

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
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Part I	Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>		1b Three-digit plan number (PN) ► <u>001</u>
			1c Effective date of plan <u>01/01/1998</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MILESTONE TECHNOLOGIES, INC.</u> <u>3101 SKYWAY COURT</u> <u>FREMONT, CA 94539</u>		2b Employer Identification Number (EIN) <u>94-3263696</u> 2c Plan Sponsor's telephone number <u>510-651-2454</u> 2d Business code (see instructions) <u>334110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>08/22/2017</u>	<u>PREM CHAND</u>
	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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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 1533
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) 1294
a(2) Total number of active participants at the end of the plan year	6a(2) 1454
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 244
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1698
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 1698
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1009
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 176
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 2G 2J 2F 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MILESTONE TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 94-3263696

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

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	336583-01	186	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 1032	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

GREGORY PETERS

CETERA ADVISORS NETWORKS LLC
3730 MT. DIABLO BLVD., #220
LAFAYETTE, CA 94549

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1032			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(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	

(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	472798
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8824480

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ 557593

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 ANNUITY CONTRACT

b Balance at the end of the previous year	7b	439488
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c Additions: (1) Contributions deposited during the year	7c(1)	557593
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	5936
(4) Transferred from separate account	7c(4)	163748
(5) Other (specify below)	7c(5)	37636

▶ LOAN REPAYMENTS, FORFEITURES

(6) Total additions	7c(6)	764913
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1204401
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	146782
(2) Administration charge made by carrier.....	7e(2)	55329
(3) Transferred to separate account	7e(3)	529492
(4) Other (specify below)	7e(4)	0

▶

(5) Total deductions	7e(5)	731603
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	472798
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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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MILESTONE TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 94-3263696

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GREAT-WEST LIFE & ANNUITY INS CO	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111
84-0467907	

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORD- KEEPER	68152	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRIMARK BENEFITS

875 MAHLER RD. STE. 105
BURLINGAME, CA 94010

(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?
13 70 49	THIRD PARTY ADMIN	49772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CETERA ADVISOR NETWORKS LLC

200 N SEPULVEDA BLVD, STE. 1200
EL SEGUNDO, CA 90245-5670

(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?
55	BROKER ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	18323	Yes ☐ No ☒

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

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

EMPOWER RETIREMENT ADVISORY SVCS

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMNT	3745	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
CETERA ADVISOR NETWORKS LLC	55	18323
(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.	
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MILESTONE TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>94-3263696</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN SMARTRETIREMENT INCOME INSTL</u>		
c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24430</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN SMARTRETIREMENT 2015 INSTL</u>		
c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41814</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN SMARTRETIREMENT 2020 INSTL</u>		
c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>235352</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN SMARTRETIREMENT 2025 INSTL</u>		
c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>524790</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN SMARTRETIREMENT 2030 INSTL</u>		
c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>626173</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN SMARTRETIREMENT 2035 INSTL</u>		
c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>585580</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN SMARTRETIREMENT 2040 INSTL</u>		
c EIN-PN <u>84-0467907-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>740648</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2045 INSTL		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 616321
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2050 INSTL		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 624827
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2055 INSTL		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355691
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS NEW PERSPECTIVE R6		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241488
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): DFA EMERGING MARKETS I		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122683
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): TIF INTERNATIONAL EQUITY SERIES		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13846
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): MFS INTERNATIONAL NEW DISCOVERY A		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64194
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): OPPENHEIMER INTERNATIONAL GROWTH Y		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50416
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): TEMPLETON INST FOREIGN EQUITY		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): TEMPLETON INSTL FOREIGN SMALLER CO SER A		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8551

a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD FTSE ALL-WORLD EX-US INDEX INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176180
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): FIDELITY ADVISOR TECHNOLOGY I		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109219
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): FRANKLIN UTILITIES ADV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57695
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): PIMCO COMMODITY REAL RET STRAT INSTL		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59099
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): PRUDENTIAL FINANCIAL SERVICES FUND Z		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): T ROWE PRICE HEALTH SCIENCES		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 291192
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VAN ECK INTL INVESTORS GOLD I		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD ENERGY ADM		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72053
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO		
b Name of sponsor of entity listed in (a): VANGUARD REIT INDEX INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 326626
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD SMALL CAP INDEX ADM		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 593242

a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): NUVEEN MID CAP INDEX I		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226015
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD SELECTED VALUE INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53151
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): WELLS FARGO ADVANTAGE DISCOVERY R6		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38128
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): SCHWAB TOTAL STOCK MARKET INDEX		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 790249
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): T. ROWE PRICE EQUITY INCOME FUND		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204429
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD GROWTH INDEX INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160830
a Name of MTIA, CCT, PSA, or 103-12 IE: GEMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY GROWTH INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY CNSRV GR INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY MODERATE GROWTH		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY INCOME INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): AMERICAN CENTURY INFL-ADJ BOND INV		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20479
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): BLACKROCK HIGH YIELD BOND INSTL		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105555
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): LEGG MASON BW GLOBAL OPPS BD I		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61376
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): PIMCO INCOME INSTL		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): T. ROWE PRICE GNMA		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD SHORT-TERM FEDERAL ADM		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89110
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD SHORT-TERM INVESTMENT GRADE ADM		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): KEY GUARANTEED PORTFOLIO FUND		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 431592
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER RETIREMENT		
b Name of sponsor of entity listed in (a): VANGUARD INTERM-TERM BOND INDEX ADM		
c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81453
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
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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) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MILESTONE TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>94-3263696</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	250000	283506
(2) Participant contributions	1b(2)	847	0
(3) Other.....	1b(3)	0	3055
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	72472	41206
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	299902	163366
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7105150	8824480
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7728371	9315613

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	183	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	183	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7728188	9315613
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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)	283505	
(B) Participants	2a(1)(B)	2117505	
(C) Others (including rollovers)	2a(1)(C)	161267	
(2) Noncash contributions	2a(2)	0	2562277
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9362	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9362
(2) Dividends: (A) Preferred stock	2b(2)(A)		253191
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	253191	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		253191
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2374827	40345
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2334482	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		275282
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3140457

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1428074	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1428074
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	124958	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		124958
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1553032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1587425
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: SENSIBA SAN FILIPPO LLP

(2) EIN: 94-2370906

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a		X	
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		1000000
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MILESTONE TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 94-3263696

Part I	Distributions
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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): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

Schedule R (Form 5500) 2016
v. 160205

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
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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: <u>0.0</u> % 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
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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 / / .	

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**Financial Statements
December 31, 2016**

**Together with
Independent Auditors' Report**

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

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December 31, 2016

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INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Milestone Technologies, Inc. 401(K) Profit Sharing Plan

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Milestone Technologies, Inc. 401(K) Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained a certification from the custodians as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the Plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2016 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report 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 custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

San Mateo, California
July 13, 2017

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN
Statement of Net Assets Available for Benefits

	December 31,	
	2016	2015
Assets		
Cash	\$ 41,206	\$ 72,472
Investments, at fair value	8,392,888	6,738,134
Fully benefit-responsive insurance contract, at contract value	431,592	367,016
Receivables:		
Notes receivable from participants	163,366	299,902
Employer non-elective contribution	283,506	250,000
Employer qualified non-elective correction contribution	48,780	-
Employee contribution	-	847
Other	3,055	-
Total assets	9,364,393	7,728,371
Accounts payable	-	183
Net assets available for benefits	\$ 9,364,393	\$ 7,728,188

The accompanying notes are an integral part of these financial statements

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2016

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$	315,627
Dividends and interest		<u>253,191</u>
Total investment income		<u>568,818</u>

Contributions:

Participants	2,117,505
Employer	332,285
Rollovers	<u>161,267</u>
Total contributions	<u>2,611,057</u>

Other income:

Interest income on notes receivable from participants	<u>9,362</u>
Total additions	<u>3,189,237</u>

Deductions from net assets attributed to:

Benefits paid to participants	1,428,074
Other expenses	<u>124,958</u>
Total deductions	<u>1,553,032</u>

Net increase in net assets	1,636,205
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Net assets available for benefits:

Beginning of year	<u>7,728,188</u>
End of year	<u>\$ 9,364,393</u>

The accompanying notes are an integral part of these financial statements

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2016

Note 1 - Description of Plan:

The following description of the Milestone Technologies, Inc. 401(K) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan was established by Milestone Technologies, Inc. (the "Company" or "Plan Sponsor") on January 1, 1998, restated on January 1, 2015, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company is the Plan administrator and retains the services of a third party to assist in the administration of the Plan. During both 2016 and 2015 the Plan's custodians were Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively "Great-West"). During both 2016 and 2015, the Plan's third party administrator was Primark Benefits ("Primark").

Eligibility and coverage - Except for excluded employees, all employees of the Company are eligible to participate in the Plan upon reaching age 21. Participants may begin deferring a portion of their compensation into the Plan on the first day of each month following eligibility. Employees covered under a collective bargaining agreement, non-resident aliens, and leased employees are not eligible to participate in the Plan.

Employee contributions - Participants may elect to contribute up to 100% of their compensation subject to the maximum allowed under section 401(k) of the Internal Revenue Code. For 2016 and 2015 the annual limitation was \$18,000 and \$24,000 for participants who are age 50 or older by the end of the year. Participants are also permitted to deposit into the Plan distributions received from other plans (rollovers).

Employer matching contributions - The Company may at its sole discretion make a basic matching contribution. There was no Company match for the year ended December 31, 2016. Additionally, the Company may make discretionary non-elective contributions to the Plan. Such discretionary Company contributions are allocated to each participant who is eligible for the Plan, allocated based on the ratio of each participant's compensation as a percentage of total compensation of all participants eligible to share. For the year ended December 31, 2016, the Company contributed approximately \$284,000. Contributions are subject to certain limitations.

Effective January 1, 2017, the Plan was amended to change the matching contribution from a discretionary match to a fixed matching contribution. Effective January 1, 2017, the Company's matching contributions will be 25% of eligible participant contributions made each pay period, up to a maximum amount of \$2,500 per year. The Company matching contribution is limited to 5% of Plan compensation as defined in the Plan document.

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2016

Note 1 - Description of Plan (continued):

Participants' accounts - Each participant's account is credited with the participant's contribution and allocations of (1) the Company's contribution, and (2) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options - The Plan provides for investments to be directed by participants into a number of investment options held by the custodians. Participants may change their investment options daily. Upon enrollment in the Plan, a participant may direct employee contributions in to investment options consisting of mutual funds of varying risks and an investment contract. Earnings of each investment fund are allocated to participant's accounts in proportion to each participant's share of that fund.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's elective and non-elective contribution portion of their accounts is based on years of continuous service, subject to a four year graded schedule.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested balance. The loans are secured by the balance in the participant's account and bear interest at market financing rates, currently prime plus 1% (4.75% as of December 31, 2016). Loan terms range from one to five years, but may not exceed five years, except for loans used for a purchase of a primary residence, which may be repaid over a period of up to thirty years. Principal and interest are paid ratably through payroll deduction each pay period.

Payment of benefits - On termination of service due to normal retirement age, disability, death, or termination of employment, the entire balance in the participant's deferral account as well as the participant's vested balance in the Company's match and discretionary non-elective match may be distributed to the participant in a lump sum payment, installment payments, joint and survivor annuity, rolled over into another qualified plan, or left in the Plan (subject to minimum balance requirements). The Plan allows for automatic lump sum distributions of participant vested account balances that do not exceed \$5,000.

As an active participant in the Plan, an employee may, upon attaining age 59 ½, request the distribution of his or her balance. In addition, a participant may apply for a hardship withdrawal, if he or she is experiencing an immediate and heavy financial need as defined by the specific criteria in the Plan document.

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2016

Note 1 - Description of Plan (continued):

Other expenses - Investment management and distribution fees are borne by participants. All other administrative costs of the Plan are paid by the Company.

Forfeited accounts - The Plan Sponsor may elect that all or any portion of the forfeiture account be allocated to all eligible participants who receive non-elective employer contributions. At December 31, 2016 and 2015, the forfeiture balance was approximately \$41,000 and \$72,000, respectively.

Note 2 - Summary of significant accounting policies:

Basis of accounting - The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Contributions from participants are recorded when withheld from the participant. Benefit payments to participants are recorded when paid.

Use of estimates - The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and schedule. Actual results may differ from those estimates.

Investment valuation and income recognition - The investments in all of the funds, except the investment contract, are presented at fair value, based on the quoted market prices of the underlying securities within each fund as of December 31, 2016 and 2015. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. The investment contract is fully benefit-responsive and is reported at contract value.

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

Fair value measurements - The Plan performs fair value measurements in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*. Refer to Note 3 for the fair value measurement disclosures associated with the Plan's investments.

Net appreciation in fair value of investments - The earnings, expenses, realized gains or losses, and unrealized appreciation (depreciation) in registered investment companies and other investments are recorded in the accompanying financial statements as net appreciation in fair value of investments.

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2016

Note 2 - Summary of significant accounting policies (continued):

Subsequent events - The Plan has evaluated subsequent events through the date that the financial statements were available to be issued which is the date of the independent auditors' report.

Note 3 - Fair value measurements:

The Plan performs fair value measurement in accordance with ASC 820. ASC 820 defines fair value as the price that would be received from selling an asset in an orderly transaction between market participants at the measurement date. The accounting guidance for fair value measurement requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard establishes a fair value hierarchy based on the level of independent, objective evidence surrounding the inputs used to measure fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The fair value hierarchy is as follows:

- Level 1 - Quoted prices in active markets for identical assets or liabilities;
- Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis were all deemed to be level 1 for mutual funds, by the Plan administrator, and were \$8,392,888 and \$6,738,134 as of December 31, 2016 and 2015, respectively.

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2016

Note 4 - Investments:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Great-West, the custodians of the Plan, as complete and accurate, except for comparing such information to information included in the Plan's financial statements and supplemental schedule.

The following information included in the financial statements and supplemental schedule was provided by and certified by the Plan's custodians as complete and accurate for 2016 and 2015:

- Investments as shown in the Statement of Net Assets Available for Benefits as of December 31, 2016 and 2015.
- Fully benefit-responsive insurance contract as shown in the Statement of Net Assets Available for Benefits as of December 31, 2016 and 2015.
- Notes receivable from participants as shown in the Statement of Net Assets Available for Benefits as of December 31, 2016 and 2015.
- Investment income and other income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year presented.
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016.

Note 5 - Investment contract with insurance company:

During the year ended December 31, 2016 and 2015, a portion of the net assets available for benefits of the Plan was invested in an Investment Contract Account (the "ICA"). The ICA is a market value separate account annuity contract with a general investment account guarantee that provides a stated rate and insulates participants' accounts from daily fluctuations in the market. Under the terms of the ICA, participants may direct permitted withdrawal and transfer transactions of all or a portion of their balance in the ICA.

Because the ICA is a fully benefit-responsive fund, contract value is the relevant measurement attributed for that portion of the net assets available for benefits attributable to the ICA. Contract value as reported to the Plan by Great-West, represents contributions made under the ICA, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2016

Note 5 - Investment contract with insurance company (continued):

As of December 31, 2016 and 2015, there were no reserves against the contract value for credit risk of the contract issuer. The interest rates are based upon a formula agreed with the issuer with the requirement that interest rates may not be less than 1%. Such interest rates are reviewed on a semi-annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exception from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note 6 - Party-in-interest transactions:

At December 31, 2016 and 2015, the Plan held for investment approximately \$432,000 and \$367,000, respectively, in Great-West's investment contract. Great-West had custodial responsibility for investments held in investment accounts at December 31, 2016 and 2015.

Note 7 - Plan termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8 - Income tax status:

The Plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been included in the Plan's financial statements.

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2016

Note 9 - Risks and uncertainties:

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant account balances.

Note 10 - Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015 to Schedule H of the Form 5500:

	2016	2015
Net assets available for benefits per financial statements	\$ 9,364,393	\$ 7,728,188
Less: Corrective contributions receivable from employer	(48,780)	-
Net assets per Form 5500	<u>\$ 9,315,613</u>	<u>\$ 7,728,188</u>

The following is a reconciliation of the net increase in net assets per the financial statements for the year ended December 31, 2016 to Schedule H of the Form 5500:

Net increase in net assets per financial statements	\$ 1,636,205
Less: Corrective contributions receivable from employer	<u>(48,780)</u>
Net income per Form 5500	<u>\$ 1,587,425</u>

Note 11 - Subsequent events:

In July 2017, Plan management transferred fund management from Primark and custodianship from Great-West to Fidelity Management Trust Company.

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

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

December 31, 2016

EIN 94-3263696

PLAN NUMBER 001

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Current Value (e)
Mutual funds:			
	Schwab Total Stock Market Index	Mutual Funds	\$ 790,249
	JPMorgan SmartRetirement 2040 Instl	Mutual Funds	740,648
	JPMorgan SmartRetirement 2030 Instl	Mutual Funds	626,173
	JPMorgan SmartRetirement 2050 Instl	Mutual Funds	624,827
	JPMorgan SmartRetirement 2045 Instl	Mutual Funds	616,321
	Vanguard Small Cap Index Admiral	Mutual Funds	593,242
	JPMorgan SmartRetirement 2035 Instl	Mutual Funds	585,580
	JPMorgan SmartRetirement 2025 Instl	Mutual Funds	524,790
	JPMorgan SmartRetirement 2055 Instl	Mutual Funds	355,691
	Vanguard Reit Index Inv	Mutual Funds	326,626
	T. Rowe Price Health Sciences	Mutual Funds	291,195
	American Funds New Perspective R6	Mutual Funds	241,488
	JPMorgan SmartRetirement 2020 Instl	Mutual Funds	235,352
	Nuveen Mid Cap Index I	Mutual Funds	226,015
	T. Rowe Price Equity Income Fund	Mutual Funds	204,429
	Vanguard FTSE All-World ex-US Index Inv	Mutual Funds	176,180
	Vanguard Growth Index Inv	Mutual Funds	160,830
	DFA Emerging Markets I	Mutual Funds	122,683
	Fidelity Advisor Technology I	Mutual Funds	109,219
	BlackRock High Yield Bond Instl	Mutual Funds	105,555
	Vanguard Short-Term Federal ADM	Mutual Funds	89,110
	Vanguard Intern-Term Bond Index Adm	Mutual Funds	81,453
	Vanguard Energy ADM	Mutual Funds	72,053
	MFS International New Discovery A	Mutual Funds	64,194
	Legg Mason BW Global Opps BD I	Mutual Funds	61,376
	Pimco Commodity Real Ret Strat Instl	Mutual Funds	59,099
	Franklin Utilities Adv	Mutual Funds	57,695
	Vanguard Selected Value Inv	Mutual Funds	53,151
	Oppenheimer International Growth Y	Mutual Funds	50,416
	JPMorgan SmartRetirement 2015 Instl	Mutual Funds	41,814
	Wells Fargo Advantage Discovery R6	Mutual Funds	38,128
	JPMorgan SmartRetirement Income Instl	Mutual Funds	24,430
	American Century Infl-Adj Bond Inv	Mutual Funds	20,479
	Templeton Instl Intl Eq Ser Primary	Mutual Funds	13,846
	Templeton Instl Foreign Smaller Co Ser A	Mutual Funds	8,551
	Total mutual funds		<u>8,392,888</u>
Investment contract:			
	* Key Guaranteed Portfolio Fund	Investment Contract	431,592
Cash account:			
	Money Market	Money Market	41,206
			<u>\$ 8,865,686</u>
	* Notes receivable from participants	4.25% - 4.50%, Mature thru 2030	<u>\$ 163,366</u>

* A Party-In-Interest as defined by ERISA.

Column (d), cost, has been omitted as all investments are participant directed

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

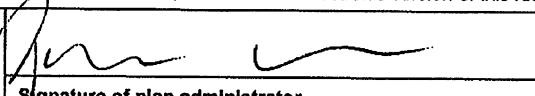
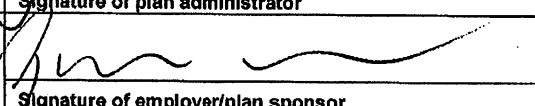
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 Milestone Technologies, Inc. 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MILESTONE TECHNOLOGIES, INC. 3101 Skyway Court Fremont CA 94539	2b Employer Identification Number (EIN) <u>94-3263696</u>
	2c Plan Sponsor's telephone number <u>510-651-2454</u>
	2d Business code (see instructions) <u>334110</u>

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

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

SIGN HERE 	<u>8/22/17</u> Date	Prem Chand Enter name of individual signing as plan administrator
SIGN HERE 	<u>8/22/17</u> Date	Prem Chand 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

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

Form 5500 (2016)

MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

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

December 31, 2016

FEIN: 94-3263696

PLAN NUMBER: 001

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c.) Description of Investment	(d) Cost	(e) Current Value
	AMERICAN CENTURY INFL-ADJ BOND INV	Mutual Funds	20,773	20,479
	AMERICAN FUNDS NEW PERSPECTIVE R6	Mutual Funds	251,447	241,488
	BLACKROCK HIGH YIELD BOND INSTL	Mutual Funds	109,756	105,555
	DFA EMERGING MARKETS I	Mutual Funds	131,539	122,683
	FIDELITY ADVISOR TECHNOLOGY 1	Mutual Funds	98,046	109,219
	FRANKLIN UTILITIES ADV	Mutual Funds	55,979	57,695
	JPMORGAN SMARTRETIREMENT 2015 INSTL	Mutual Funds	41,990	41,814
	JPMORGAN SMARTRETIREMENT 2020 INSTL	Mutual Funds	234,014	235,352
	JPMORGAN SMARTRETIREMENT 2025 INSTL	Mutual Funds	519,233	524,790
	JPMORGAN SMARTRETIREMENT 2030 INSTL	Mutual Funds	618,686	626,173
	JPMORGAN SMARTRETIREMENT 2035 INSTL	Mutual Funds	580,990	585,580
	JPMORGAN SMARTRETIREMENT 2040 INSTL	Mutual Funds	728,135	740,648
	JPMORGAN SMARTRETIREMENT 2045 INSTL	Mutual Funds	610,011	616,321
	JPMORGAN SMARTRETIREMENT 2050 INSTL	Mutual Funds	620,319	624,827
	JPMORGAN SMARTRETIREMENT 2055 INSTL	Mutual Funds	352,051	355,691
	JPMORGAN SMARTRETIREMENT INCOME INSTL	Mutual Funds	24,945	24,430
	LEGG MASON BW GLOBAL OPPS BD 1	Mutual Funds	65,232	61,376
	MFS INTERNATIONAL NEW DISCOVERY A	Mutual Funds	67,687	64,194
	NUVEEN MID CAP INDEX 1	Mutual Funds	220,586	226,015
	OPPENHEIMER INTERNATIONAL GROWTH Y	Mutual Funds	52,209	50,416
	PIMCO COMMODITY REAL RET STRAT INSTL	Mutual Funds	57,555	59,099
	SCHWAB TOTAL STOCK MARKET INDEX	Mutual Funds	722,394	790,249
	T. ROWE PRICE EQUITY INCOME FUND	Mutual Funds	199,624	204,429
	T. ROWE PRICE HEALTH SCIENCES	Mutual Funds	349,982	291,192
	TEMPLETON INSTL FOREIGN SMALLER CO SER A	Mutual Funds	8,951	8,551
	TIF INTERNATIONAL EQUITY SERIES	Mutual Funds	15,661	13,846
	VANGUARD ENERGY ADM	Mutual Funds	80,551	72,053
	VANGUARD FTSE ALL-WORLD EX-US INDEX INV	Mutual Funds	175,894	176,180
	VANGUARD GROWTH INDEX INV	Mutual Funds	150,319	160,830
	VANGUARD INTERM-TERM BOND INDEX ADM	Mutual Funds	84,053	81,453
	VANGUARD REIT INDEX INV	Mutual Funds	320,090	326,626
	VANGUARD SELECTED VALUE INV	Mutual Funds	51,737	53,151
	VANGUARD SHORT-TERM FEDERAL ADM	Mutual Funds	89,872	89,110
	VANGUARD SMALL-CAP INDEX ADM	Mutual Funds	540,209	593,242
	WELLS FARGO DISCOVERY R6	Mutual Funds	40,263	38,128
	KEY GUARANTEED PORTFOLIO FUND	Fixed Annuities	421,526	431,592
	Participant Loans	Loans	50,753	50,753