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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)

SHARP DECISIONS, INC.

1040 AVENUE OF THE AMERICAS
17TH FLOOR
NEW YORK, NY 10018

2b Employer Identification Number (EIN)
11-3032786

2c Plan Sponsor's telephone number
212-403-7544

2d Business code (see instructions)
541519

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.	07/31/2017	STUART GOTTLIEB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

SHARP DECISIONS, INC.

1040 AVENUE OF THE AMERICAS
17TH FLOOR
NEW YORK, NY 10018

3b Administrator's EIN: 11-3032786

3c Administrator's telephone number: 212-403-7544

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	333
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	224
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	322
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	112
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	434
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	434
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	243
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	GH3442	291	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
24611	4844

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

NYLIFE SECURITIES LLC
51 MADISON AVENUE
ROOM 251
NEW YORK, NY 10010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
24611			3

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

ASSOCIATED PENSION CONSULTANTS, INC
6800 JERICHO TURNPIKE
SUITE 200W
SYOSSET, NE 11791

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	4844	TPA PARTNERSHIP PROGRAM	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1115855
5	Current value of plan's interest under this contract in separate accounts at year end	5	9504409

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1001283
c	Additions: (1) Contributions deposited during the year	7c(1)	1321911		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	31862		
	(4) Transferred from separate account	7c(4)	1370754		
	(5) Other (specify below)	7c(5)	480431		
	▶ ROLLOVER CONTRIBUTIONS, LOAN REPAYMENTS				
	(6) Total additions			7c(6)	3204958
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4206241
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1136497		
	(2) Administration charge made by carrier	7e(2)	1575		
	(3) Transferred to separate account	7e(3)	1873141		
	(4) Other (specify below)	7e(4)	79173		
	▶ LOAN DISBURSEMENTS, TPA DISTRIB PROCESS FEES				
	(5) Total deductions			7e(5)	3090386
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1115855

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE AND ANNUI
PO BOX 990067
HARTFORD, CT 06199

71-0294708

(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)

ASSOCIATED PENSION CONSULTANTS, INC

11-3271022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER FEES	0	Yes [X] No [ ]	Yes [X] No [ ]	4881	Yes [ ] No [X]

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY PLAN	0	Yes [X] No [ ]	Yes [X] No [ ]	3754	Yes [ ] No [X]

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY PLAN	0	Yes [X] No [ ]	Yes [X] No [ ]	3754	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	9504409

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	51763	87750
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	8431564	9504409
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1001283	1115855
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	9484610	10708014
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9484610	10708014

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	1316272	
	(C) Others (including rollovers)	2a(1)(C)	446919	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1763191
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	3209	
	(F) Other	2b(1)(F)	31862	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		35071
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		570457
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2368719
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1141185	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1141185
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	4130	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4130
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1145315
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1223404
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: WAGNER, FINE & ACKERMAN, PLLC **(2)** EIN: 11-3061778

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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): 71-0294708

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

SHARP DECISIONS, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

SHARP DECISIONS, INC. 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

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Wagner, Ferber, Fine & Ackerman PLLC
Certified Public Accountants & Business Advisors

66 South Tyson Avenue
Floral Park, NY 11001
(516) 328-3800
Fax (516) 488-4695
www.wffacpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Sharp Decisions, Inc. 401(k) Plan
New York, NY 10018-3803

Report on the Financial Statements.
We were engaged to audit the accompanying financial statements of Sharp Decisions, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The VOYA Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015 and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

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Certified Public Accountants & Business Advisors

66 South Tyson Avenue
Floral Park, NY 11001
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Fax (516) 488-4695
www.wffacpa.com

INDEPENDENT AUDITORS' REPORT *(Continued)*

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

Other Matter
The supplemental Schedule of Assets held at December 31, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

Wagner Ferber Fine + Ackerman PLLC

Floral Park, New York
July 28, 2017

SHARP DECISIONS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

ASSETS

	December 31, 2016	December 31, 2015 Restated
Assets		
Investments - at fair value	$ 9,504,409	$ 8,431,564
Investment - at contract value	1,115,855	1,001,283
Notes receivable from participants	87,750	51,763
Total assets available for benefits	$ 10,708,014	$ 9,484,610
Net assets available for plan benefits	$ 10,708,014	$ 9,484,610

SHARP DECISIONS, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Years Ended December 31,	
	2016	2015 Restated
Additions to plan assets attributed to		
Net appreciation (depreciation) in fair value of investments	$ 602,318	$ (18,725)
Interest income on notes receivable from participants	3,209	2,676
Other income	-	268
Contributions		
Participant contributions	1,258,442	1,112,402
Rollovers	446,919	96,665
Roth	57,831	47,774
Total additions	2,368,719	1,241,060
Deductions from net assets attributable to		
Benefits paid	1,141,185	867,768
Corrective distributions	-	9,262
Administrative expenses	4,130	4,135
Total deductions	1,145,315	881,165
Net increase	1,223,404	359,895
Net assets available for plan benefits - beginning of year as previously reported	9,484,610	9,161,561
Prior period adjustment to consistently treat investment at contract value	-	(36,846)
Net assets available for plan benefits - beginning of year as restated	9,484,610	9,124,715
Net assets available for plan benefits - ending	$ 10,708,014	$ 9,484,610

See independent auditors' report and the accompanying notes to the financial statements.

SHARP DECISIONS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE 1 - DESCRIPTION OF PLAN

The Sharp Decisions, Inc. 401(k) Plan, (the "Plan") was established effective January 1, 1993, by Sharp Decisions, Inc., (the "Sponsor"). On February 29, 2016, the Sponsor completed an asset purchase agreement with CN-Tec, LLC and CN-Tec Colorado, LLC ("The TEC Group") that is effective March 1, 2016. As a result of this purchase, the Sponsor approved an amendment so that all eligible employees of The TEC Group employed on February 29, 2016 are eligible to participate in the Plan as of March 1, 2016. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA").

Eligibility

The Plan is a defined contribution plan covering all employees who have completed thirty days of service and who attained the age of twenty-one.

Plan Contributions

Participants may elect to contribute up to 100% of pre-tax annual compensation, as defined in the Plan. The elective deferrals for any calendar year cannot exceed the annual dollar limit permitted by law. The Sponsor does not make matching contributions to the Plan. Participants may also make after-tax salary deferrals to their Roth account. In addition, a participant who is at least age 50 and who has reached a limit on their annual deferral contributions may elect to defer an additional "catch-up" contribution of $6,000 and $5,500 for 2016 and 2015, respectively.

Excess Contributions

Contributions in excess of the Internal Revenue Code ("IRC") limitations are refunded to the participants in the year the corrective refund is made.

Participant Accounts

The Plan is a participant-directed account plan. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants' accounts are credited with participant contributions and rollovers. Plan earnings and administrative expenses are allocated based upon a participant's account balance in proportion to the balances of all participants' accounts, as defined.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Notes Receivable from Participants *(See Note 2)*

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum which is equal to the lesser of $50,000 or 50% of the participants account balance. The notes are treated as a participant directed investment and are only made for hardship and financial necessity. The notes are secured by the participant's vested funds and, except for notes used to acquire a principal residence, must have a repayment period of no greater than five years. The notes are made at a reasonable rate of interest that a bank or other professional lender would charge for making a note in a similar circumstance. The interest rate for the notes outstanding during 2016 and 2015 ranged from 4.75% to 5.0%. Principal and interest are paid biweekly through payroll deductions. Repayment of the entire balance is permitted at any time. All outstanding note balances will become due and payable in their entirety upon the occurrence of a distributive event (other than satisfaction of conditions for an in-service distribution) as defined in the Plan agreement. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

Investment Rollovers

Rollovers are permitted by employees who are not yet participants in the Plan. Participants are allowed to transfer or rollover funds into the plan from other qualified plans. In-kind rollovers are not permitted.

Payment of Benefits and Distributions

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in monthly, quarterly semi-annual or annual installments. Participants may elect to receive such distributions in the form of a life annuity. Hardship distributions are also permitted, but cannot exceed the amount necessary to meet the participant's financial hardship. The Plan may also elect to make involuntary distributions of amounts less than $1,000. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. A participant who receives a hardship distribution is prohibited from making contributions to the Plan for six months from the date of the distribution. Distributions from a participant's Roth account are subject to certain restrictions by law, as defined in the Plan document.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Payment of Benefits and Distributions *(Continued)*

The Plan also includes an involuntary cash out provision for all terminated employees whose vested account balance does not exceed $5,000.

If the vested account balance exceeds $5,000, the terminated employee must consent to any distribution of their account. The Plan Administrator may commence distribution of a vested account without consent at the time that payments must begin under applicable federal law. Special rules apply to persons who are deemed to own more than 5% of the Sponsor.

Forfeited Accounts

These accounts are used to reduce future employer contributions. Since there have been no employer contributions into the Plan, there are no forfeited amounts.

Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. The net assets of the Plan, less any Plan expenses, would then be distributed to participants in accordance with the Plan's provisions.

Administrative Expenses

The Sponsor has elected to pay all administrative expenses incurred by the Plan except for certain transaction fees such as loan and distribution requests, which are paid by the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), 972, investments are valued at the fund's net asset value reflecting all investments at fair value on the last day of the Plan year. The fund's net asset value is determined by the bank or entity sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation date.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Notes Receivable from Participants

In accordance with Accounting Standards Update 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans (ASU 2010-25), loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2016 and 2015.

Investment Valuation and Income Recognition

Investments are held in separate investment accounts that invest in publicly traded mutual funds and are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value) as reported by the fund managers. Fair value is determined based upon quoted market prices, which represent net asset value per share. Fund transactions are accounted for on the trade date (date the securities are purchased and sold). Interest income is accounted for on the accrual basis. Dividend income is accounted for on the ex-dividend date.

Participant loans are valued at cost, which approximates fair value. The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of realized gains and losses and the unrealized appreciation (depreciation) on those investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities and disclosures of contingencies, if any, at the date of the financial statements, and the additions to and deductions from net assets available for benefits during the reporting period. Accordingly, actual results may differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Payment of Benefits

Benefits are recorded when paid.

Tax Status

The underlying standardized prototype plan has received an opinion letter from the

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Tax Status *(Continued)*

Internal Revenue Service dated March 31, 2008, stating that the written form of the underlying prototype document is qualified under section 401(a) of the IRC, and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has adopted the provisions of FASB ASC 740, *Accounting for Uncertainty in Income Taxes*. The standard clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan's financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are no audits currently in progress. The Plan is no longer subject to income tax examinations for years prior to 2013.

Recent Accounting Pronouncements

In July, the FASB issued ASU No. 2015-12 as part of its simplification initiative. The amendment (i) requires fully benefit-responsive investment contracts to be measured, presented and disclosed only at contract value, not fair value (ii) simplify the investment disclosure requirements; and (iii) provide a measurement date practical expedient for employee benefit plans. The plan has restated 2015 and reflected the cumulative effect as a prior period adjustment (See Note 9).

Subsequent Events

Management has evaluated subsequent events or transactions through July 28, 2017**,** the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN

VOYA, the custodian of the Plan at December 31, 2016 and 2015, certified as to the completeness and accuracy of the investment assets, transactions, income

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN *(Continued)*

and schedules of the investment assets at December 31, 2016 and 2015 and for the years then ended.

The following information, included in the accompanying financial statement and supplementary information at December 31, 2016 and 2015, was obtained or derived from information supplied by the plan administrator and certified by VOYA:

	2016	2015
Investments, at fair value at beginning of year	$ 9,489,274	$ 9,109,883
Participants contributions	1,316,273	1,160,176
Rollover contributions	446,919	96,665
Loan withdrawals	(70,900)	(19,200)
Loan repayments	34,913	28,584
Benefits paid to participants	(1,141,185)	(867,768)
Corrective distributions	-	(9,262)
Net appreciation in fair value of investments	596,706	856
Interest income	3,209	2,676
Administrative expenses	(4,130)	(4,135)
Changes in excess contributions payable	-	(9,200)
Changes in other liabilities	-	(269)
Other income	-	268
Investments, at fair value at end of year	$ 10,671,079	$ 9,489,274

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan has implemented FASB ASC 820-10, *"Fair Value Measurements and* Disclosures" FASB ASC 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted observable quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

NOTE 4 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2016 and 2015. As required by FASB ASC 820-10, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Description	12/31/16	Quoted Prices in Active Markets for Identical Assets (Level1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
American Funds EuroPacific	$ 747	$ 747	$ -	$ -
Templeton Global Bond Fun	159	159	-	-
Loomis Sayles Bond Fund	79	79	-	-
Victory Sycamore Established Value Fund	954,994	954,994	-	-
Voya International Index Portfolio	460,794	460,794	-	-
American Funds Wash Mutual	47,766	47,766	-	-
Voya Clarion Real Estate Portfolio	201,238	201,238	-	-
T Rowe Price Blue Chip Growth Fund	1,018,273	1,018,273	-	-
Voya High Yield Portfolio	160,055	160,055		
Voya MidCap Opportunities Port	669,023	669,023		
Voya Intermediate Bond Portfolio	172,045	172,045	-	-
Voya JP Morgan Small Cap Core Equity Portfolio	303,674	303,674	-	-
T Rowe Price Retirement 2005 Fund	664,411	664,411	-	-
T Rowe Price Retirement 2015 Fund	158	158	-	-
T Rowe Price Retirement 2020 Fund	95,546	95,546	-	-
T Rowe Price Retirement 2025 Fund	1,299,238	1,299,238	-	-

NOTE 4 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Description	12/31/16	Quoted Prices in Active Markets for Identical Assets (Level1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
T Rowe Price Retirement 2030 Fund	39,373	39,373	-	-
T Rowe Price Retirement 2035 Fund	680,614	680,614	-	-
T Rowe Price Retirement 2040 Fund	153,400	153,400	-	-
T Rowe Price Retirement 2045 Fund	463,001	463,001	-	-
T Rowe Price Retirement 2050 Fund	18,960	18,960	-	-
T Rowe Price Retirement 2055 Fund	67,471	67,471	-	-
T Rowe Price Retirement 2060 Fund	25,293	25,293	-	-
Voya JPMorgan Emerging Markets Equity Portfolio	91,278	91,278	-	-
Voya U.S. Stock Index Portfolio	1,618,999	1,618,999	-	-
Voya Government Market Portfolio	46	46	-	-
MFS Aggressive Growth Allocation Fund	171	171	-	-
MFS Conservative Allocation Fund	158	158	-	-
MFS Moderate Allocation Fund	297,445	297,445	-	-
	$ 9,504,409	$ 9,504,409	$ -	$ -

Description	12/31/15	Quoted Prices in Active Markets for Identical Assets (Level1	Significant Other Observable Inputs (Level 2	Significant Unobservable Inputs (Level 3)
American Funds The Growth Fund of America	$ 340,051	$ 340,051	$ -	$ -
Ariel Fund	455,977	455,977	-	-
BlackRock Hlth Sci Oppt Port Inv A	839,773	839,773	-	-
Columbia Mid Cap Value Fund A	251,108	251,108	-	-
Dodge and Cox Int'l Stock Fund	179,248	179,248	-	-
Franklin Small Cap Value VIP Fund	426	426	-	-
Lazard Emerg Markets Equity Portfolio	157,514	157,514	-	-
Pioneer Fund R	288,515	288,515	-	-
Pioneer High Yield Fund Y	136,441	136,441	-	-
Ridge Worth Large Cap Value Equity Fund	1,389	1,389	-	-

NOTE 4 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Description	12/31/15	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Vanguard VIF-Small Comp Growth Portfolio	26,695	26,695	-	-
Voya Baron Sm. Cap Growth Portfolio I	265,952	265,952	-	-
Voya Clarion Real Estate Portfolio	218,519	218,519	-	-
Voya Fidelity VIP Contrafund Portfolio	239,128	239,128	-	-
Voya Fidelity VIP Mid Cap Portfolio	343,067	343,067	-	-
Voya GNMA Income Fund A	49,415	49,415	-	-
Voya Index Plus Mid Cap Portfolio I	187,852	187,852	-	-
Voya Intermediate Bond Portfolio	61,952	61,952	-	-
Voya JP Morgan Sm Cap Core Eq.Port.	234,914	234,914	-	-
Voya Oppenheimer Global Portfolio	292,527	292,527	-	-
Voya Solution 2025 Portfolio, Adv Class	797,114	797,114	-	-
Voya Solution 2030 Portfolio, Adv Class	2,423	2,423	-	-
Voya Solution 2035 Portfolio, Adv Class	724,248	724,248	-	-
Voya Solution 2040 Portfolio, Adv Class	715	715	-	-
Voya Solution 2045 Portfolio, Adv Class	399,514	399,514	-	-
Voya Solution 2055 Portfolio, Adv Class	62,743	62,743	-	-
Voya Solution 2060 Portfolio, Adv Class	3,212	3,212	-	-
Voya Solution Income Portfolio, Adv	644,014	644,014	-	-
Voya T. Rowe Price Growth Eq. Port. I	510,290	510,290	-	-
Voya U.S. Stock Index Portfolio	350,799	350,799	-	-
Voya Van Kampen Eq and Income Port.	366,029	366,029	-	-
	$ 8,431,564	$ 8,431,564	$ -	$ -

NOTE 5 - GUARANTEED INTEREST ACCOUNT

The Plan has an investment in a traditional fully benefit-responsive guaranteed investment contract with Voya Retirement Insurance and Annuity Company ("VRIAC") totaling $1,115,855 and $1,001,283 at December 31, 2016 and 2015, respectively. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. VRIAC is contractually obligated to repay the principal and a specified interest rate that is

NOTE 5 - GUARANTEED INTEREST ACCOUNT *(Continued)*

guaranteed to the Plan. The crediting rate is reviewed annually but may not be less than 3 percent. The Guaranteed Accumulation Account ("GAA") does not permit the insurance company to terminate the agreement prior to the completion of 5 years.

The contract meets the fully benefit-responsive contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

GAA guarantees stipulated rates of interest for stated periods. Amounts withdrawn from plan accounts before the end of a guaranteed term may be subject to a market value adjustment. Amounts in GAA may be transferred to other investment options at any time subject to certain limits.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in separate investment accounts that invest in publicly traded mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits. The Plan is covered under a fidelity bond for an amount up to 10% of the Plan assets subject to a maximum of $500,000.

NOTE 7 - ROLLOVER CONTRIBUTIONS

As a result of the asset purchase agreement and amendment described in Note 1, an aggregate of $60,466 was rolled into the Plan during the year ended December 31, 2016, and is included in rollovers on the statement of changes in the net assets available for benefits.

NOTE 8 - RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who have or may perform services or have fiduciary responsibilities to the Plan. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company pays all the administrative and accounting fees of the Plan. Certain plan investments are shares of mutual funds sold by Voya, the custodian, as defined by the Plan. These transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $0 and $4,135 for the years ended December 31, 2016 and 2015, respectively.

Effective July 11, 2016 the Plan entered into a Portfolio Blueprint 3(38) Program Service Agreement with Morningstar Associates, LLC (“Morningstar”) and Voya. The Program allows the Plan to delegate the fiduciary responsibility for selecting, monitoring and replacing the Plan’s designated investment options from those available on the Voya Fund Platform to Morningstar in the capacity of an “investment manager” as defined in Section 3(38) of ERISA. In connection with its services, Morningstar receives a fixed annual fee from Voya and also a fee in the amount of 0.05% of assets in the Program. This agreement shall terminate automatically upon the Plan sponsor terminating its agreement with Voya or upon Voya and Morningstar terminating their agreement.

NOTE 9 - PRIOR PERIOD ADJUSTMENT/CHANGE IN ACCOUNTING PRINCIPLE

During 2016, the Company adopted ASU 2015-12 which changed the presentation of fully benefit-responsive contracts to be measured, presented and disclosed only at contract value, not fair value. The financial statements for 2015 have been retroactively restated for such change, which resulted in a decrease in net assets available for Plan of $56,427 and net appreciation (depreciation) in value of investments and net change in net assets of $19,581. Net assets available for plan benefits has been decreased accordingly in the amount of $36,846 as of the beginning of 2015 for the effect of retroactive application of the new method.

SUPPLEMENTARY INFORMATION

SHARP DECISIONS, INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2016

Form 5500 Schedule H Line 4i-Schedule of Assets (Held at End of Year)

Plan Sponsor EIN: 11-3032786
Plan Number 001

(a) Party-in-Interest	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Interest Rate Collateral Par of Maturity Value	(e) Current Value
No	American Funds Euro Pacific	Long-term capital growth	$ 747
No	Templeton Global Bond Fund	Income and capital appreciation	159
No	Loomis Sayles Bond Fund	Income and capital appreciation	79
No	Victory Sycamore Established Value Fund	Long-term capital growth	954,994
No	MFS Aggressive Growth Allocation Fund	Total return	171
No	MFS Conservative Allocation Fund	Total return	158
No	MFS Moderate Allocation Fund	Total return	297,445
No	American Funds Washington Mutual	Income & capital growth	47,766
No	T Rowe Price Blue Chip Growth Fund	Income & capital growth	1,018,273
No	T Rowe Price Retirement 2005 Fund	Income & capital growth	664,411
No	T Rowe Price Retirement 2015 Fund	Income & capital growth	158
No	T Rowe Price Retirement 2020 Fund	Income & capital growth	95,546
No	T Rowe Price Retirement 2025 Fund	Income & capital growth	1,299,238
No	T Rowe Price Retirement 2030 Fund	Income & capital growth	39,373
No	T Rowe Price Retirement 2035 Fund	Income & capital growth	680,614
No	T Rowe Price Retirement 2040 Fund	Income & capital growth	153,400
No	T Rowe Price Retirement 2045 Fund	Income & capital growth	463,001
No	T Rowe Price Retirement 2050 Fund	Income & capital growth	18,960
No	T Rowe Price Retirement 2055 Fund	Income & capital growth	67,471
No	T Rowe Price Retirement 2060 Fund	Income & capital growth	25,293
*	Voya High Yield Portfolio	Income & capital preservation	160,055
*	Voya Clarion Real Estate Portfolio	Income & capital growth	201,238
*	Voya MidCap Opportunities Portfolio	Long-term capital appreciation	669,023
*	Voya International Index Portfolio	Total return	460,794
*	Voya Fixed Account	Guaranteed Investment Contract	1,166,670
*	Voya U.S. Stock Index Portfolio	Total return	1,618,999
*	Voya Government Money Market Portfolio	Income & capital growth	46
*	Voya Intermediate Bond Fund	Income & capital preservation	172,045
*	Voya JP Morgan Emerging Markets portfolio	Long-term capital growth	91,278
*	Voya JP Morgan Small Cap Core Equity Portfolio	Long-term capital growth	303,674
			10,671,079
	Participant Loans	Interest Rates 4.75% - 5.00%	87,750
			$ 10,758,829

* Issue is a party-in interest

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

Summary of Investment Expenses and Indirect Compensation

The chart below summarizes the investment expenses for the funds available under your Voya Financial, Inc. (Voya) program and the revenue received by Voya from the funds in support of the recordkeeping and administrative services we provide in connection with your plan. Voya uses this revenue to maintain the investment, administrative and technological platforms and other supporting services used by your plan. Part of this revenue may also be used to compensate one or more of your plan's other service providers. Among those additional service providers are the plan's adviser and third party administrator (TPA). For informational purposes, we are providing the amounts that may be paid to certain other providers in the summary below. Amounts shown are expressed as a percentage of program assets based on formulas in effect as of the date above, and are subject to change.

Note: The amounts shown below are not added to each other. Rather, the revenue Voya receives is paid directly or indirectly from the total investment expenses. The compensation paid by Voya is a Voya expense and is not separately charged to the plan.

Summary	
Average Annual Investment Expense of Managed Investment Options (1)	1.18%
Average Annual Managed Investment Option Revenue (2)	0.78%
Average Annual Total Investment Option Revenue (3)	0.74%
Annual compensation paid by Voya to adviser*	
- of assets	0.25%
Annual compensation that may be payable by Voya to Third Party Administrator*	
- Partnership Program	0.05%

[1] **Average Annual Investment Expense of Managed Investment Options**: This is the weighted average of the Total Investment Expenses for the plan investment options, based on assets at the reporting date, excluding any funds for which the expenses are N/A and any self directed brokerage accounts.

[2] **Average Annual Managed Investment Option Revenue**: This is the weighted average revenue to Voya, based on assets at the reporting date, from the funds included in the Total Investment Expenses. (Paid to Voya from Total Investment Expenses)

[3] **Average Annual Total Investment Option Revenue:** This is the weighted average revenue to Voya from all plan investment options, based on assets at the reporting date, including any assets in the Voya Fixed or Guaranteed Accumulation Account.

* The annual compensation paid by Voya to your adviser and TPA reflects the compensation payable after the first year of the program and does not include compensation paid on transferred assets or any "first year" compensation. See your new business paperwork for information on first year compensation. Certain minimum criteria may apply before such payments are made and receipt of compensation by your TPA may vary by plan. In addition, Renewal Contributions are contributions made after the first year of the contract. Increase Contributions are contributions that exceed the highest contributions in any prior year. Voya may also make payments to other plan service providers from the total revenue received by Voya.

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

Investment Expenses and Indirect Compensation

The chart below shows the components of the investment expenses for the non-fixed interest funds available under your plan as well as the revenue paid to Voya Financial, Inc. (Voya) from the funds in support of the recordkeeping and administrative services we provide in connection with your plan. The revenue received by Voya from the fund is paid by the fund itself or a related party (e.g. the fund's investment manager) and is not an additional expense above the fund fees. Voya uses this revenue to maintain the investment, administrative and technological platforms and other supporting services used by your plan. Part of this revenue may also be used to compensate your advisor. Amounts shown below are based on charges in effect as of the date above and are subject to change.

Please refer to the Appendix for a description of the services provided in connection with the following fees paid by the Funds to Voya:

		Expenses Paid											Recordkeeping Revenue to Voya				
		Fund Expenses							Voya Contract Charges			Total					
Fund No	Fund Name	(A) Management Fees	(B) 12b-1 Fees	(C) Other Expenses	(D) Gross Fund Expense (A+B+C)	(E) Waivers and Adjustments	(F) Net Fund Expense (D+E)	Prospectus Date	(G) Daily Asset Charge	(H) Voya Admin Fee	(I) Total Daily Asset Charge (G+H)	(J) Total Investment Expense (F+I)	(K) Total Daily Asset Charge (From column I)	(L) Sub TA/Expense Reimbursement	(M) 12b-1 Fee	(N) Service Fee	(O) Total Revenue to Voya (K+L+M+N)
003	Voya Govt Money Market Portfolio I	0.35%	0.00%	0.03%	0.38%	-0.05%	0.33%	05/01/2016	0.00%	0.65%	0.65%	0.98%	0.65%	0.17%	0.00%	0.00%	0.82%
004	Voya Intermediate Bond Port I	0.50%	0.00%	0.04%	0.54%	-0.05%	0.49%	05/01/2016	0.00%	0.45%	0.45%	0.94%	0.45%	0.17%	0.00%	0.00%	0.62%
081	Voya MidCap Opportunities Port I	0.77%	0.00%	0.04%	0.81%	0.00%	0.81%	05/01/2016	0.00%	0.45%	0.45%	1.26%	0.45%	0.30%	0.00%	0.00%	0.75%
1019	VY Clarion Real Estate Port Srv	0.81%	0.25%	0.03%	1.09%	-0.13%	0.96%	05/01/2016	0.00%	0.20%	0.20%	1.16%	0.20%	0.28%	0.00%	0.25%	0.73%
1055	Victory Sycmr Established Value Fd R	0.46%	0.50%	0.20%	1.16%	0.00%	1.16%	02/29/2016	0.00%	0.00%	0.00%	1.16%	0.00%	0.25%	0.50%	0.00%	0.75%
1379	TRowePrc Blue Chip Growth Fund Adv	0.57%	0.25%	0.17%	0.99%	0.00%	0.99%	05/01/2016	0.00%	0.35%	0.35%	1.34%	0.35%	0.15%	0.25%	0.00%	0.75%
1425	Loomis Sayles Bond Fund Ret	0.51%	0.25%	0.13%	0.89%	0.00%	0.89%	02/01/2016	0.00%	0.30%	0.30%	1.19%	0.30%	0.10%	0.25%	0.00%	0.65%
1551	Voya International Index Port I	0.46%	0.00%	0.10%	0.56%	-0.08%	0.48%	05/01/2016	0.00%	0.45%	0.45%	0.93%	0.45%	0.30%	0.00%	0.00%	0.75%
1695	TRowePrc Retirement 2005 Fund R	0.00%	0.50%	0.60%	1.10%	0.00%	1.10%	10/01/2016	0.00%	0.20%	0.20%	1.30%	0.20%	0.15%	0.50%	0.00%	0.85%
1697	TRowePrc Retirement 2015 Fund R	0.00%	0.50%	0.62%	1.12%	0.00%	1.12%	10/01/2016	0.00%	0.20%	0.20%	1.32%	0.20%	0.15%	0.50%	0.00%	0.85%
1698	TRowePrc Retirement 2020 Fund R	0.00%	0.50%	0.66%	1.16%	0.00%	1.16%	10/01/2016	0.00%	0.20%	0.20%	1.36%	0.20%	0.15%	0.50%	0.00%	0.85%
1699	TRowePrc Retirement 2025 Fund R	0.00%	0.50%	0.69%	1.19%	0.00%	1.19%	10/01/2016	0.00%	0.20%	0.20%	1.39%	0.20%	0.15%	0.50%	0.00%	0.85%
1700	TRowePrc Retirement 2030 Fund R	0.00%	0.50%	0.72%	1.22%	0.00%	1.22%	10/01/2016	0.00%	0.20%	0.20%	1.42%	0.20%	0.15%	0.50%	0.00%	0.85%
1701	TRowePrc Retirement 2035 Fund R	0.00%	0.50%	0.74%	1.24%	0.00%	1.24%	10/01/2016	0.00%	0.20%	0.20%	1.44%	0.20%	0.15%	0.50%	0.00%	0.85%
1702	TRowePrc Retirement 2040 Fund R	0.00%	0.50%	0.76%	1.26%	0.00%	1.26%	10/01/2016	0.00%	0.20%	0.20%	1.46%	0.20%	0.15%	0.50%	0.00%	0.85%
1703	TRowePrc Retirement 2045 Fund R	0.00%	0.50%	0.76%	1.26%	0.00%	1.26%	10/01/2016	0.00%	0.20%	0.20%	1.46%	0.20%	0.15%	0.50%	0.00%	0.85%
1704	TRowePrc Retirement 2050 Fund R	0.00%	0.50%	0.76%	1.26%	0.00%	1.26%	10/01/2016	0.00%	0.20%	0.20%	1.46%	0.20%	0.15%	0.50%	0.00%	0.85%
1705	TRowePrc Retirement 2055 Fund R	0.00%	0.50%	0.76%	1.26%	0.00%	1.26%	10/01/2016	0.00%	0.20%	0.20%	1.46%	0.20%	0.15%	0.50%	0.00%	0.85%
3339	MFS Aggressive Grwth Alloc Fnd R2	0.00%	0.50%	0.89%	1.39%	-0.02%	1.37%	09/28/2016	0.00%	0.10%	0.10%	1.47%	0.10%	0.25%	0.50%	0.00%	0.85%
3340	MFS Conservative Allocation Fund R2	0.00%	0.50%	0.69%	1.19%	0.00%	1.19%	09/28/2016	0.00%	0.10%	0.10%	1.29%	0.10%	0.25%	0.50%	0.00%	0.85%
3342	MFS Moderate Allocation Fnd R2	0.00%	0.50%	0.74%	1.24%	0.00%	1.24%	09/28/2016	0.00%	0.10%	0.10%	1.34%	0.10%	0.25%	0.50%	0.00%	0.85%
482	American Funds Wash Mtual R3	0.24%	0.50%	0.21%	0.95%	0.00%	0.95%	07/01/2016	0.00%	0.00%	0.00%	0.95%	0.00%	0.15%	0.50%	0.00%	0.65%
496	American Funds EuroPacific R3	0.42%	0.50%	0.22%	1.14%	0.00%	1.14%	06/01/2016	0.00%	0.00%	0.00%	1.14%	0.00%	0.15%	0.50%	0.00%	0.65%
5053	Templeton Global Bond Fund R	0.48%	0.50%	0.18%	1.16%	-0.02%	1.14%	01/01/2016	0.00%	0.05%	0.05%	1.19%	0.05%	0.15%	0.50%	0.10%	0.80%
6982	TRowePrc Retirement 2060 Fund R	0.00%	0.50%	0.76%	1.26%	0.00%	1.26%	10/01/2016	0.00%	0.20%	0.20%	1.46%	0.20%	0.15%	0.50%	0.00%	0.85%
740	Voya Fixed Account	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.42%	0.42%

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

		Expenses Paid											Recordkeeping Revenue to Voya				
		Fund Expenses							Voya Contract Charges			Total					
Fund No	Fund Name	(A) Management Fees	(B) 12b-1 Fees	(C) Other Expenses	(D) Gross Fund Expense (A+B+C)	(E) Waivers and Adjustments	(F) Net Fund Expense (D+E)	Prospectus Date	(G) Daily Asset Charge	(H) Voya Admin Fee	(I) Total Daily Asset Charge (G+H)	(J) Total Investment Expense (F+I)	(K) Total Daily Asset Charge (From column I)	(L) Sub TA/Expense Reimbursement	(M) 12b-1 Fee	(N) Service Fee	(O) Total Revenue to Voya (K+L+M+N)
752	VY JPMorgan Sm Cp Core Eq Prt Srv	0.84%	0.25%	0.02%	1.11%	0.00%	1.11%	05/01/2016	0.00%	0.20%	0.20%	1.31%	0.20%	0.28%	0.00%	0.25%	0.73%
779	VY JPMorgan Emrg Mkts Eq Port Srv	1.25%	0.25%	0.01%	1.51%	0.00%	1.51%	05/01/2016	0.00%	0.20%	0.20%	1.71%	0.20%	0.28%	0.00%	0.25%	0.73%
787	Voya High Yield Portfolio Srv	0.49%	0.25%	0.00%	0.74%	-0.01%	0.73%	05/01/2016	0.00%	0.20%	0.20%	0.93%	0.20%	0.28%	0.00%	0.25%	0.73%
829	Voya U.S. Stock Index Port Inst	0.26%	0.00%	0.00%	0.26%	0.00%	0.26%	05/01/2016	0.00%	0.40%	0.40%	0.66%	0.40%	0.30%	0.00%	0.00%	0.70%

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
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Fund Notes

Voya Government Money Market Portfolio - Class I: The adviser and distributor are contractually obligated to waive a portion of their advisory fees and distribution and/or shareholder servicing fees, as applicable, and to reimburse certain expenses of the Portfolio to the extent necessary to assist the Portfolio in maintaining a net yield of not less than zero through May 1, 2017. Including this waiver, Total Annual Portfolio Operating Expenses after Waivers and Reimbursements (for this Portfolio's most recent fiscal year) would have been 0.22%. There is no guarantee that the Portfolio will maintain such a yield. Any advisory fees waived or expenses reimbursed may be subject to possible recoupment by the adviser within 36 months of the waiver or reimbursement. In no event will the amount of the recoupment on any day exceed 20% of the yield (net of all expenses) of the Portfolio on that day. The adviser is contractually obligated to waive 0.045% of the management fee through May 1, 2017. Termination or modification of these obligations requires approval by the Portfolio's board.

Voya Intermediate Bond Portfolio - Class I: The adviser is contractually obligated to limit expenses to 0.55% through May 1, 2017. The limitation does not extend to interest, taxes, investment-related costs, leverage expenses, extraordinary expenses, and Acquired Fund Fees and Expenses. This limitation is subject to possible recoupment by the adviser within 36 months of the waiver or reimbursement. The adviser is contractually obligated to waive 0.045% of the management fee through May 1, 2017. Termination or modification of these obligations requires approval by the Portfolio's board.

Voya MidCap Opportunities Portfolio - Class I: The adviser is contractually obligated to limit expenses to 0.90% through May 1, 2017. In addition, the adviser is contractually obligated to further limit expenses to 0.85% through May 1, 2017. The limitations do not extend to interest, taxes, investment-related costs, leverage expenses, extraordinary expenses, and Acquired Fund Fees and Expenses. These limitations are subject to possible recoupment by the adviser within 36 months of the waiver or reimbursement. Termination or modification of these obligations requires approval by the Portfolio's board.

VY Clarion Real Estate Portfolio - Service Class: The adviser is contractually obligated to limit expenses to 1.00% through May 1, 2017. The limitation does not extend to interest, taxes, investment-related costs, leverage expenses, extraordinary expenses, and Acquired Fund Fees and Expenses. This limitation is subject to possible recoupment by the adviser within 36 months of the waiver or reimbursement. The adviser is contractually obligated to waive a portion of the management fee through May 1, 2017. The management fee waiver for the Portfolio is an estimated 0.04%. Termination or modification of these obligations requires approval by the Portfolio's board.

Loomis Sayles Bond Fund - Retail Class: Loomis, Sayles & Company, L.P. ("Loomis Sayles" or the "Adviser") has given a binding contractual undertaking to the Fund to limit the amount of the Fund's total annual fund operating expenses to 0.95% of the Fund's average daily net assets exclusive of brokerage expenses, interest expense, taxes, acquired fund fees and expenses, organizational and extraordinary expenses, such as litigation and indemnification expenses. This undertaking is in effect through January 31, 2017 and may be terminated before then only with the consent of the Fund's Board of Trustees. The Adviser will be permitted to recover, on a class by class basis, management fees waived and/or expenses reimbursed to the extent that expenses in later periods fall below the applicable expense limitations. The Fund will not be obligated to repay any such waived/reimbursed fees and expenses more than one year after the end of the fiscal year in which the fees or expenses were

Voya International Index Portfolio - Class I: The adviser is contractually obligated to limit expenses to 0.50% through May 1, 2017. In addition, the adviser is contractually obligated to further limit expenses to 0.48% through May 1, 2017. These limitations do not extend to interest, taxes, investment-related costs, leverage expenses, extraordinary expenses, and Acquired Fund Fees and Expenses. These limitations are subject to possible recoupment by the adviser within 36 months of the waiver or reimbursement. Termination or modification of these obligations requires approval by the Portfolio's board.

MFS Aggressive Growth Allocation Fund - Class R2: Massachusetts Financial Services Company has agreed in writing to bear the fund's expenses, excluding program management fees, management fees, distribution and service fees, interest, taxes, extraordinary expenses, brokerage and transaction costs, and investment related expenses, including fees and expenses associated with investments in investment companies and other similar investment vehicles, such that ?Other Expenses? do not exceed 0.13% of the fund's average daily net assets annually for each class of shares. This written agreement will continue until modified by the fund's Board of Trustees, but such agreement will continue until at least September 30, 2015.

Templeton Global Bond Fund - Class R: The investment manager has contractually agreed in advance to reduce its fee as a result of the Fund's investment in a Franklin Templeton money fund (acquired fund) for at least the next 12-month period. Contractual fee waiver and/or expense reimbursement agreements may not be changed or terminated during the time periods set forth above. Total annual Fund operating expenses differ from the ratio of expenses to average net assets shown in the Financial Highlights within the fund's prospectus, which reflect the operating expenses of the Fund and do not include acquired fund fees and expenses.

Voya High Yield Portfolio - Service Class: The adviser is contractually obligated to waive a portion of the management fee through May 1, 2017. The management fee waiver for the Portfolio is an estimated 0.01%. Termination or modification of this obligation requires approval by the Portfolio's board.

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Plan ID: GH3442

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Other Indirect Compensation

Float

Voya and its affiliated companies ("Voya") earn income in the form of bank service credits on contributions awaiting investment and on payments awaiting distribution from the bank accounts that Voya maintains (or "float"). The bank service credits are applied against the bank service fees that apply to the bank accounts that Voya maintains and may not be redeemed for cash. Specifically, the bank accounts have been established to receive and hold for a reasonable time:

- contributions or other amounts to be invested in your retirement plan, or
- amounts redeemed to pay a distribution or disbursement from your plan.

Your Voya service provider will receive income in the form of bank service credits (as described below) and offset such credits against bank service fees that are charged to Voya for the use of such bank accounts and for services provided by the banks for processing receipts or disbursements.

Float Generated by Contributions:

Your Voya service provider uses a bank account to receive and hold contributions or other Plan deposit amounts to be invested. Contributions or other deposit amounts are held until Authorized Instructions are received in good order. Income in the form of bank service credits are earned on the bank account during any waiting period for Authorized Instructions. For Authorized Instructions received in good order by the close of the New York Stock Exchange (normally 4:00 p.m. Eastern Time), contributions or other deposit amounts will be invested on that business day. For Authorized Instructions received in good order after the close of the New York Stock Exchange, contributions or other deposit amounts will be processed on the next business day.

Float Generated by Distributions:

Your Voya service provider and/or one or more of its corporate affiliates receives income in the form of bank service credits in connection with distributions or disbursements that Voya pays on the plan's behalf. The service credits accrue during the period beginning when an amount is redeemed from the Plan's investment to fund a distribution or disbursement check and ending when the check is presented for payment.

Additionally, from time to time, the corporate affiliate of your Voya service provider may receive money market like rates of return on other deposit or short term investment products in which distributions may be held until such time as the check is presented for payment.

Transaction Processing Errors

Voya processes your Plan's investment instructions on an "omnibus" or aggregated basis. If Voya's correction of a Voya processing error results in a loss to your Plan or its Participants, Voya will absorb the loss. If any gain results in connection with the correction of a Voya processing error, Voya will net any such gain against other losses absorbed by Voya and retain any resulting net gain as a component of its compensation for transaction processing services, including its agreement to make Plan and Participant accounts whole for losses resulting from Voya processing errors. For more information on our error correction policy, please refer to Voya Retirement Insurance and Annuity Company's Policy for Correction of Processing Errors ("VRIAC Policy"). The VRIAC policy is posted in the Sponsor Disclosure section of the Sponsor Web.

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

Revenue Sharing

In addition, to the extent former or current Affiliates of Voya perform services for the Plan, such Affiliate may share any revenue received with Voya or may credit Voya for such revenue against amounts due from Voya to such Affiliate. Such revenue sharing may include, but it is not limited to, revenue sharing in connection with investment management, brokerage or trustee/custodial services.

Conference Support

Some fund families provide financial support to Voya companies in connection with training and education events attended by Voya employees and representatives. This financial support may include expenses associated with meals. For calendar year 2016 such amount was approximately $0.48 per plan. This estimate was determined by dividing the total amount received from all fund families by the number of plans for which Voya provides investment services.

Appendix: Definitions for Indirect Fees

- **Fund No:** The fund number assigned by Voya
- **Fund Name:** The name of the Fund

Please note that some of the funds available under your plan may include Voya proprietary funds. Proprietary funds are funds which are owned by Voya companies. The mutual funds listed for your plan which start with Voya's name are Voya proprietary funds.

FUND EXPENSES

- **Management Fees**: Fees paid to the Fund for investment advisory activities related to the selection and management of fund investments. These fees may include fees paid to the trustee of a collective investment trust.
- **12b-1 Fees**: Fees paid to the Fund for distribution services provided on behalf of a fund. If the fund imposes 12b-1 fees, such payments are made out of fund assets.
- **Other Expenses**: Fees paid to the Fund for other expenses associated with maintenance of a fund, such as: accounting, audit, recordkeeping, prospectus delivery, proxy support, periodic fund reports printing and/or mailing, etc.
- **Gross Fund Expense:** The sum of the management fees, 12b-1 fees and other expenses paid by the Fund.
- **Waivers and Adjustments**: An adjustment to a portion of the mutual fund fees as stated in the fund's most current prospectus. For certain funds, the investment adviser or other service provider to the fund may waive a portion of its fees or reimburse certain fund expenses, which will reduce the expense ratio of the fund for the period of the waiver or adjustment. These waivers and adjustments may not necessarily continue in the future. Please refer to the footnotes at the end of this report for further information regarding any Waivers and Adjustments shown.
- **Net Fund Expense**: The Gross Fund Expense reduced by any waiver or adjustment in effect.
- **Prospectus Date**: The date of the fund prospectus from which the fund fees have been provided.

VOYA CONTRACT CHARGES

- **Daily Asset Charge**: A Voya contract charge assessed against the variable funds for marketing and sales expenses as well as the costs of various services (e.g., call centers, websites, daily valuation systems, regulatory information, transaction processing, communication, education and enrollment support) in support of your program. This charge may be comprised of a base contract charge as well as additional charges for optional services selected by the plan.

- **Voya Admin Fee**: An adjustment (positive or negative) to the Daily Asset Charge. This fee paid to Voya varies based on the fund revenue sharing agreement between Voya and the respective fund families.

- **Total Daily Asset Charge**: The sum of the Daily Asset Charge and Voya Admin Fee.

- **Total Investment Expense**: The Net Fund Expense plus the Daily Asset Charge.

REVENUE TO VOYA:

- **Total Daily Asset Charge**: The sum of the Daily Asset Charge and Voya Admin Fee.

- **Sub Transfer Agent (Sub TA) Expense Reimbursement**: The amount paid to Voya Retirement Insurance and Annuity Company ("VRIAC") or its affiliates by the Fund Family or Fund Transfer Agent for plan and participant level recordkeeping services.

- **12b-1 Fees:** The amount paid to VRIAC or its affiliates by the fund family from the fund's 12b-1 fees for distribution services.

- **Service Fee:** The amount paid to VRIAC or its affiliates by the Fund Family or Fund Transfer Agent for other services provided in connection with the investment option. If your plan uses the Voya Fixed Account or Voya Guaranteed Accumulation Account (GAA), the amount shown in the "Service Fee" column represents our reasonable and good faith estimate of the cost of the recordkeeping and other administrative services being offset through a reduction in the rates of interest that would otherwise be credited. In developing our estimate, we applied guidance issued by the Department of Labor in connection with Form 5500 Schedule C reporting. Under that guidance, if the rate of return on a fixed rate investment contract is net of the expense of recordkeeping and similar administrative services, then the amount so "netted" should be reported as a fee charged against the Plan's investment in order to avoid the inference that the Plan services were being provided free of charge. Estimates of those amounts are permitted so long as the estimate is reasonable, and the methodology and assumptions used to prepare the estimate are disclosed.

  The rate credited to your Plan's Fixed Account and/or GAA ("fixed accounts") balance is a "net" rate that reflects the costs of the recordkeeping and other administrative services we provide. We have estimated the amount of that rate reduction and reported it in the "Service Fee" column of our indirect compensation report in order to inform your understanding of the costs of our recordkeeping and administrative services. Set forth below is a description of the method we used in developing our estimate:

  First, we determined the ratio of (1) our estimated internal costs for providing plan recordkeeping, trusteeship and similar services to all of our Plan customers as of the prior calendar year end, to (2) our average total assets during the same calendar year. We applied that ratio to your Plan's fixed account(s) to arrive at an estimate of the dollar amount of reportable compensation attributable to netting the costs of providing such services against the Fixed Account/GAA rate.

- **Total Revenue to Voya:** The sum of the Total Daily Asset Charge plus amounts received by Voya from the Fund or fund custodian for Sub TA Expense Reimbursement, 12b-1 Fees and other services.

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

Name of Plan:

► Sharp Decisions, Inc. 401(k) Plan

Employer Identification Number:► 11-3032786

For plan year (beginning/ending):► 01/01/2016 / 12/31/2016 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Voya Retirement Insurance and Annuity Co	Voya Govt Money Market Portfolio		46.2
*	Voya Retirement Insurance and Annuity Co	Voya Intermediate Bond Fund		172045.17
*	Voya Retirement Insurance and Annuity Co	Voya MidCap Opportunities Portfolio		669023.1
	Voya Retirement Insurance and Annuity Co	American Funds Wash Mutual		47766
	Voya Retirement Insurance and Annuity Co	American Funds EuroPacific		747.25
*	Voya Retirement Insurance and Annuity Co	Voya Fixed Account		1115855.46
	Voya Retirement Insurance and Annuity Co	VY JPMorgan Small Cap Core Equity Portfolio		303673.79
	Voya Retirement Insurance and Annuity Co	VY JPMorgan Emerging Markets Portfolio		91278.15
*	Voya Retirement Insurance and Annuity Co	Voya High Yield Portfolio		160055.08
*	Voya Retirement Insurance and Annuity Co	Voya U.S. Stock Index Portfolio		1618999.25
	Voya Retirement Insurance and Annuity Co	VY Clarion Real Estate Portfolio		201238.31
	Voya Retirement Insurance and Annuity Co	Victory Sycmr Established Value Fund		954994
	Voya Retirement Insurance and Annuity Co	TrowePrice Blue Chip Growth Fund		1018272.86
	Voya Retirement Insurance and Annuity Co	Loomis Sayles Bond Fund		79.09
*	Voya Retirement Insurance and Annuity Co	Voya International Index Portfolio		460794.07
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2005 Fund		664410.93
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2015 Fund		158.16
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2020 Fund		95546.07
	Voya Retirement Insurance and Annuity Co	Trowe Price Retirement 2025 Fund		1299238.24
	Voya Retirement Insurance and Annuity Co	Trowe Price Retirement 2030 Fund		39372.37
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2035 Fund		680613.62
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2040 Fund		153400.18
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2045 Fund		463000.61
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2050 Fund		18959.46
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2055 Fund		67470.58
	Voya Retirement Insurance and Annuity Co	MFS Aggressive Growth Allocation Fund		170.8
	Voya Retirement Insurance and Annuity Co	MFS Conservative Allocation Fund		158.33
	Voya Retirement Insurance and Annuity Co	MFS Moderate Allocation Fund		297444.5
	Voya Retirement Insurance and Annuity Co	Templeton Global Bond Fund		159.32
	Voya Retirement Insurance and Annuity Co	TRowePrice Retirement 2060 Fund		25293.05
*	Paticipant Loans	4.75% - 5.00%		