Control Communications, Inc.	65-0602414	0.00%	\$164.09
Control Systems Inc	63-1236215	0.00%	\$3,646.21
Copperwood Asset Management LP	36-4735414	0.19%	\$312,101.98
CORE Realty Holdings Managemen	20-3213310	0.44%	\$1,476,645.14
Cornett Publishing Company Inc.	63-1173007	0.00%	\$2,043.84
Corporate Travel Consultants	26-0002670	0.37%	\$685,198.98
Cougar Oil, Inc.	63-0596053	0.00%	\$38.33
Coughlin Property Management	94-3297508	0.03%	\$398,207.18
Coulton Creek Capital LLC	61-1582378	0.10%	\$443,194.86
Council For Quality Growth	58-1664710	0.04%	\$422,169.22

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Cox Stationers & Printers	22-2428262	0.05%	\$1,087,533.25
CQ Fluency, Inc.	32-0102982	0.62%	\$1,104,068.71
Craft Electric, Inc	37-2042000	0.01%	\$58,030.82
Craftsman Collision (USA) Corp	47-1908444	0.00%	\$2,239.70
Creative Environmental Solutions	59-3226613	0.10%	\$633,566.15
Creative Illumination, Inc.	84-0523931	0.00%	\$759,239.86
Creative Leaning Systems, LLC	81-5084073	0.16%	\$1,606,329.26
Credit Bureau of Napa Count	94-1284710	0.03%	\$1,046,710.95
Creeta Resources, LLC	82-2855029	0.00%	\$317,087.83
Crest Builders, Inc.	37-1753278	0.05%	\$180,538.72
Crest Orthopedic Implants, LLC	84-3149321	0.05%	\$343,538.38
Crooms Fleet Services, Inc.	46-4545555	0.03%	\$131,000.28
Cross Keys Capital, LLC	30-0395843	0.20%	\$472,159.55
Crown Electrokinetics Corp.	47-5423944	0.07%	\$135,716.06
Cruise Expedition Company, LLC	83-3988084	0.00%	\$869.09
C-Serv Commercial Services	20-4887248	0.06%	\$325,118.68
CTD, Inc.	75-2502059	0.28%	\$788,109.30
CTNS Logistics, LLC	20-8924143	0.04%	\$166,730.82
Cuddle Barn, Inc.	45-3835604	0.06%	\$525,435.10
Cudjoe Sales	65-0899731	0.38%	\$447,609.71
Cummings Appraisal Group, Inc.	20-8640410	0.05%	\$474,517.03
Curbco, Inc.	65-0073113	0.00%	\$197,461.38
Custom Designed Security Systems	59-2128804	0.01%	\$43,686.83

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Custom Touch Engraving, LLC	82-3897455	0.06%	\$13,468.71
CZERO, Inc.	20-8175796	0.26%	\$456,110.12
D. Grover, Inc.	20-1594165	0.00%	\$395,536.60
D. Martin Plumbing, Inc.	65-0268567	0.05%	\$0.00
Dal Tech Service Group, Inc.	75-2275420	0.03%	\$60,316.04
Dallas Afterschool	76-0838983	0.04%	\$386,948.35
Dallas White Rock Marathon	75-1562942	0.06%	\$116,303.36
Dalmatian Fire Equipment	26-0316399	0.20%	\$561,092.86
Danford F&B, LLC	81-1091887	0.02%	\$1,087,592.26
Danico Medical	20-2213119	0.06%	\$121,284.35
Daniel C. Bush, DDS PLLC	74-1963414	0.00%	\$78,001.86
Datanet, Inc.	84-1533562	0.10%	\$1,145,332.31
David A. Kinser & Associates	59-3050614	0.02%	\$332,011.67
David E. Riggs (JHRA)	20-0989759	0.16%	\$966,449.55
Davidson Media Group, LLC	01-0803559	0.00%	\$30,264.70
Day Farms, Inc.	58-2069467	0.12%	\$1,896,638.73
DBE Utility Services	20-1331070	0.31%	\$567,583.17
DDJF, Inc.	82-2099795	0.04%	\$68,650.96
Deaver Industries Inc	63-0936142	0.00%	\$4,311.58
Decatur Hardware Supply, Inc.	58-1911284	0.29%	\$517,983.68
DefenseWerx, Inc.	46-0684933	1.24%	\$1,822,557.13
Delaplane Plumbing Inc.	02-0757328	0.25%	\$470,263.91
Delta G. Consulting Engineers,	65-0361739	0.10%	\$2,220,403.43

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Delta Light (USA) LLC	56-2516720	0.33%	\$546,145.86
Delwin Realty	51-2246622	0.00%	\$78,513.87
Dennie Miller Plumbing, Inc.	65-0667969	0.00%	\$423.16
Derrick Kinney	45-7654730	0.00%	\$119,168.27
DHL Analytical, Inc.	74-3868852	0.03%	\$105,371.69
Digital Fusion LLC	27-0474198	0.00%	\$93,912.55
Dinesh Khanna, MD LLC	59-3538029	0.83%	\$2,689,443.88
Direct Mail Impressions, Inc.	87-3737078	0.04%	\$982,211.76
Discount Two Way Radio Corporation	95-4890200	0.01%	\$208,575.15
Diverse Charter Schools Coalition	45-2849094	0.13%	\$460,113.38
Dividends, Inc.	46-3953631	0.24%	\$405,108.96
DME Shoppe-Fort Myers, Inc.	36-3500976	0.00%	\$241,690.26
Dobler Consulting Services LLC	45-2894247	0.19%	\$214,150.57
DocuPhase, LLC	85-0968460	0.18%	\$878,816.16
Dodd Enterprises	59-2242307	0.01%	\$321,876.10
Double Ace Cargo	65-0884189	0.00%	\$6,706.05
Douglas Psychotherapy LCSW	27-1620688	0.23%	\$457,531.21
Dovetail-Wood Traditions, Inc	20-1563175	0.00%	\$5,968.96
Drink Recess, Inc.	83-1822233	0.18%	\$326,597.63
Duffy Air Systems, Inc	65-0488079	0.03%	\$1,138,095.85
Dune Entertainment Partners	46-3754540	0.00%	\$36,368.47
E & W Tool and Supply, Inc.	83-0524495	0.20%	\$1,214,122.77
Eagle Fire Protection	59-2621955	0.14%	\$333,065.16

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Eating Disorder Solutions of Texas	83-2139457	0.02%	\$15,358.85
Ec2 Software Solutions, LLC	26-2512409	3.49%	\$6,519,577.10
Eccolo Ltd	11-3585705	1.31%	\$26,983.58
eCIFM Solutions, Inc	94-3372989	0.05%	\$83,239.29
Ed Schlitt LC	65-0881989	0.00%	\$30,450.37
Edgewater Beach Resort Managem	59-2369578	2.02%	\$3,101,179.58
Edwards & Mims Insurance Agency	57-0407578	0.01%	\$268,565.02
EGH Painting, LLC	82-4967816	0.02%	\$628,691.99
ehs International Inc.	27-3972378	0.00%	\$238.43
El Capitan Sports Center, Inc.	59-1526084	0.01%	\$212,115.49
ElderAuto, Inc.	43-2060222	0.04%	\$135,468.37
Elegran, LLC	26-1876585	0.07%	\$137,327.54
Element22, LLC	27-1086057	0.13%	\$596,554.85
Elite Management Group LLC	35-2614867	0.00%	\$8,717.25
Elite Property Research, LLC	46-4454878	0.06%	\$463,586.08
Elixinol, LLC	47-2510704	0.10%	\$382,604.55
Emma Jewel Charter School, Inc	27-4427509	0.04%	\$306,064.61
EMU Health Services	81-1789833	0.02%	\$0.00
EMUSC, LLC	81-3077386	0.01%	\$0.00
enBio, Corp.	26-3530484	0.06%	\$747,998.73
Engineered Tax Services, Inc.	20-5936724	0.58%	\$2,444,313.65
Enoch Enterprises of Central TX	45-4774409	0.04%	\$50,815.10
Enoch Enterprises, LP	74-3040650	0.97%	\$1,694,210.33

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Enviro-Ag Engineering, Inc.	75-2489308	0.13%	\$3,653,147.64
Environmental BioTech Internat	20-8233871	0.02%	\$172,044.82
Environmental Risk Management	65-0922629	0.20%	\$476,805.80
Envision Creative Group Inc.	06-1685300	0.01%	\$71,979.29
EPC Energy Services, LLC	46-3208960	0.00%	\$471,119.57
Epoch Properties	59-1308295	0.43%	\$1,909,444.17
Ergotronix, Inc.	81-0885973	0.05%	\$376,453.30
Ericsons Bicycles Inc.	75-1796806	0.07%	\$3,187,467.26
Escalera Resources Co.	83-0214692	0.00%	\$291,225.90
Ethosoft, Inc.	20-2913165	0.06%	\$480,712.28
ETI Financial Corporation	59-2611508	0.26%	\$908,878.02
eventPower	54-1813925	99.35%	\$2,708,173.43
Everything for Offices	84-1087408	0.04%	\$1,333,938.74
Evidence IQ, Inc.	85-2507110	0.05%	\$73,724.21
Excentium, Inc.	20-5872493	0.98%	\$1,729,323.90
F & J Specialty Products, Inc.	59-1937255	0.14%	\$1,337,656.30
F&F Environmental, Inc	59-3514368	0.00%	\$49,227.79
Fabworx Solutions, Inc.	43-1972448	0.20%	\$2,261,475.93
FADSD II, Inc.	82-1937680	0.01%	\$16,955.25
Fast Furniture Repair LLC	46-2210880	0.14%	\$535,051.53
Federal Engineering & Testing	80-0831583	0.13%	\$643,692.78
Feer, Inc.	59-3391964	0.11%	\$542,100.00
Fern Insulators, Inc.	59-3421276	0.32%	\$595,000.64

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
FIBA	59-1921450	0.48%	\$981,716.68
Fiberlite Umbrellas, Inc.	65-0184256	0.02%	\$0.00
Fickling & Company, Inc.	58-2080190	0.10%	\$3,504,713.20
Filan & Conner Plumbing, LLC	20-0945551	0.02%	\$151,700.24
FIMAC Solutions, LLC	20-2102782	0.00%	\$34,797.04
Firefly Autism	30-0199263	0.07%	\$360,467.82
Firmin Printing & Office Equip	75-1324383	0.00%	\$9,039.64
First Lone Star Pharmacy Group	27-1882472	0.02%	\$188,932.28
Fischer Hardware Inc	76-0291076	0.00%	\$837.33
Five Star Lumber Inc.	63-1237880	0.00%	\$181.84
Fix Auto Lemon Grove, Inc.	47-5236490	0.09%	\$126,094.88
Flatirons Field Services, LLC	46-0828556	0.61%	\$3,127,851.16
Fleet Lease Disposal, Inc.	59-1951844	0.32%	\$3,668,770.38
FlexGen Power Systems	47-4542499	0.91%	\$1,365,493.49
FlexXray, LLC	90-0282287	0.02%	\$32,768.13
Flickerbox, Inc.	94-3327853	1.25%	\$2,378,168.61
Florida Acquisition & Appraisal	59-3331947	0.09%	\$740,520.70
Florida Breaker	65-0402243	0.01%	\$704,889.83
Florida Communication Contract	82-2795003	0.03%	\$69,852.57
Florida Gulf Coast Vacation Homes	45-1257505	0.02%	\$474,600.17
Florida Transport Service, Inc	59-1551645	0.03%	\$312,177.27
Flower Mound Dermatology	11-3691473	0.00%	\$55,193.83
Flyway Access	20-8444604	0.00%	\$2,300.35

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Forest Lake Estates Co-op, Inc	59-3172338	0.00%	\$96,104.18
Forma-Kool Manufacturing, Inc.	38-2324437	0.01%	\$333,790.94
Forte Interactive, Inc.	65-0947453	0.00%	\$404,957.23
Fossil Creek Dental Partners	20-0468655	0.00%	\$2,060.97
Francis R. Morse, PA	59-2682160	0.00%	\$42,771.02
Freeman Orthodontics, P.A.	55-0881045	0.04%	\$938,383.65
Frontline Property Management	75-2692726	0.18%	\$574,890.91
Frost Creek	47-3298026	0.00%	\$12,204.10
FSB Associates, LLC	22-3720302	0.00%	\$675,867.58
Fuerst Day Lawson, Inc.	98-0379592	0.13%	\$261,802.03
Full Circle Insights, Inc.	36-4795746	0.49%	\$845,445.28
Full Throttle Direct Mail, LLC	81-4106845	0.04%	\$81,994.64
Fulton Consulting Engineers	83-4466074	0.15%	\$246,276.09
Funderburk Electrical Services	26-4489977	0.03%	\$611,460.52
Fuse Specialty Appliances, LLC	83-2852680	0.17%	\$320,135.92
Futurum Inc.	74-2783501	0.24%	\$1,261,653.33
G & S Sales, Inc.	75-2197738	0.05%	\$1,322,074.32
G5 Tek Solutions LLC	26-3951647	0.83%	\$1,398,789.47
GAB Endoscopy Center, Ltd.	54-2095652	0.04%	\$480,468.60
Galbraith PLLC	82-3295947	0.26%	\$692,774.96
GA-MA & Associates, Inc.	59-1636454	0.06%	\$382,044.46
Gatorland Kubota Equipment Company	47-1805614	0.01%	\$112,341.21
Geier's Choice Meats	59-2130086	0.00%	\$586,828.71

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Geltrude & Company, LLC	22-3363665	0.57%	\$2,628,246.34
Gene Love Contracting, Inc.	57-1043571	0.00%	\$12,121.48
George Beddie	55-6528633	0.01%	\$76,996.33
George Kostakis, P.A.	59-2916508	0.01%	\$217,504.39
Get Spiffy, Inc.	46-5010147	0.83%	\$1,443,550.13
Gildenson Real Estate, LLC	83-2592655	0.08%	\$157,262.32
Gilmore Moving & Storage, Inc.	59-0948405	0.92%	\$1,726,952.72
GJ Endeavors Inc	86-1090999	0.00%	\$12,988.19
Global Fueling Systems, Inc	84-3203225	1.39%	\$2,602,301.33
Global Genes	26-3331487	0.07%	\$103,281.85
GNJ Associates, Inc.	20-3603113	0.07%	\$1,759,966.52
Golf Cars of Houston LP	83-0395516	0.04%	\$112,726.37
GolfTec Boulder	45-3267473	0.08%	\$85,598.39
Gonzer Administrative, LLC	20-8073865	0.07%	\$1,585,707.82
Gooding's Supermarket, Inc.	59-1292169	0.00%	\$1,090,180.34
Gotchosen, Inc.	45-2386858	0.00%	\$5,360.95
Grace Digital, Inc.	26-0790604	1.57%	\$3,039,872.18
Granada	27-1629955	0.04%	\$47,153.22
Granite Management Group, Inc.	82-0716535	0.03%	\$132,483.27
Grapevine Relief and Community	75-2195702	0.55%	\$941,083.91
Graphix Solutions of America	11-3657567	0.00%	\$82,950.00
Graves Fabricating, Inc	63-1266493	0.00%	\$52.93
Great Heights, Inc	32-0598579	0.00%	\$4,820.49

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Great Hills Golf Club of Austin	74-2373759	0.28%	\$1,461,452.58
Great Job Spot, Inc.	59-3714664	0.02%	\$417,091.41
Great Western Leasing and Sale	87-0561536	0.57%	\$980,087.87
GreatAuPair, LLC	94-3407085	0.00%	\$58,176.71
Greater Erie Surgery Center	20-8251988	0.00%	\$108,335.24
Green Guard Services, Inc.	46-2843587	0.01%	\$31,921.77
Green Thumb Palm Beach	82-3468349	0.17%	\$534,906.89
Greenberg, Walden & Grossman,	22-1890508	0.00%	\$284,789.17
Greenco Manufacturing Corp.	38-2348484	0.06%	\$250,629.48
Greystone Golf & Country Club	63-1032330	0.00%	\$2,706.26
GTG Automation	20-8397990	0.00%	\$46,479.33
GTMN Partners, LLC	20-2955144	0.06%	\$154,382.96
Gulf Coast Plumbing Partners,	84-1771191	0.00%	\$1,867.26
Gulf South Forest Products	65-0002925	1.08%	\$2,053,361.02
Gulftech Fire Protection, Inc.	46-0817329	0.01%	\$19,395.27
H.K. Metalcraft Manufacturing	13-1805127	0.16%	\$4,178,119.63
Hampton Inn	65-0794455	0.09%	\$408,747.08
Hampton Inn	65-0851368	0.09%	\$295,764.91
Hampton Inn - City Center	59-3639110	0.00%	\$14,428.04
Hampton Inn - Grove Hotel	65-0502465	0.04%	\$98,704.32
Hampton Inn & Suites	26-1689696	0.14%	\$1,110,963.62
Hancock Mortgage Partners, LLC	26-4461592	0.57%	\$0.09
Harlow Tank Services, LLC	84-4435071	0.02%	\$985,649.42

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Harvest Sensations, LLC	06-1612238	0.94%	\$1,648,725.46
Hauk Custom Pools, LLC	75-2964632	0.09%	\$491,904.07
Hawk Island Leasing, LLC	26-2353794	0.02%	\$212,976.41
Haworth, Barber & Gerstman	27-2346719	0.06%	\$1,404,560.05
Heafey Bentley Mgt	86-1112261	0.03%	\$182,715.77
Health Care Subrogation Group	20-8188236	0.39%	\$559,893.82
Health Tech Receivables Management	27-4293046	0.00%	\$2,614.40
HealthTech, Inc.	27-1526464	0.00%	\$17.67
Helios Data, Inc.	82-3673278	0.05%	\$428,858.73
Heron Creek Associates, LTD	65-0870275	0.02%	\$337,235.79
Hertog Foundation, Inc.	26-2002295	0.16%	\$890,774.34
HF Foods Group, Inc.	81-2717873	0.50%	\$1,297,030.20
HiConversion Inc.	87-1566357	0.04%	\$57,736.73
Highline Storage Partners, LLC	84-3049297	0.00%	\$44.77
Hinton and Bailey, LLP	74-1958382	0.00%	\$12,251.83
Historical Society of Martin County	59-0913326	0.05%	\$106,370.50
Hoffer Pest Solutions, Inc.	46-4025686	0.11%	\$404,065.02
Hold Thyssen Inc.	59-3077038	0.11%	\$363,985.13
Holden Energy Transport, LLC	47-2655234	0.00%	\$243.89
Hole in the Wall Drywall Repair	46-5137416	0.02%	\$58,781.47
Holiday Inn Crestview	22-1727665	0.00%	\$239,050.55
Holliday Karatinos Law Firm	87-0778702	0.03%	\$1,086,639.43
Homeowners of Port Charlotte Village	59-2283369	0.00%	\$5,008.22

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Horizon Italian Tile	75-2633490	0.00%	\$79,754.28
Horticultural Arts & Park Institute	59-3378866	0.01%	\$14,161.69
Hospital & Healthcare Compensation Services	22-2326784	0.04%	\$574,457.21
Hosted America LLC	90-0835482	0.00%	\$7,850.48
HRM Resources III, LLC	82-2518769	0.12%	\$722,875.77
HSD USA, Inc.	52-2299080	0.04%	\$541,507.60
HTLC Ventures Inc.	59-3731484	0.05%	\$479,494.05
Humane Society Of Manatee County	59-1819652	0.01%	\$596,545.39
Hurley Corp.	51-0425920	0.02%	\$270,479.31
Hydro-E-Lectric	04-3157845	0.01%	\$0.00
I Squared Capital Advisors	41-2281782	0.00%	\$12,812.14
iCan Benefit Group LLC	20-2395888	0.05%	\$232,563.71
ID90T, Inc.	27-1240815	0.76%	\$1,380,353.23
Idatix Corporation	59-3641278	0.00%	\$139,162.78
ifb Americas, Inc.	20-4746772	1.14%	\$2,059,429.01
I-Log, LLC	20-3683553	0.01%	\$109,815.70
Image 360 Arlington	75-2674909	0.01%	\$239,425.07
Imperial Fire Protection, Inc.	13-4228875	0.01%	\$57,210.75
Impressions in Wood, Inc.	76-0356904	0.12%	\$1,535,645.38
IMS-Meritus, LLC	85-3923847	0.05%	\$93,909.53
Independent Medical Associates	20-4082856	0.10%	\$2,961,723.44
Indital US Limited	76-0440628	0.18%	\$1,916,683.04
Infusion Treatment Centers	84-1287146	0.11%	\$559,472.10

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Innovative Base Technologies	26-3049628	0.00%	\$749.09
Innovative Marketing & Distribution	65-0865124	0.14%	\$403,266.78
Insight News & Features, Inc.	81-0567662	0.00%	\$8,705.73
Insight Wealth Partners, LLC	27-2626130	0.02%	\$0.00
Insula Apartment Management, LLC	46-4392403	0.00%	\$114,794.82
Integra Realty Resources Holdings	46-4986806	0.00%	\$153,720.44
Integrated Fresh Solutions	20-4351996	1.74%	\$2,587,972.48
Integrated Premise Technology	59-3341649	0.05%	\$193,488.68
Integrated Support Services	54-2117810	0.19%	\$2,773,670.48
Intermark Management Corp	57-0836340	0.14%	\$2,291,091.89
International Medical Management	45-4786965	0.00%	\$1,483.51
iNX Building Maintenance Solutions	05-0522919	0.03%	\$97,472.76
Island Real Estate Associates	65-0521356	0.03%	\$59,472.48
J. Cauley & Associates, LLC	45-1662045	0.03%	\$311,223.49
J. Meyers Custom Builder Inc.	59-3524628	0.00%	\$83,450.71
Jaeger Spindles North America	36-4796417	0.01%	\$8,895.11
James E. Lang, MD, PA	65-0642257	0.16%	\$444,665.30
James P. Nolan and Associates	20-1894028	0.02%	\$234,170.31
Janet H. & C. Harry Knowles Foundation	01-0485964	0.57%	\$3,779,745.01
Jason Pozner, M.D., P.A.	65-0964784	0.12%	\$361,300.22
JC's British & 4x4, Inc.	20-2171226	0.13%	\$244,550.72
JDEtips, Inc.	81-4630165	0.01%	\$42,121.49
Jeff Montgomery Associates	59-2366512	0.02%	\$308,552.18

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Jeffrey D. Rettig, D.O., P.A.	74-2505637	0.00%	\$62,358.97
Jessica V. Shellard, CPA, LLC	26-1227430	0.01%	\$285,452.65
Jill V. Hickey, DPM, PA	59-3678720	0.02%	\$345,899.91
Jimco Sales & Manufacturing	75-1292034	0.49%	\$1,572,297.50
JMDG Architecture, Inc.	83-1572620	0.04%	\$111,585.14
Jobs for Florida's Graduates	59-3580979	0.03%	\$178,693.00
John A. Tucker, M.D., P.A.	63-0994137	0.00%	\$39,618.46
John Atencio Goldsmith, Ltd.	84-0793672	0.02%	\$976,737.32
John Cannon Homes, Inc.	65-0773295	0.30%	\$3,255,330.23
Joseph Giannone Plumbing, Heating & Air Conditioning	26-2338402	0.10%	\$165,628.38
Jouffre, Inc.	52-2325032	0.28%	\$451,709.64
Joyce Homes, Inc.	84-1150610	0.00%	\$56,679.87
JPI Healthcare Solutions Inc.	27-1886374	0.04%	\$624,673.07
Judi's House	84-1600797	0.25%	\$1,553,301.74
Juice Beauty, Inc.	94-3380263	0.13%	\$1,815,008.12
Juniper Residential Management	45-1349594	0.33%	\$1,421,782.17
Juventio, LLC	80-0883342	0.00%	\$270,832.38
Kahn Properties, Inc.	57-0871207	0.02%	\$1,213,034.10
Kapp Morrison, LLP	81-2894063	0.08%	\$695,932.70
Karats & Carats of Maitland	59-2694065	0.02%	\$861,246.14
Karlville Development, LLC	65-0989770	0.01%	\$59,259.46
Katz House of Color, Inc.	82-3583056	0.00%	\$1,450.08
Kenworth of South Florida	20-4562303	0.22%	\$7,849.00

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Key Hotel Group, LLC	46-1409914	0.08%	\$1,029,709.74
Keys Insurance Services, Inc.	13-4259726	0.10%	\$479,314.64
Keys-Caldwell, Inc.	59-1863831	0.00%	\$11,246.18
Kidds Quality Cleaning	20-1942423	0.00%	\$120,127.98
Kids House of Seminole, Inc.	59-3415005	0.03%	\$196,734.62
Kilbourne Heating & Air Condit	59-2842891	0.01%	\$162,761.68
Kimbrough Fire Extinguisher Co	75-2018729	0.00%	\$822,969.81
Kings Point in Tamarac, Inc.	59-2363040	0.04%	\$254,532.04
Kinser Construction Company	73-0732015	0.00%	\$66,016.52
Kirby Restaurant Supply Company	75-1907197	0.13%	\$2,750,787.59
Klapprodt Pools I Ltd	56-2613200	0.13%	\$829,973.04
Kleen Products, Inc.	73-0744170	0.01%	\$164,316.46
KLEO, Inc.	27-0308480	0.16%	\$245,266.48
Knoema Corporation	45-2478559	0.11%	\$192,628.05
KPS Alarms, Inc.	01-0580133	0.05%	\$94,556.92
KPS Fire Sprinklers, Inc.	27-3402016	0.02%	\$31,318.00
KR Aesthetics, LLC	84-2880491	0.01%	\$13,967.38
Krazy Kat Sportswear, LLC	22-3480562	0.56%	\$565,771.73
Kristin M. Jackson, LLC	83-1677882	0.02%	\$73,671.24
KS Services/Call KS, LLC	85-3988156	0.00%	\$154.86
KS2 Technologies, Inc.	75-2453972	0.69%	\$4,846,030.90
Lacy and Barrett LLC	47-4191964	0.00%	\$59,986.53
Lake Worth Christian School Society	59-0855397	0.46%	\$957,570.02

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Lakes of Delray, Inc	59-2596584	0.04%	\$525,438.56
Lakeside Family Dentistry	20-8243635	0.14%	\$711,187.59
Lamotte Builders	57-0724098	0.00%	\$154,478.43
LAN Infotech, LLC	80-0392071	0.07%	\$682,754.29
Landmark Contracting, Inc.	59-2282672	0.04%	\$74,975.09
LandQwest Commerical LLC	20-2555957	0.04%	\$71,860.19
LandQwest Property Management	20-4638956	0.06%	\$101,767.20
Landreth Lighting, Inc	26-3850392	0.37%	\$1,179,458.35
Landscape Remedies, Inc	59-3598747	0.00%	\$1,165.19
Lane Electronics and Alarm Systems	59-2907302	0.04%	\$90,476.34
Lanier Education and Research	75-2076531	0.05%	\$373,628.92
Lanphear Tool Works, Inc.	05-0548400	0.00%	\$3,880.55
Laser Pegs Ventures LLC	27-3356323	0.00%	\$87,768.55
Laser Scientific, LLC	83-0389053	0.14%	\$999,554.75
Laura Devine Attorneys, LLC	26-0213205	0.00%	\$347,764.98
Law Offices of Langley & Chang	46-5365600	0.00%	\$54,486.59
Lawn Pro Maintenance Inc.	59-3648783	0.00%	\$22,348.09
Lawrence Lowy Associates	13-3779161	0.27%	\$3,469,369.53
Lead Resort Management, LLC	84-2887987	0.84%	\$2,652,193.62
Lee Architects/Interior Design	84-0795654	0.08%	\$1,931,940.28
Lee County Housing Development	65-0295038	0.01%	\$29,924.91
Legend Asset Management II LLC	26-4482560	0.00%	\$9,465.68
LevaData, Inc.	46-4058889	0.28%	\$924,902.13

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Level Four Orthotics & Prosthetics	83-0359603	0.06%	\$525,250.82
Levenger Company	65-0220430	0.23%	\$5,113,198.53
Levine Contract Furniture Group	13-3861834	0.04%	\$464,631.98
LG Networks, Inc.	27-3982432	0.03%	\$95,384.90
Lidochem, Inc.	22-2354639	0.31%	\$3,496,297.83
Life's Abundance, Inc.	46-5246499	0.06%	\$555,273.56
Lifestyle Management	63-1221672	0.00%	\$2,711.57
Lighthouse Jewelry UTC, LLC	61-1741765	0.07%	\$113,281.31
Lingo, Inc.	59-3233818	0.02%	\$174,119.84
Lingoport, Inc.	84-1586079	0.15%	\$1,112,854.84
Linksters Management, LLC	26-1403283	0.22%	\$2,895,640.42
Linque Management Company Inc.	11-3050659	0.23%	\$7.54
LinRene Furniture, Inc.	56-1898671	0.00%	\$66,449.53
Lint out of SW FL, Inc.	47-4561333	0.03%	\$111,207.40
Littlestone Management	51-0630065	0.02%	\$138,486.86
Live Building Systems, LLC	81-1970661	0.02%	\$83,978.66
LliBott Consultorios Medicos	47-4324790	0.02%	\$0.00
Loan Science, LLC	26-3696826	0.00%	\$7,485.07
Local Ad Face, LLC	47-4088705	0.01%	\$13,526.80
Locklear & Associates Professional Corporation	45-5224708	0.00%	\$68,295.92
Lone Star Pediatrics	54-2115447	0.00%	\$55,526.49
Long Island Animal Emergency	47-3101386	0.05%	\$84,088.90
Longhorn Tube, LLC	20-3363405	0.00%	\$2,551.86

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Los Angeles Produce Fresh	82-3415567	0.02%	\$29,377.02
Louisiana Community Health Center	35-2681604	0.01%	\$5,923.15
Lowery & Associates Land Surveying	26-1893064	0.03%	\$128,344.29
Lucky's Tattoo & Medical Supplies	59-3654931	0.01%	\$286,548.38
Lumuina Employment Corp.	82-3897534	0.06%	\$112,832.34
Lux-Art Silks International	65-0950055	0.08%	\$727,164.41
M & J Plumbing Contractors	58-1999558	0.00%	\$267,119.67
M & S Steel, Inc.	58-1705022	0.02%	\$797,918.53
M.C. Miller Co., Inc.	22-1777475	0.26%	\$1,101,085.33
Maccio Enterprises, LLC	82-1199589	0.06%	\$386,003.41
Mackel Arthur Carter Enterpris	27-2045135	0.05%	\$250,667.64
Madern USA, Inc.	20-4039228	0.25%	\$5,454,754.73
Main Mechanical Service, Inc.	59-2327199	0.01%	\$10,216.00
Malin-Diaz Irrigation	59-3646033	0.01%	\$91,863.79
Manda Machine Co. Inc.	75-1231525	0.20%	\$2,505,478.75
Mango Bottling, Inc.	59-3132873	0.02%	\$456,966.89
MAR Medical Consultants PA	65-1132238	0.00%	\$2,797.63
Marine Mammal Care Center Los Angeles	47-5249182	0.00%	\$7,548.35
Mario Almeida, M.D. P.A.	65-0310039	0.04%	\$565,583.93
Mark Bond & Company, Inc.	75-2174264	0.02%	\$664,631.59
Mark L Meyer MD PLLC	55-0869609	0.02%	\$423,806.06
Master The Possibilities, Inc.	46-2693153	0.00%	\$24,190.72
Masterword Services, Inc.	76-0393601	0.79%	\$1,327,603.88

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Matthews Design Group	20-2968948	0.51%	\$2,601,085.89
Maui Wowi	41-2040884	0.00%	\$74,853.80
May Sands Montessori School	65-0798013	0.02%	\$339,858.25
Mayacoo Lakes II Club Inc.	27-0501192	0.01%	\$3,385.27
Mazzola Oil Service, Inc.	20-4138659	0.06%	\$573,499.05
MB&R Engineering, Inc.	58-2486929	0.00%	\$185,817.12
McHenry Consulting Inc.	81-0563681	0.18%	\$2,268,137.71
Mealey Group, Inc.	65-1043421	2.20%	\$6,274,383.45
Mebrom LLC	84-4635270	0.06%	\$351,545.26
Meco Miami Inc.	81-0611440	0.01%	\$0.00
Medical Laboratory Diagnostics	22-2768584	0.00%	\$344,001.27
MediSYS	63-1016068	0.00%	\$1,744.83
Medovent Solutions	83-4559217	0.07%	\$116,609.10
Medplex Outpatient Surgery Center	76-0353620	0.26%	\$912,936.70
MedQIA, LLC dba MedQIA Imaging	20-5787819	0.18%	\$1,733,432.36
MedSafety Solutions LLC	46-4783944	0.29%	\$1,443,039.85
Medworks Management, LLC	27-2243293	0.00%	\$5,551.20
Melissa Shoes	26-1830997	0.01%	\$280,973.44
Meritus Corp.	20-5355432	0.00%	\$7,109.53
Merlin IT Support, Inc.	20-1250191	0.01%	\$202,427.15
Metropica Development, LLC	32-0417365	0.00%	\$83,511.13
Miami Transformers Corp.	65-0647554	0.01%	\$8,111.52
Miami Transformers Service and Repair	35-2301322	0.00%	\$4,329.34

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Micro Integration & Programming	73-1461043	0.18%	\$1,244,773.47
Mid-Florida Primary Care, P.A.	03-0374583	0.07%	\$2,190,975.41
Milano Brothers International	13-1044608	0.00%	\$374,474.17
Mispro Biotech Services Corpor	80-0568381	0.13%	\$808,897.11
MNT Travel Corp	83-3272281	0.05%	\$547,547.69
Mobile Comm, LLC	20-0045473	0.00%	\$327,617.61
Moczulski & Moczulski Properties	76-0633161	0.42%	\$2,120,780.53
ModCloth Holdings, LLC	84-3488131	0.12%	\$821,876.39
Modern Air Solutions, LLC	46-1813227	0.04%	\$221,103.01
Mohrmann Pharmacies	74-1727322	0.04%	\$191,514.44
Momentum Solar	27-1242539	1.87%	\$2,183,527.87
Montessori School of Downtown Clark	26-4033568	0.02%	\$30,321.12
Montessori School of Pearland	45-3623814	0.00%	\$1,113.83
Mortgage Consultants, Ltd.	75-2104203	0.00%	\$31,765.17
Mossland Farms, Inc.	58-2013632	0.00%	\$542,950.94
Moutainview Chem Dry	20-0620135	0.00%	\$130.44
MSA Annuity, LLC	51-0503284	0.05%	\$464,411.96
MSC Management, Inc.	30-0806717	0.08%	\$315,357.06
Mueller Law, PLLC	27-4651001	0.00%	\$175,522.36
Multipoint Communications, Inc	59-3633815	0.00%	\$1,868.42
Murphy, Miller & Baglieri, LLP	20-1689274	0.61%	\$5,735,749.27
Murrell, Inc.	59-2193650	0.06%	\$168,640.98
Mylan Park Foundation Inc.	55-0765182	0.00%	\$1,406.93

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
N & M Enterprises, Inc.	26-1302086	0.18%	\$323,005.06
National Envy Employee Leasing	81-3577240	0.00%	\$736.75
National Financial Companies	30-0623129	0.00%	\$2,084.59
Nationwide Marketing Group LLC	55-0817538	0.68%	\$0.00
Nauset Enterprises, Inc	59-3529402	0.00%	\$20,052.23
Navarre Lumber & Supply, Inc	59-2982397	0.00%	\$430,954.02
Navarre Properties, Inc.	72-1558574	0.01%	\$19,350.18
NBE National Bank Equipment, Inc.	01-0625789	0.03%	\$455,385.65
NetVU	75-2107124	0.15%	\$1,154,799.00
Network Republic, Inc.	27-0680164	0.00%	\$23,768.55
New Brunswick Cardiac Cath Lab	20-2419783	0.00%	\$291,705.35
New Capital, LLC	95-4546100	0.02%	\$29,089.71
New Deal Mercantile, Inc.	74-1757175	0.00%	\$184,104.92
New Millenium Smiles	58-2531858	0.04%	\$985,858.23
New Wide Industrial (USA) Co.	27-0865711	0.22%	\$1,376,553.55
Newco Warranty Services, Inc.	65-0898491	0.05%	\$2,701,654.76
Nexcor Food Safety Technologies	47-2383225	0.03%	\$351,775.72
nFusion Capital Finance, LLC	84-2775450	0.03%	\$47,810.27
Nickel Plate Properties & Management	26-2646032	0.09%	\$391,609.33
Nippon Concept America, LLC	99-0373678	0.02%	\$157,370.61
Niroc Consultants, Inc.	27-3237191	0.02%	\$455,049.15
NLTG, Inc	04-3147676	0.00%	\$18,510.71
Nomad Field Services, LLC	46-2296152	0.00%	\$28,576.14

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Norm's RV, Inc.	33-0783544	0.00%	\$5,711.84
North American Directory Services	85-3979810	0.02%	\$27,770.02
North Atlantic Painting Co	81-0678821	0.00%	\$20,873.51
North Collin County Habitat for Humanity	75-2443511	0.09%	\$260,608.70
North County Charter School	65-0865183	0.04%	\$537,788.95
Northwest Seafood, Inc.	59-3077199	0.01%	\$44,545.07
NPZ Law Group, P. C.	22-3241533	0.24%	\$2,619,907.89
NUMA, LLC	82-1022754	1.02%	\$1,953,417.09
Nutrakey	45-3688786	0.12%	\$833,152.20
Oakbrook Apartments	52-1737346	0.00%	\$17,175.53
Ocean Studies Charter School	27-0677326	0.00%	\$6,444.63
O'Donnell Dannwolf And Partner	56-2438333	0.10%	\$889,113.19
Office Furniture Now Inc.	81-1857489	0.01%	\$21,557.48
ONC Newark Club, LLC	20-5612517	0.00%	\$13,219.59
One Spirit Learning Alliance	27-0027902	0.02%	\$185,668.69
One World Inc.	58-2402938	0.25%	\$33,239.83
OneVision Resources, Inc.	81-4673303	0.36%	\$629,552.57
Open Education LLC	27-4450263	0.53%	\$3,273,748.68
Options Information Technology	20-3855394	0.47%	\$887,977.60
Orazul Energia Management LLC	81-4706450	0.00%	\$352,857.42
Orchid Island Golf & Beach Community Association Inc.	65-0194373	0.07%	\$740.18
Orion Payment Systems, Inc.	76-0629546	0.00%	\$206,908.13
Orlando Pediatric Pulmonary and Sleep Associates	32-0017907	2.32%	\$4,220,860.19

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Orlando Rentco, LLC	82-5504514	0.03%	\$53,881.10
Orthopedic Surgery Center of Clearwater	59-3594816	0.00%	\$194,015.29
Out of Home America, Inc.	06-1487435	0.33%	\$558,640.58
Outpatient Surgery Center	20-2047704	0.00%	\$274,646.10
Outrigger Energy, LLC	46-3634542	0.46%	\$2,431,599.02
OWA USA Corp	38-4078129	0.04%	\$206,544.84
Ozare Care, Inc.	65-1092691	0.01%	\$1,148,412.24
P2 Solutions	45-1571958	0.00%	\$21,127.53
Paca Foods LLC	27-4334780	0.00%	\$21,399.49
Paces MedEquip, LLC	26-1805301	0.01%	\$167,953.46
Pacesetters, Inc.	59-2387581	0.15%	\$965,018.40
Packard Capital, LLC	83-3660975	0.04%	\$121,240.87
Paladin Medical Group, P.A.	45-4024265	0.00%	\$78,532.83
Palatka Oaks Apartments	06-1819528	0.01%	\$39,945.16
Palmer Ranch Master Property Owners	59-2782438	0.02%	\$261,336.67
Paramount Power, Inc.	59-3386520	0.01%	\$6,018.84
Paris Presents Inc	36-2115043	1.17%	\$11,187,253.11
Parsley Construction	59-3007984	0.00%	\$248,963.08
Parthenon Medical Center	27-4083175	0.02%	\$238,678.14
Pathfinder Business Strategies	20-0635855	0.12%	\$412,708.99
Patti Froeber Comprehensive Dentist	41-1992469	0.04%	\$930,746.80
PBR Manufacturing, LLC	32-0110602	0.03%	\$0.00
Peake, Fowler & Associates, PA	57-1102076	0.02%	\$448,496.44

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Pediatric Care of Austin, P.A.	74-2809697	0.00%	\$115,310.64
Peebles Prosthetics, Inc.	84-1160766	0.44%	\$3,697,358.36
Peggy Adams Animal Rescue Leag	59-0637811	0.17%	\$943,951.99
Perfect Drive Golf Villas	20-4914871	0.00%	\$2,662.30
Performance Physical Therapy of Naples Inc.	06-1693930	0.37%	\$2,523,180.68
Perry & Co.	84-0614213	0.07%	\$316,318.74
Perry Baromedical Corporation	65-0314327	0.10%	\$947,685.74
Petit Worrel Craine Wolfe LLC	27-3424894	0.04%	\$1,611,774.44
Petros Services, LLC	80-0776392	0.40%	\$619,403.48
Pharmacy Development Services	16-1627653	0.80%	\$2,738,275.86
Phase Engineering, Inc.	75-2502360	0.10%	\$2,250,451.32
Philip A. Bates, P.A.	59-3467087	0.00%	\$5,070.13
Phoenix Data Security, Inc.	45-2211547	0.13%	\$1,539,575.84
PhoneSuite Unify	84-4275342	0.00%	\$929.18
Physicians Development Program	65-0134855	0.02%	\$133,758.63
Picsolve, Inc.	20-2191432	0.25%	\$642,627.51
Pilgrim Mortgage, LLC	30-0382471	1.00%	\$1,733,571.03
Pinnacle Companies	22-3693818	0.00%	\$5,328.55
Pinnacle Hotel Management, LLC	52-2051492	0.28%	\$2,765,438.89
Pirtek Jersey Village	49-4935774	0.00%	\$14,699.82
Pittman Industrial Marketing	63-1035249	0.00%	\$124.70
Pivot Point Security, Inc.	22-3752669	0.46%	\$1,682,901.60
Plan B Inc.	74-2893221	0.10%	\$329,477.28

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Playhut, Inc.	95-4373438	0.00%	\$9,255.64
PLS Productions	14-4407050	0.00%	\$827,081.30
Port A Pit, Inc.	59-2120599	0.00%	\$95,676.60
Port Orange Pediatrics PA	57-1230607	0.01%	\$255,417.86
Port Orange South Daytona Chamber of Commerce	59-2074508	0.01%	\$45,780.91
Powers Drive Animal Hospital	27-1247598	0.04%	\$288,648.42
Precipio, Inc.	91-1789357	0.14%	\$1,112,240.31
Precise Cable Inc.	84-1332801	0.21%	\$1,043,708.23
Precision Graphics, Inc.	04-3699405	0.00%	\$1,031.87
Precision Trading Corp.	59-1938903	0.00%	\$330,629.44
Preferred Composite Services	65-0665511	0.02%	\$0.00
Premier Care Homecare	20-4448771	0.00%	\$3,253.69
Premier Fabricating, LLC	47-2484379	0.00%	\$33,635.98
Preston Road Pharmacy, Inc.	75-1310085	0.28%	\$3,100,068.36
Primary Charter Schools, Inc.	59-3588811	0.00%	\$843.14
Princeco, Inc.	20-2014510	0.34%	\$2,582,760.06
PrintGlobe, LLC	83-2918087	0.24%	\$1,603,611.70
Proactive Technologies, Inc.	75-2710126	0.04%	\$941,357.17
Product Source International Datacom	22-3749078	0.21%	\$5,541,951.27
Professional Funeral Services	20-5730672	0.03%	\$106,712.69
Professional Management, Inc.	59-1725802	0.24%	\$901,324.82
Proficio	80-0655413	0.54%	\$2,644,318.08
Progressive Metal Finishers	63-1009487	0.00%	\$1,138.48

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Proscape Holdings, Inc.	20-2495327	0.10%	\$1,604,822.69
Providence Energy Corporation	75-2493397	1.48%	\$7,749,500.10
PSI Business Computers, Inc.	22-2821404	0.00%	\$4,022.33
Pulmonary Associates of St. Augustine	20-1395801	1.10%	\$1,834,893.39
Puradyn Filter Technologies	65-0125129	0.00%	\$137,480.17
Purely Elizabeth LLC	82-0839763	0.61%	\$1,145,029.67
PYA Alalytics, LLC	46-2482646	0.00%	\$51,938.51
QP3 Training Systems, Inc.	59-3646862	0.05%	\$806,997.85
Queue Software Inc.	47-1052622	0.01%	\$159,525.76
Quinn Foods, LLC	27-3540829	0.13%	\$252,785.19
Quist Valuation, Inc.	84-0952849	0.07%	\$792,915.67
Quorum Services, LLC	20-2148530	0.03%	\$293,281.41
R & R of Pensacola, LLC	81-1361197	0.00%	\$1,804.95
R.O.C.K., Ride On Center for Kids	74-2917659	0.04%	\$31,414.73
Rallyday Partners	84-1771488	0.09%	\$275,480.66
Ram Eye Care and Retina Center	30-0029956	0.03%	\$45,318.45
Ramsey Land Surveying	47-4396068	0.00%	\$63,839.35
Ray-Jurgen Co., LLC	83-0966193	0.01%	\$18,504.04
Raymark Mechanical, Inc.	76-0463618	0.03%	\$301,898.02
RDK Assets, Inc.	86-2038316	0.20%	\$356,029.12
REB Technologies, Inc.	75-2684918	0.12%	\$1,723,327.51
RedStick Golf Club	91-1941655	0.21%	\$1,759,806.65
RedWave Technology Group, LLC	27-3948187	0.00%	\$379.46

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Reinland Corp.	75-2358778	0.08%	\$573,579.20
Replications, Inc.	13-4075810	0.11%	\$181,086.38
Resource Materials, LLC	84-1857805	0.01%	\$0.00
ReviewPush, LLC	27-2113067	0.25%	\$413,744.58
RH Trust	27-5043888	0.02%	\$88,230.25
Rhodes & Brito Architects	59-3373968	0.20%	\$5,987,421.76
Richards Equipment, LLC	63-1286732	0.00%	\$49.96
Riggs Partners, Inc.	57-0980003	0.10%	\$3,462,950.65
Rising Pharmaceuticals	83-3859401	0.26%	\$1,028,947.40
Rival Downhole Tools	30-0144542	0.02%	\$0.00
Riverwood Community Association	65-0346024	0.00%	\$18,590.85
RN Borelli	94-2613728	0.00%	\$714,684.22
RNB Associates, Inc.	46-1924643	0.00%	\$20,387.92
Robert W. Payne, DDS	59-3510533	0.03%	\$310,395.24
Robrady, Inc.	83-2380247	0.09%	\$1,766,781.42
Roebuck & Associates, Inc.	59-3308136	0.45%	\$860,708.04
Roebuck Technologies, LLC	47-4304367	0.25%	\$514,066.17
Roma Industries LLC	13-4108320	0.12%	\$1,319,891.50
Ron Stanley & Son Plumbing, Inc.	75-2483900	0.04%	\$384,156.39
Rubinton & Associates PA	45-5051199	0.08%	\$210,471.44
S&P Management Services, Inc.	20-4521989	0.05%	\$659,020.99
SA 2010 LLC	20-4353069	0.05%	\$85,727.31
Sabal Palm Bank	20-5464849	1.73%	\$3,026,301.83

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Salon West of Largo Inc.	20-1376596	0.27%	\$1,300,183.89
Sanctuary Medical Aesthetic Center	47-4097445	0.01%	\$227,329.78
Sandstone Properties, Inc.	95-4511843	0.01%	\$0.00
Sanford Rent All Inc.	56-1331278	0.00%	\$7,194.03
Saritasa LLC	20-2842465	0.62%	\$1,077,462.55
Sassy Business Management, Inc	27-3356253	0.15%	\$384,251.73
Scandia Gear The Americas Corp	42-1777788	0.14%	\$253,983.67
Sciperio, Inc.	73-1528382	1.01%	\$3,051,881.32
Scott Fischer Enterprises LLC.	27-3903038	0.45%	\$6,198,032.66
Scott, Singleton, Fincher and Co PC	75-1830742	0.12%	\$1,710,179.26
Scripps Poway Orthodontics	26-0260283	0.02%	\$0.00
Sean Patrick Enterprises, Inc.	65-0740101	0.09%	\$1,582,904.69
Security Identification System	65-0503496	0.06%	\$0.00
Seibert and Son, Inc.	58-1293673	0.21%	\$840,130.75
Select Title Agency, Inc.	22-3146755	0.00%	\$125,539.72
Senator International Freight	65-0914038	0.16%	\$2,210,545.78
Sentinel Title	84-3526743	0.00%	\$219.92
SERVPRO of Champions	76-0499151	0.10%	\$827,068.41
Sescort, Inc.	13-3739542	0.00%	\$59,443.00
Shadow Wood Community Association	65-0811616	0.17%	\$1,136,206.45
Shear Express, Inc.	59-3025010	0.28%	\$1,486,805.37
Shipra Enterprises, LLC	76-0273670	0.23%	\$338,789.13
SIIA	52-1329859	0.16%	\$687,536.93

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Silva Markham Partners LLC	47-2546681	0.05%	\$0.00
SimpleShow USA Corp.	37-1749888	0.84%	\$1,466,682.02
Sincerus Pharmaceutical, Inc.	81-1035487	0.10%	\$572,145.76
Sing Orthodontics, PC	20-4120190	0.15%	\$279,124.34
Sissine's Business Solutions of Orlando	46-3694974	0.57%	\$981,018.83
Sissine's Office Systems, Inc.	59-2139556	0.69%	\$1,279,704.41
Slate Property Group, LLC	46-4040206	0.09%	\$973,949.52
Sleep Disorder Center Of Ft Walton	59-3182353	0.01%	\$54,223.45
SMG Property Management, Inc.	52-1653151	0.14%	\$258,789.19
Smith Security System, Inc	59-2747791	0.03%	\$123,918.64
Snelling Personnel	22-3508520	0.00%	\$39,837.68
SoCal Networking, Inc.	20-2500965	0.02%	\$40,683.26
Softline Solutions LLC	26-3605289	0.00%	\$40,644.41
Sohacki Industries, Inc.	59-3090535	0.09%	\$979,982.26
Solai and Cameron, Inc.	36-3990452	0.01%	\$9,469.99
Solara Solutions, LLC	20-0678047	0.23%	\$422,644.82
Solarus Technologies, Inc.	45-5263753	0.11%	\$559,925.13
Solera Specialty Pharmacy, LLC	46-2221080	0.04%	\$124,469.32
Sonos Imaging	47-3518989	0.00%	\$299.90
South Bay Pediatric Dental Grp	20-8894917	0.35%	\$691,338.66
South Florida Stairs, Inc.	80-0956076	0.06%	\$600,146.74
Southeastern Marine Power, LLC	20-3844386	0.03%	\$544,196.08
Southern Crescent Pediatrics	58-1487734	0.07%	\$2,411,010.90

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Southern Energy Systems, LLC	82-3913760	0.22%	\$173,480.23
Southern Hospitality Wholesale	59-3112541	0.03%	\$699,494.82
Southern Montgomery County	74-1670450	0.03%	\$306,866.31
Spigel Properties, LLC	74-2680768	0.82%	\$1,252,889.21
Spina Bifida Association of America	52-1342181	0.09%	\$659,052.30
Spotlight Media Solutions, Inc	28-2222678	0.07%	\$371,906.89
Spring Place	47-3777636	0.07%	\$248,400.44
Spring Studios New York, LLC	27-3192017	0.16%	\$800,094.50
Spruce Capital Partners, LLC	77-0703500	0.10%	\$438,168.38
Stanley Tate Builders Inc.	59-0766919	0.00%	\$8,056.33
STARability Foundation Inc.	59-2516162	0.02%	\$92,999.26
Starling Eye Group	59-3526387	0.01%	\$38,462.77
Steelecreek Management, LLC	80-1591837	0.10%	\$680,242.84
Steelo Cleaning LLC	80-0283533	0.01%	\$20,347.68
Stegas, Inc	45-4748189	0.01%	\$13,303.69
Sterling Oaks Assoc & Club	77-0676024	0.39%	\$710,767.93
Steve Smith, Inc.	87-0621786	0.04%	\$66,160.99
Stitch & Couture, Inc.	13-3862975	0.17%	\$1,013,707.96
Stone Bond Technologies	03-0413214	0.00%	\$78,841.11
Stonebridge Alliance, LLC	88-0516898	0.06%	\$933,159.23
Stonebrook Family Medicine	20-0596759	0.02%	\$1,010,962.66
Stonehedge Management Corporation	46-0706740	0.02%	\$391,585.58
Stoneridge Apartment Homes	68-0638058	0.01%	\$14,640.85

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Street Smart Youth Project	80-0241296	0.01%	\$114,952.77
Studio Completiva Inc.	84-1312592	0.38%	\$1,047,297.51
Substance Solutions, Inc.	26-1646246	0.02%	\$523,848.97
Summit Packaging Solutions LLC	81-0806773	0.17%	\$1,926,407.44
Sunfresh Produce Inc.	45-4350697	0.02%	\$64,527.92
Sunshine Construction LLC	20-8781325	0.13%	\$634,390.30
Sunshine State Sales, Inc.	59-2291188	0.00%	\$8,987.09
Sunstate Bank	65-0878433	0.62%	\$3,549,652.99
Suntech Electrical Contractors	20-0173128	0.01%	\$14,239.75
Super Fast Electric, LLC	82-3503072	0.00%	\$5,821.00
Super Organic Foods Inc.	46-5751661	0.03%	\$51,413.39
Surgical Institute of Alabama	82-3722886	0.00%	\$5,750.59
Surgical Specialists of St. Lucie	26-0176703	0.03%	\$35,326.93
Susan E Dozier, M.D., P.A.	01-0690116	0.13%	\$0.00
SW Community	82-4810941	0.12%	\$147,029.39
Synergy Asset Management, Inc.	59-3734160	0.07%	\$110,245.32
Synergy Golf Group, LLC	83-2599698	0.02%	\$399,812.67
Taffin, LLC	13-4103858	0.00%	\$92,641.34
TAG Collision, Inc	47-1873892	0.00%	\$2,915.48
Tailwind Advisors, LLC	26-3561950	0.00%	\$1,651,458.29
TALO Paris Physicians	81-3875588	0.00%	\$33,712.19
Tampa Bay Battery	82-3282498	0.05%	\$161,798.97
Tango Networks Inc.	26-4457449	1.83%	\$3,229,100.56

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Tapp's Garage	84-0718075	0.00%	\$215,887.52
Target Graphics, Inc.	65-0064589	0.01%	\$472,552.35
Tate Development Corporation	59-2649349	0.08%	\$722,517.63
TaxServ, LLC	54-1792131	0.10%	\$746,994.80
Taylor & Mathis of Florida	86-1084942	0.00%	\$11,621.30
Tec Services Group, Inc	22-3949732	0.03%	\$206,618.64
TechBridge Inc.	58-2531971	0.55%	\$701,495.67
Technical Specialties Company	13-1910884	0.00%	\$3,529.08
Telecom America Services, Inc.	74-2895614	0.22%	\$1,297,833.69
TERRA-COM Environmental Consulting	59-3604964	1.11%	\$1,874,482.53
Texas Health Management LLC	46-1274382	0.00%	\$216.33
The Achieve Agency, LLC	81-3926385	0.00%	\$94,634.94
The Adobe, LTD	46-1542226	0.00%	\$64,886.50
The ALS Assoc. Golden West Chapter	95-4163338	0.47%	\$1,204,566.42
The Arbor School of Central Fl	27-3092011	0.00%	\$466.55
The Brentwood Company,Inc.	59-1035928	0.06%	\$1,786,449.46
The Cabinet Center, Inc.	20-3755408	0.39%	\$843,444.23
The Conservatory Day Spa	49-0246170	0.03%	\$347,538.27
The Coral Gables Trust Company	03-0536836	0.14%	\$1,276,202.05
The Cybrix Group, Inc.	13-4228013	0.00%	\$194,864.53
The Education Foundation of Co	65-0230582	0.08%	\$1,102,613.44
The Exchange Tavern	42-1646458	0.00%	\$108,020.50
The Filta Group, Inc.	98-0375567	0.04%	\$341,922.54

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
The Foundry Ministries, Inc.	63-0624278	0.00%	\$289.34
The Gentner Group, LLC	86-1924210	0.02%	\$27,177.51
The Guru, Inc.	36-4649637	0.02%	\$31,873.12
The Hartline Alarm Company	59-3169722	0.03%	\$586,206.84
The Law Office of Eric A. Shore	23-2983232	0.10%	\$0.00
The Lighthouse Team, LLC	81-2051897	0.07%	\$500,879.55
The Lions Model Management	46-4941174	0.03%	\$0.00
The Matrix Financial Group	65-0679588	0.10%	\$1,694,245.93
The Organic Maids	45-5293078	0.02%	\$30,179.69
The Orlando Dental Group	20-2341885	0.12%	\$900,683.22
The Practice Of Distinction	46-2478284	0.00%	\$168,136.82
The Restaurant People Manageme	65-0988801	0.26%	\$759,659.95
The Talmadge Group, Inc.	58-2408467	0.00%	\$17,827.97
The Tikvah Fund	13-3676152	0.00%	\$1,921,183.29
The Villages at Country Creek	65-0040526	0.03%	\$46,435.15
The Weiler Engineering Corp	65-0413376	0.42%	\$3,007,700.27
The Westmont Montessori School	22-1756061	0.11%	\$490,252.81
The Weston Group	76-0568789	0.03%	\$0.00
The Worrell Firm, LLC	84-3834422	0.04%	\$148,688.40
Thermo King of the Southeast	20-8432054	0.28%	\$1,562,382.91
Thomas Machinery, Inc.	59-2313928	0.91%	\$1,632,387.41
TI Communities HR LP	82-2365637	0.74%	\$1,634,728.20
Tierra Group International	45-3766365	0.43%	\$1,985,746.25

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Tiger Valve Company, LLC	46-1197792	0.06%	\$2,321,408.19
Tillman Learning, LLC	27-4912183	0.00%	\$103.61
Times Three Clothier LLC	20-5942879	0.10%	\$1,102,437.03
Tire Zone Of Okeechobee Inc	26-0855130	0.00%	\$52,622.51
Tiro Security	45-5604173	0.01%	\$44,479.91
Titanium Billing Services, LLC	71-0905170	0.00%	\$4,506.57
Today's Vision	76-0399898	0.05%	\$1,053,735.07
Tom Sharpe Construction, Inc.	75-2628518	0.03%	\$566,018.34
Tomoe Engineering USA, Inc.	46-2571750	0.06%	\$365,186.54
Total Equipment Solutions, LLC	47-4449485	0.04%	\$240,073.81
Total Office Solutions, Inc.	57-0902779	0.00%	\$161,131.96
Tots and Tykes Pediatrics, P.A	75-2941829	0.11%	\$1,556,061.07
TrackStreet, Inc.	47-3408150	0.08%	\$242,993.64
Trademark Media Corporation	20-0213624	0.46%	\$1,541,550.35
Transcendent Investment Management	65-0241332	0.05%	\$75,494.28
Transcor Data Services, LLC	45-5435620	0.08%	\$145,277.23
Trendline Interactive, LLC	27-3334784	1.15%	\$3,292,727.44
Tricarico Architecture and Design	20-0533648	0.29%	\$6,098,309.36
Tridex Systems	84-1447129	0.07%	\$0.00
Trifecta Networks LLC	82-3534139	0.31%	\$2,326,650.08
Tri-Motion Industries	59-3251913	0.03%	\$556,369.37
Trimpa Group LLC	27-3045059	0.01%	\$142,608.72
Tri-State Pain Institute, LLC	26-1827801	0.01%	\$233,420.74

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Tropical Shores Beach Resort	65-0594242	0.38%	\$668,260.72
Truckmax, Inc.	65-0731268	0.25%	\$512,713.51
TruPharma, LLC	46-0598266	0.07%	\$1,178,506.90
Trust Hospitality LLC	32-0288144	0.65%	\$810,615.89
TSG Group	82-3405002	0.00%	\$451,476.99
Tusco, Inc.	63-0799869	0.00%	\$2,691.21
Two Elk Investments, LLC	47-1925102	0.14%	\$1,809,314.46
Tyber Medical	43-0535658	0.51%	\$2,634,051.83
Tyco Electrical Services Inc.	76-0496424	0.08%	\$701,837.01
TyRex Group, LTD	74-2942280	0.84%	\$5,978,035.24
UCF Convocation Corporation	16-1733312	0.03%	\$462,699.16
UFLEX USA, Inc.	91-1466446	0.01%	\$21,176.98
Ugarte & Associates, Incorporated	59-2401460	0.01%	\$0.00
United Community Management Co	65-0274278	0.64%	\$2,537,381.53
United Refrigeration Inc.	59-2182393	0.08%	\$1,200,793.95
Unity Recovery Center	26-3163883	0.00%	\$45,109.71
Universal Specialty Pharmacy, LLC	82-1705409	0.00%	\$9,965.18
Unzipped Apparel Sales, Inc.	02-0731076	0.33%	\$2,644,638.71
Urban Thier & Federer PA	20-3007435	0.10%	\$1,932,272.26
US Power Partners, LLC	83-0930872	0.30%	\$1,645,463.71
US Power Services, LLC	20-0079717	0.00%	\$391,032.92
Used Cardboard Boxes, Inc.	20-5115837	0.01%	\$197,654.40
Valdosta Country Club, Inc	58-0471100	0.00%	\$16,960.81

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Valley Vascular Surgeons, P.C.	86-0370412	0.02%	\$366,258.46
Value Store IT Management, Inc	27-0719304	0.09%	\$1,568,033.48
Van Wezel Foundation, Inc.	59-2807055	0.22%	\$348,573.41
Vapor IO, Inc.	47-3475171	0.68%	\$2,748,474.63
Vartek LLC	20-1678289	0.00%	\$17,047.99
VectorGlobal WMG, Inc.	13-3699819	0.28%	\$3,030,935.93
Vela Research, LP	87-0655276	0.06%	\$1,412,620.99
Velocity Z LLC	84-4370783	0.01%	\$26,540.04
Venetian Condominium, Inc.	59-1303036	0.02%	\$67,762.23
Venture Home Solar, LLC	47-4266827	0.18%	\$405,131.74
VeraData LLC	27-1465902	0.06%	\$187,145.95
Veratics, Inc.	46-1979298	0.04%	\$786,470.09
Versatile Distributors, Inc.	22-1619389	0.00%	\$209,650.65
Veterinary Sales & Marketing	86-1010543	0.01%	\$30,348.49
Via Verde Golf Management	84-2187004	0.12%	\$212,453.25
Viax Dental Technologies LLC	46-1349269	0.20%	\$947,653.52
Viking Floor Enterprises, Inc.	76-0454559	0.00%	\$145,900.99
Village of Excellence Academy	48-1304650	0.05%	\$315,098.48
Village Pediatrics, PC	46-2423012	0.02%	\$511,714.91
VIP Realty Group, Inc.	35-1728685	0.10%	\$175,714.55
VirtaMed, Inc.	46-1736681	0.06%	\$281,932.45
Visage Hair and Nail Design	04-3642520	0.00%	\$176,085.64
Vision Media Management	46-4810267	0.24%	\$6,146,508.29

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Vista Interiors, LLC	83-3969091	0.05%	\$1,013,652.27
vMOX, LLC	45-4004287	0.45%	\$798,453.76
Voltair Consulting Engineers	20-4452969	0.25%	\$1,873,036.22
Volvo of North Miami	46-5487666	0.01%	\$0.00
Voyages to Antiquity LLC	42-1768667	0.00%	\$42,166.34
W. Keith Thornton DDS, Inc.	75-1327483	0.00%	\$79,717.75
W.H. Barnes, Inc.	59-3481433	0.02%	\$47,715.49
Walkingspree USA Ltd.	26-2358944	0.16%	\$246,144.24
Warm Thoughts Communications	13-3715190	0.44%	\$5,387,593.34
Warren Packaging, Inc.	46-1179050	0.07%	\$1,247,557.98
Waterblasting, LLC	47-2876221	0.19%	\$829,037.56
Watermark Medical, Inc.	26-2114817	0.15%	\$870,615.88
Wave Technologies	75-2309151	0.33%	\$944,888.53
We Do Web Content, Inc.	26-4465145	0.17%	\$441,381.30
We Rek, Inc.	52-1046704	0.00%	\$68,666.82
We Ship Express, Inc.	20-4191592	0.19%	\$775,919.87
Web-Hed Technologies	74-2882434	0.14%	\$0.00
Wellesley Information Services, LLC	52-2206279	0.13%	\$474,382.88
Wells Pharma of Houston, LLC	84-2285383	0.02%	\$17,192.78
Wells Pharmacy Network, LLC	27-4947247	0.17%	\$298,237.73
Wells Specialty Pharmacy, Inc.	59-3287703	0.02%	\$42,325.40
WEM, LP dba Westmoore Apartmen	38-2986280	0.03%	\$44,145.12
Wenaas USA, Inc.	74-2281832	0.00%	\$58,194.84

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
West Broward Community Management	01-0626784	0.02%	\$176,936.31
Westfield Development Company,	47-5628288	0.49%	\$10,194,448.83
Westlake Eyecare, PLLC	27-5442175	0.04%	\$271,996.07
WestWater Energy LLC	27-3029550	0.01%	\$45,436.86
Westwood Shores Property Owner	74-1964843	0.01%	\$14,387.49
Wheelock Street Capital, LLC	26-2780159	3.61%	\$6,560,277.34
Whetstone Engineering & Testing	65-0461695	0.09%	\$599,308.57
Wilkins Media, LLC	45-5597939	1.35%	\$2,473,995.86
Willowbend Investments, Inc.	48-1110937	0.32%	\$5,505,626.64
Windhaven Surgery Center, LLC	20-8251890	2.67%	\$1,952,847.87
Wingate by Wyndham-Miramar	65-1099486	0.00%	\$26,417.55
Wintco, LLC	81-5370993	0.07%	\$197,393.34
WLT Software Enterprises, Inc.	20-1065791	0.97%	\$1,586,477.15
Wofford Electric & Pump Supply	76-0659866	0.00%	\$272,460.32
Wolfe & Taylor, Inc.	47-2446000	0.04%	\$1,286,196.27
Women's Integrated Network	13-3989836	1.18%	\$4,979,093.23
Woodforest Pharmacy, LLC	82-3261661	0.02%	\$438,263.80
Woof Woof Veterinary Service	84-3692582	0.02%	\$25,188.09
Workscape Designs LLC	46-0670840	0.00%	\$4,138.04
World Auto Glass LLC	62-1832237	0.03%	\$52,106.57
World of America Global Partners	20-4548162	0.19%	\$457,732.44
World Precision Instruments	81-1802254	0.25%	\$1,470,342.94
WP Pharma Labs, Inc.	83-4547642	0.01%	\$19,139.42

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
WTS, LLC	30-0608746	0.00%	\$233,736.37
Xcalibur Services, LLC	82-1263411	0.00%	\$1,589.43
Xfibra, Inc.	81-5199156	0.01%	\$23,347.79
Xpeditd Services LLC	86-1173765	0.05%	\$159,255.69
Young Presidents Organization-	58-1835904	0.03%	\$547,415.79
Young's Electrical Contracting	65-1094639	0.03%	\$1,436,763.71
Your Management, Inc.	74-3136474	0.01%	\$511,738.53
Yra Design Inc	32-0534481	0.02%	\$488,146.49
Zero Wait-State Inc.	74-2928695	0.00%	\$427,913.53
ZIM Consulting, Inc.	20-8447943	0.00%	\$2,022.93
Zion Revenue Solutions, LLC	47-3130668	0.00%	\$1,878.21
Zip Consulting	46-1395638	0.12%	\$492,308.61

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

**Financial Statements
and Supplemental Schedule**

**December 31, 2021 and 2020
(With Independent Auditors' Report Thereon)**

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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Independent Auditors' Report

To Plan Administrator
CoAdvantage Corporation Retirement Savings Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed the audit of the financial statements of CoAdvantage Corporation Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors’ Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated August 2, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements; and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Mayer Hoffman McCann P.C.

July 29, 2022
St. Petersburg, Florida

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments:		
Guaranteed interest account, at contract value	\$ 61,514,088	58,124,669
Mutual funds, at fair value	847,286,637	663,556,962
Self directed brokerage account, at fair value	<u>2,192,888</u>	<u>1,987,566</u>
Total investments	910,993,613	723,669,197
Receivables:		
Participant contributions	2,561,555	1,735,397
Employer contributions	2,240,907	1,764,355
Notes receivable from participants	<u>10,541,676</u>	<u>9,925,735</u>
Total receivables	<u>15,344,138</u>	<u>13,425,487</u>
Total assets	926,337,751	737,094,684
Liabilities:		
Accrued expenses	457,973	722,861
Excess contributions payable	<u>975,309</u>	<u>958,339</u>
Total liabilities	<u>1,433,282</u>	<u>1,681,200</u>
Net assets available for benefits	<u>\$ 924,904,469</u>	<u>735,413,484</u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2021

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 76,679,346
Interest and dividends	34,944,688
Interest income on notes receivable from participants	<u>511,937</u>
Net investment income	112,135,971
Contributions:	
Participant	78,249,840
Employer	27,814,744
Rollover	18,792,622
Other	<u>408,941</u>
	<u>125,266,147</u>
Total additions	237,402,118
Deductions from net assets attributed to:	
Benefits paid to participants	75,471,139
Administrative expenses	<u>4,635,783</u>
Total deductions	<u>80,106,922</u>
Net increase	157,295,196
Transfers in	113,659,901
Transfers out	(81,464,112)
Net assets available for benefits:	
Beginning of year	<u>735,413,484</u>
End of year	<u><u>\$ 924,904,469</u></u>

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(1) **Description of the Plan**

The following description of the CoAdvantage Corporation Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

(a) **General**

The Plan is a multiple employer defined contribution plan covering eligible employees of CoAdvantage Corporation (the “Principal Participating Employer”) and Adopting Employers. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s Investment Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan’s investment offerings and monitoring investment performance.

The Plan operates under an agreement with Empower Retirement LLC (“Empower”), for recordkeeping and custodian services of its group annuity contract. As part of this agreement, Empower enters into a trust agreement with a related party or third party trustee to hold the investments and execute investment transactions of the Plan during the year. All investments and related investment activity, except for the guaranteed interest account which is certified separately, were certified by Reliance Trust Company (“RTC”) who served as trustee for the years ended December 31, 2021 and 2020. With the structure of the agreement with Empower, no changes in investment options or transfer of assets are required when the trustee is changed.

An affiliate of Empower, Great-West Life & Annuity Insurance Company (“GWL&A”), has provided the certification for the guaranteed interest account as of December 31, 2021 and 2020.

(b) **Contributions**

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollover”). Participants direct the investment of their contributions into various investment options offered by the Plan. Each Adopting Employer elects the level of safe harbor, matching and/or profit-sharing contributions. Contributions are subject to certain Internal Revenue Service limitations. Roth deferrals are allowed under the Plan, if elected by Adopting Employers.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) **Description of the Plan - Continued**

(c) **Participant Accounts**

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

(d) **Vesting**

Participants are immediately vested in their contributions and their Adopting Employer's Safe Harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant generally begins to vest in year one at (20%) and increases ratably until fully vested in year five. However, vesting schedules vary based on the Adopting Employer's elections. Participants also become fully vested upon retirement age (65), death or becoming disabled.

(e) **Notes Receivable From Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is the prime rate plus 1.00%. Principal and interest is paid ratably through regular payroll deductions. Loans must be repaid in five years unless they are for the purchase of a primary residence in which case the loan may not exceed 30 years.

Under the Coronavirus Aid, Relief, and Economic security ("CARES") Act, the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020, and if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

(f) **Payment of Benefits**

Upon termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may take in-service withdrawals upon attainment of age 59 ½ or for immediate and heavy financial hardship needs, as defined in the plan document.

Section 2202 of the CARES Act permits eligible plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(f) Payment of Benefits - Continued

The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020. CARES distributions may be repaid within three years at the election of the participant.

As a result of the Bipartisan Budget Act of 2018 effective January 1, 2019, the requirement to exhaust loan distributions prior to receiving a hardship distribution was removed from the Plan. Additionally, participants are no longer suspended from making contributions to the Plan or from receiving Company matching contributions as a result of a hardship withdrawal.

(g) Forfeited Accounts

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay plan expenses or to reduce the Adopting Employers' future matching contributions. Approximately \$76,000 of forfeited nonvested accounts were utilized during the year ended December 31, 2021 to pay plan expenses and reduce Adopting Employer contributions. Additionally, approximately \$195,000 in forfeitures were transferred out of the Plan with Adopting Employer terminations. At December 31, 2021 and 2020, forfeited nonvested accounts available for use totaled approximately \$2,142,000 and \$1,583,000 respectively.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

(c) Investment Valuation and Income Recognition

Investments in mutual funds and the insurance company general account are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 for discussion of fair value measurements.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Investment Valuation and Income Recognition - Continued

The guaranteed interest account is an investment option offered by Empower. It is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Under the terms of the group annuity contract, participants may direct permitted withdrawals and/or transfer transactions of all or a portion of their balance in the investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. The guaranteed interest account investment qualifies as a fully benefit responsive investment.

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs.

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. 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, 2021 or 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the plan agreement.

(f) Expenses

Management fees and operating expenses are paid out of the Plan. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Information Certified by the Trustee and the Custodian**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, RTC and GWL&A, the trustee and custodian, respectively, as of December 31, 2021 and 2020 have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020;
- Net investment income and related investment activity, as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021;
- Investments as presented in the Schedule of Assets (Held at End of Year), as of December 31, 2021 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(4) **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). Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- a) Quoted prices for similar assets or liabilities in active markets;
 - b) Quoted prices for identical or similar assets or liabilities in inactive markets;
 - c) Inputs other than quoted prices that are observable for the asset or liability;
 - d) 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 that are unobservable inputs for the asset or liability.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) Fair Value Measurements - Continued

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 or 2020.

Mutual Funds: valued at quoted market prices in an active market and represent the net asset value of shares held by the Plan and are classified as Level 1.

Self-Directed Brokerage Accounts: valued at the quoted market prices in active and inactive markets or quoted market prices for similar assets and are classified as Level 2.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Assets Measured at Fair Value at December 31, 2021	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 847,286,637	847,286,637	-	-
Self-directed brokerage account	2,192,888	-	2,192,888	-
	<u>\$ 849,479,525</u>	<u>847,286,637</u>	<u>2,192,888</u>	<u>-</u>

Description	Assets Measured at Fair Value at December 31, 2020	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 663,556,962	663,556,962	-	-
Self-directed brokerage account	1,987,566	-	1,987,566	-
	<u>\$ 665,544,528</u>	<u>663,556,962</u>	<u>1,987,566</u>	<u>-</u>

(5) Related Party and Party-in-Interest Transactions

The Plan operates under a revenue sharing agreement with Empower, thereby Empower receives revenue from service providers for services Empower provides to the funds. This revenue received is deposited into an expense budget account and is used to offset certain amounts owed to Empower and GWL&A for its administrative services. If the revenue received by Empower from such service providers exceeds the amount owed, Empower remits the excess to the Plan's trust. Such amounts may be applied to pay plan administrative expenses or allocated to the accounts of the participants. Remaining expenses not covered by the revenue sharing are paid by the Principal Participating Employer. During 2021, the Plan received and used approximately \$1,413,000 in earnings adjustments to pay plan expenses as part of this revenue sharing agreement.

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(5) **Related Party and Party-in-Interest Transactions - Continued**

During 2021, the Plan's administrative expenses totaled approximately \$4,635,000, including approximately \$770,000 paid to the Principal Participating Employer for services provided to the Plan, and approximately \$3,493,000 paid to GWL&A for services provided, and approximately \$372,000 for other expenses such as investment advisory and audit fees.

Certain of the plan investments are managed by GWL&A. These activities, along with the administrative expenses noted above and participant loan transactions are considered party-in-interest activity defined in Section 3(14) of ERISA, however are expressed exempt from the prohibited transaction rules.

As of December 31, 2021 and 2020, the Plan accrued \$458,000 and \$723,000 for expenses payable to the Principal Participating Employer for administrative services provided during 2021 and 2020, respectively.

(6) **Plan Termination**

Although it has not expressed any intent to do so, the Principal Participating Employer 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 100% vested in the Adopting Employers' contribution portion of their account.

(7) **Tax Status**

The Plan adopted the Massachusetts Mutual Life Insurance Company Non-Standardized Profit Sharing/401(k) Plan sponsored by Empower. Empower, obtained a favorable opinion letter dated April 7, 2021. The plan administrator has adopted all plan provisions within the volume submitter document and believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) **Risks and Uncertainties**

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

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Reconciliation of Financial Statements to Form 5500

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

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 924,904,469	735,413,484
Less: contributions receivable	(4,802,462)	(3,499,752)
Plus: accrued expenses	457,973	722,861
Plus: excess contributions payable	<u>975,309</u>	<u>958,339</u>
Net assets available for benefits per Form 5500	<u>\$ 921,535,289</u>	<u>733,594,932</u>

The following is a reconciliation of the net increase in net assets per the financial statements to net income per Form 5500 for the year ended December 31, 2021:

Net increase in net assets per the financial statements	\$ 157,295,196
Plus: contributions receivable - beginning of year	3,499,752
Less: contributions receivable - end of year	(4,802,462)
Plus: excess contributions payable - end of year	975,309
Less: excess contributions payable - beginning of year	(958,339)
Plus: accrued expenses - end of year	457,973
Less: accrued expenses - beginning of year	<u>(722,861)</u>
Net income per Form 5500	<u>\$ 155,744,568</u>

(10) Transfers In and Out

Qualified plans sponsored by certain Adopting Employers may be merged into the Plan in conjunction with such Adopting Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Adopting Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

(11) Excess Contributions Payable

The Plan's statements of net assets available for benefits at December 31, 2021 and 2020 includes \$975,309 and \$958,339, respectively, of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

(12) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through July 29, 2022, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 27-3007025

Plan Number: 333

December 31, 2021

(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 (If Applicable)	(e) Current Value
*	MassMutual Fixed Interest Fund	Guaranteed Interest Account	\$ 61,514,088
	American Funds Balanced	Mutual Fund	62,695,745
	American Funds New World	Mutual Fund	8,962,464
	BlackRock Strtgc Gbl Bd Fd	Mutual Fund	2,372,865
	Dodge & Cox Global Stock	Mutual Fund	9,259,648
	Dodge & Cox Stock Fund	Mutual Fund	27,285,230
	Fidelity 500 Index Fund	Mutual Fund	93,265,887
	Fidelity Mid Cap Index Fund	Mutual Fund	19,473,598
	Fidelity Small Cap Index Fund	Mutual Fund	22,286,239
	Fidelity Total Intl Index Fd	Mutual Fund	5,257,797
	Fidelity U.S. Bond Index Fund	Mutual Fund	8,760,530
	Franklin Small Mid Cap Growth	Mutual Fund	20,299,260
	Harbor Mid Cap Value	Mutual Fund	9,631,369
	Janus Henderson Sm Cap Val Fd	Mutual Fund	7,372,699
*	MassMutual Holding Account	Mutual Fund	2,317,930
	MassMutual US Govt Mny Mkt Fd	Mutual Fund	7,681,811
	MFS Research Intl Fund	Mutual Fund	9,967,774
	Morgan Stanley International Advantage	Mutual Fund	20,397,649
	PIMCO Real Return	Mutual Fund	7,300,673
	Pioneer Strategic Income	Mutual Fund	3,411,909
	T. Rowe Price Blue Chip Growth	Mutual Fund	61,353,692
	T. Rowe Price Dividend Gr Fd	Mutual Fund	21,420,440
	Vanguard Explorer	Mutual Fund	18,189,912
	Vanguard High-Yield Corp Fd	Mutual Fund	4,390,715
	Vanguard Strategic Equity	Mutual Fund	9,513,656
	Vanguard Target Retirement 2015	Mutual Fund	3,435,102
	Vanguard Target Retirement 2020	Mutual Fund	25,757,702
	Vanguard Target Retirement 2025	Mutual Fund	47,514,207
	Vanguard Target Retirement 2030	Mutual Fund	61,545,383
	Vanguard Target Retirement 2035	Mutual Fund	53,738,410
	Vanguard Target Retirement 2040	Mutual Fund	49,555,359
	Vanguard Target Retirement 2045	Mutual Fund	44,915,868
	Vanguard Target Retirement 2050	Mutual Fund	33,736,626
	Vanguard Target Retirement 2055	Mutual Fund	20,682,416
	Vanguard Target Retirement 2060	Mutual Fund	11,461,409
	Vanguard Target Retirement Income	Mutual Fund	6,369,108
	Vanguard Wellesley Income	Mutual Fund	4,517,497
	Western Asset Core Bond	Mutual Fund	21,188,058
	Schwab PCRA	Self Directed Brokerage	2,192,888
			910,993,613
*	Participant loans	3.25% - 7.50%	10,541,676
			<u>\$ 921,535,289</u>

* Party-in-interest

See accompanying independent auditors' report.