Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FEDITC, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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)

FEDITC, LLC

6243 IH 10 WEST, SUITE 500
SAN ANTONIO, TX 78201

2b Employer Identification Number (EIN)
20-0187515

2c Plan Sponsor's telephone number
210-946-6100

2d Business code (see instructions)
541512

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2017	HONG DENG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	245
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)**	219
a(2) Total number of active participants at the end of the plan year	**6a(2)**	223
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	250
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	250
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	145
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) ___
- **(4)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

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

A Name of plan FEDITC, LLC 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FEDITC, LLC	**D** Employer Identification Number (EIN) 20-0187515

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

PROFESSIONAL CAPITAL SERVICES, LLC

23-3038464

(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 15 16 17 36 37 38 64	CONTRACT ADMINISTRATOR	15505	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

THE CAPITAL GROUP INVESTMENT ADVISO

6720-B ROCKLEDGE DRIVE
BETHESDA, MD 20817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	14389	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRINKER CAPITAL, INC.

1055 WESTLAKES DRIVE
SUITE 250
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28	INVESTMENT MANAGER	8054	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

A Name of plan
FEDITC, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FEDITC, LLC

D Employer Identification Number (EIN)
20-0187515

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10669	15334
(2) Participant contributions	1b(2)	28063	29483
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	40632	44613
(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)	8726	33272
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2078717	2994262
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2166807	3116964
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2166807	3116964

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)	263956	
	(B) Participants	2a(1)(B)	691856	
	(C) Others (including rollovers)	2a(1)(C)	71086	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1026898
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1631	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1631
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	64129	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		64129
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		147976
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1240634
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	200045	
(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)		200045
f Corrective distributions (see instructions)	2f		45188
g Certain deemed distributions of participant loans (see instructions)	2g		7296
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	14677	
(3) Investment advisory and management fees	2i(3)	22443	
(4) Other	2i(4)	828	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		37948
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		290477
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		950157
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: BRITTS & ASSOCIATES L.L.P. **(2)** EIN: 20-2039138

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		161411
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
FEDITC, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FEDITC, LLC

D Employer Identification Number (EIN)
20-0187515

Part I Distributions

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

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

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

EIN(s): 20-0937408

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Britts & Associates L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
A Registered Limited Liability Partnership

Communication with Those Charged with Governance at Audit Conclusion — All Governance Members are Involved in Management

To Those Charged with Governance of
FEDITC, LLC 401(k) Plan

We have audited the financial statements of FEDITC, LLC 401(k) Plan for the year ended December 31, 2016, and have issued our report thereon dated September 28, 2017. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter dated May 5, 2017. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

You are responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by FEDITC, LLC 401(k) Plan are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2016. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate(s) affecting the financial statements was (were)

> Your estimate of the fair value of net assets available for benefits is based on quoted net asset values of the mutual fund shares held by the Plan at year end. We evaluated the key factors and assumptions used to develop the mutual fund investments in determining that it is reasonable in relation to the financial statements taken as a whole. All investments were valued using Level 1 measurements as disclosed in Note C to the financial statements.

3201 Cherry Ridge, Suite A104
San Antonio, Texas 78230
(210)735-9101 Fax (210)735-9104
www.cpasatx.com

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure(s) affecting the financial statements was (were):

> The disclosure of fair value of investment in Note C to the financial statements is based on Level 1 inputs of the Fair Value Hierarchy.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. You have corrected all such misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Other Audit Findings or Issues

[Describe other significant audit findings or issues.]

Other Matters

Basis for Disclaimer of Opinion

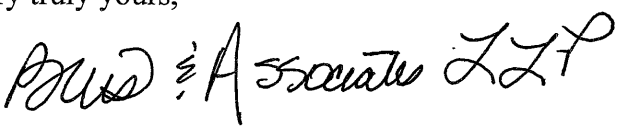
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information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

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of you and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations

for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of Those Charged with Governance of FEDITC, LLC 401(k) Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,



Britts & Associates, LLP
Certified Public Accountants

September 28, 2017

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FEDITC, LLC 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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)
FEDITC, LLC

6243 IH 10 WEST, SUITE 500

SAN ANTONIO TX 78201

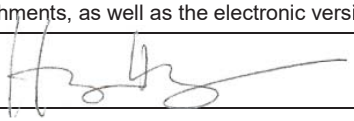
2b Employer Identification Number (EIN)
20-0187515

2c Plan Sponsor's telephone number
(210) 946-6100

2d Business code (see instructions)
541512

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		10/4/2017	Hong Deng
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	245
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)**	219
a(2) Total number of active participants at the end of the plan year	**6a(2)**	223
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	250
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	250
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	145
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **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_____

FEDITC, LLC 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years Ended December 31, 2016 and 2015

(See Independent Auditor's Report)

Britts &Associates L.L.P.
(A Registered Limited Liability Partnership)
Certified Public Accountants
San Antonio, Texas

FEDITC, LLC 401(k) Plan

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Information:	
Schedule of Assets Held for Investment Purposes at End of Year 2016	17
Schedule of Assets Held for Investment Purposes at End of Year 2015	19

Britts & Associates L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
A Registered Limited Liability Partnership

INDEPENDENT AUDITOR'S REPORT

To Those Charged with Governance of
FEDITC, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of FEDITC, LLC 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

3201 Cherry Ridge, Suite A104
San Antonio, Texas 78230
(210)735-9101 Fax (210)735-9104
www.cpasatx.com

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 schedules of Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Assets (Acquired and Disposed of Within the Year) as of or for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Britts & Associates LLP

Britts & Associates, LLP
Certified Public Accountants

September 28, 2017

FEDITC, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2016 and 2015

Plan Sponsor EIN: 20-0187515
Plan Number: 001
IRS Plan Number: 001

	2016	2015
ASSETS:		
Participant directed investments, at fair value:		
Mutual Funds - **Note D**	$ 2,994,262	$ 2,078,717
Money Market Accounts - **Note D**	36,192	23,476
	3,030,454	2,102,193
Other investment at fair value:		
Money Market Forfeit Account - **Note D**	8,421	17,156
Total investments at fair value	3,038,875	2,119,349
Other assets:		
Contributions receivable		
Participant	29,483	28,063
Employer	15,334	10,669
Notes receivable from participants-net of allowance for uncollectible loans of $0 in 2016 and 2015 - **Note A**	33,272	8,726
Total other assets	78,089	47,458
Total assets at fair value	3,116,964	2,166,807
LIABILITIES:	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,116,964	$ 2,166,807

See independent auditor's report and accompanying notes to financial statements.

FEDITC, LLC 401(k) Plan
Statements of Changes in Net Assets
Available for Benefits
For the Years Ended December 31, 2016 and 2015

Plan Sponsor EIN: 20-0187515
Plan Number: 001
IRS Plan Number: 001

	2016	2015
ADDITIONS:		
Investment Income:		
Interest income	$ -	$ 3
Participant loan interest income	1,631	400
Dividends	64,129	38,688
Net investment return (loss) - **Note D**	147,976	(55,392)
	213,736	(16,301)
Contributions and Deposits:		
Participant deferrals	691,856	637,425
Participant rollovers	71,086	81,397
Participant forfeitures	-	23,288
Employer contributions including match - **Note A**	263,956	183,367
Employer match paid by forfeitures - **Note A**	-	10,965
	1,026,898	936,442
TOTAL ADDITIONS	1,240,634	920,141
DEDUCTIONS:		
Benefits paid to participants	200,045	334,066
Participant loan deemed distributions	7,296	893
Corrective distributions	45,188	-
Administrative expenses	37,948	32,484
TOTAL DEDUCTIONS	290,477	367,443
NET INCREASE	950,157	552,698
Net assets available for benefits - beginning of year	2,166,807	1,614,109
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 3,116,964	$ 2,166,807

See independent auditor's report and accompanying notes to financial statements.

NOTE A – DESCRIPTION OF PLAN

FEDITC, LLC (Plan Sponsor) formed the FEDITC, LLC 401(k) Plan (the Plan) on January 1, 2005 and on August 9, 2016 adopted an amended and restated Plan with an effective date of August 10, 2016. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). For Elective Deferral Contributions, an employee is an eligible employee on the first day of the calendar month following the date he/she attains age 21, provided he/she is an Eligible Employee on that date. An employee becomes eligible to receive Matching Contributions on the first day of the calendar month next following the date he/she attains age 21 and completes one year of Eligibility Service. The Plan has not elected for automatic enrollment as of December 31, 2016.

An employee is considered an "Eligible Employee" if he/she is employed by FEDITC, LLC or any affiliate who has adopted the Plan. However, the employee not an "Eligible Employee" if he/she are a member of any of the following classes of employees:

- For purposes of Elective Deferral Contributions, Matching Contributions and Profit Sharing Contributions, any employee who is included in a unit of employees covered by a collective bargaining agreement, if retirement benefits were the subject of good faith bargaining and if the collective bargaining agreement does not provide for participation in this Plan.
- For purposes of Elective Deferral Contributions, Matching Contributions and Profit Sharing Contributions, any employee who is a non-resident alien who received no earned income which constitutes income from services performed within the United States.
- The term "Eligible Employee" will not include: exclude Employees that are paid on an hourly basis for purposes of Employer Matching and Profit Sharing contributions and Employees acquire in a 410(b)(6)(C) transaction for all Plan purposes.

Employee Contributions

Each year, participants may contribute up to the maximum percentage allowable under the federal statutory limit of Code Section 401(k), as defined in the Plan. The limit for 2016 and 2015 is $18,000. Participants who attained age 50 before the end of the Plan year are eligible to make catch-up contributions. For the years ended December 31, 2016 and 2015, the catch-up contribution amounted to $20,167 and 6,000, respectively. Participants may also contribute amounts representing distributions from other qualified retirement plans.

NOTE A – DESCRIPTION OF PLAN (continued)

Employee Contributions (continued)

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers approximately 47 mutual funds and two money market accounts as investment options for participants. The Plan is tested on an annual basis for compliance with the discrimination regulations and corrective distributions are made, as necessary. The corrective distributions, if any, are included in the benefit payments to participants.

Rollover Contributions

Participants may contribute amounts representing distributions from other retirement benefit plans. There were $71,086 and $81,397 in rollovers during 2016 and 2015, respectively.

Employer Contributions

The Plan Sponsor may make discretionary matching contributions equal to a uniform percentage or dollar amount of a participant's elective deferrals each payroll period. All employer contributions are invested in the same proportion to that of the participants. Contributions are subject to certain limitations. For the years ended December 31, 2016 and 2015, the Employer contributed $263,956 and $183,367, respectively, in matching contributions and the Forfeiture Account provided $0 and $10,965, respectively, in matching contributions.

Pursuant to the Service Contract Act of 1965 (SCA), the employer contributes the amount determined under the SCA requirements. See **Note L.**

Participant Accounts

Each participant account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and (b) the Plan earnings (losses), and (c) certain administrative expenses. Allocation of Plan earnings depends on account balances and the investment options selected by the participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous services. A participant is 100 percent vested after six years of credited service earned at 20 percent after the first two years and each year thereafter as follows:

NOTE A – DESCRIPTION OF PLAN (continued)

Vesting (continued)

Years of Service	Vested Percentage
Less than Two Years	0%
Two Years but less than Three Years	20%
Three Years but less than Four Years	40%
Four Years but less than Five Years	60%
Five Years but less than Six Years	80%
Six or More Years	100%

Notes Receivable-Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Note Receivable from Participants' Fund. Loan terms range from one to five years or up to thirty years for the purchase, construction, or substantial rehabilitation of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates are currently at prime + two percent per year. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installments based upon various factors including the life expectancy of the participant and if elected the beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution within one year. The Plan generally provides that upon termination of employment, a participant will be required to take a lump-sum distribution if his or her vested account balance is less than $1,000, regardless of consent. If the account balance is between $1,001 and $5,000, the participant can either elect to receive a distribution in cash or roll over the distribution into an individual retirement account (IRA) or another qualified retirement plan. If the election forms are not submitted timely, the Plan Administrator may direct the Trustee to make an automatic rollover into an IRA designed to preserve principal and provide a reasonable rate of return and liquidity. Any applicable fees or expenses will be deducted from the participant's IRA account. Terminated participants with account balances in excess of $5,000 will only receive distributions with distribution authorizations. As required by law, participants over the age of 70 ½ must receive minimum required distributions. Accordingly, participants over the age of 70 ½ must complete the appropriate documentation in order that the Trustee can make the required distributions.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeitures

The Plan provides that if a participant terminates employment before being fully vested in the employer contribution portion of his account, the participant forfeits the unvested amount and it remains in the Plan. Forfeited balances of terminated participants' non-vested amounts are credited to a forfeited account upon the occurrence of a 1 year break in service following the participant's termination of employment. Forfeitures may be used to pay administrative expenses and reduce matching employer contributions. In 2016 and 2015, these amounts were used to reduce employer contributions by $0 and $10,965, respectively. At December 31, 2016 and 2015, forfeited non-vested accounts totaled $8,421 and $17,156, respectively.

Subsequent Events and Date of Management Review

For the year ended December 31, 2016, the Plan Sponsor has evaluated subsequent events and determined that there were none that have not already been provided for the potential recognition and disclosure through September 28, 2017, the date of financial statement issuance.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting

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

Investment Valuation

The Plans investments are stated at fair value as determined by AdvisorTrust 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 at the measurement date. See **Note C** for discussion of fair value measurements.

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

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Options

Participants have the privilege and responsibility to direct the investment of their account balance. The Plan offers participants approximately 47 investment options to choose from. Participants may change their investment options at any time by contacting the Trustee directly or by going online and managing their individual account. The Plan has been designed to meet the ERISA Section 404(c) requirements, which means the participants and not the Plan fiduciaries are responsible for the investment decisions relating to the assets in a participant's individual account.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

During 2016 and 2015, the Plan Sponsor has paid quarterly payments to Professional Capital Services, LLC for the general administration and maintenance of the Plan for a total of $37,948 and $32,484, respectively, for the year.

The Plan Sponsor also paid $500 for Plan amendments. These fees were paid direct by the Plan Sponsor and were not a part of the Plan financial transactions.

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investment are reported at fair value the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

NOTE C – FAIR VALUE MEASUREMENTS-Continued

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were Level 1 inputs included for the year ended December 31, 2015.

The fair value of mutual funds are based on quoted net asset values of the shares held by the Plan at year end. Mutual funds held by the Plan are open-ended Mutual funds that are registered with the Securities and Exchange Commission. The fair values of common stocks and corporate bonds are based on the closing process reported on the active market where the individual securities are traded.

The fair value of money markets accounts are based on quoted net asset values of the shares held by the Plan at year end. Included in these accounts is the Forfeiture Suspense Money Market account.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015.

Investments at Fair Value as of December 31, 2016

	Level 1	Level 2	Level 3	TOTAL
Mutual Funds	$2,994,262	$ -	$ -	$2,994,262
Forfeiture Suspense Money Market Account	8,421	-	-	8,421
Money Market Accounts	36,192	-	-	36,192
TOTAL	$3,038,875	$ -	$ -	$3,038,875

NOTE C – FAIR VALUE MEASUREMENTS-Continued

Investments at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	TOTAL
Mutual Funds	$2,078,717	$ -	$ -	$2,078,717
Forfeiture Suspense Money Market Account	17,156	-	-	17,156
Money Market Accounts	23,476	-	-	23,476
TOTAL	$2,119,349	$ -	$ -	$2,119,349

NOTE D – INVESTMENTS

As of December 31, 2016, the Plan held total investments at fair value of $3,038,874. The investments are in mutual funds with a fair market value of $2,994,262, money market accounts with a fair market value of $36,192 and a forfeiture suspense money market account with a fair market value of $8,421. Realized gains total $22,853 and unrealized gains total $125,123. Total net investments gains are $147,976.

As of December 31, 2015, the Plan held total investments at fair value of $2,119,349. The investments are in mutual funds with a fair market value of $2,078,717, money market accounts with a fair market value of $23,476 and a forfeiture suspense money market account with a fair market value of $17,156. Realized gains total $18,552 and unrealized losses total $73,944. Total net losses are $55,392.

During the year ended December 31, 2016 the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $147,976 (all level 1 valuation). During the year ended December 31, 2015 the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $55,392 (all level 1 valuation). The funds offered are diversified in accordance with Department of Labor regulations.

NOTE E – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee as of and for the year ended December 31, 2016.

NOTE E – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (continued)

	2016	2015
Mutual Funds (fair value)	$2,994,262	$2,078,717
Money Market Accounts (fair value)	$ 36,192	$ 23,476
Forfeiture Account	$ 8,421	$ 17,156
Interest Income	$ 1,631	$ 403
Net Investment Return (Loss)	$ 147,976	$ (55,392)
Contributions	$ 1,026,897	$ 936,442
Benefit Paid to Participants	$ (252,259)	$(334,066)
Participant Loan Deemed Distributions	$ (7,296)	$ (893)
Administrative Expenses	$ (37,948)	$ (32,484)

NOTE F –PARTY-IN-INTEREST TRANSACTIONS AND FEES CHARGED TO INDIVIDUAL PARTICIPANT ACCOUNTS

Professional Capital Services, LLC (PCS), a party-in-interest and contract administrator, charges annual fees for each participant account maintained by the Trustee, which is charged directly to the Plan. PSC also provides third party administrator, record keeping, testing and reporting services for the Plan. PCS charges annual and per-transaction fees for each participant account maintained by the Plan, which is charged directly to the individual participant accounts. In addition, Brinker Capital, Investment Manager, a party-in-interest, provides also charges certain transaction fees which are charged directly to the individual participant's accounts. AdvisorTrust is the Plan Trustee/Custodian as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

For the Plan year ended December 31, 2016 and 2015, the fees were:

	2016	2015
Plan Administrator Fees	$ 14,677	$ 11,719
Investment Advisory and Management Fees	22,443	18,292
Other Administrative Fees	828	2,473
Total Fees	$ 37,948	$ 32,484

Also, a total of $2,025 and $5,314 was withheld from participant distributions and loan for processing fees during 2016 and 2015, respectively.

Other parties-in-interest are the Plan Sponsor, FEDITC, LLC and the owners, directors, officers and employees of FEDITC, LLC.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested on all amounts credited to their accounts.

NOTE H – TAX STATUS

The Prototype Non-standard Profit Sharing Plan with CODA (cash or deferred arrangement) obtained its latest determination letter on November 30, 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 (IRC), and that any employee benefit plans adopting such prototype plan, will be similarly qualified.

The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Since the FEDITC, LLC 401(k) Plan is such a plan, the Plan and Trust are also designed in accordance with the applicable sections of the IRC.

The Plan was updated effective July 1, 2015 and all Defined Contribution plan documents were restated to incorporate these provisions. The Plan Administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. As of December 31, 2016 the tax years that remain subject to examination by taxing authorities begin with 2013.

On August 9, 2016, the amended and revised Plan was adopted. The Defined Contribution plan documents were revised to incorporate the new provisions, including an updated Summary Plan Description.

NOTE I – 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, to Schedule H of Form 5500 (reconciles to beginning net assets available for benefits for current year):

	2015	2016
Net assets available for benefits per Schedule H of Form 5500	$3,116,964	$2,166,807
Accrued Participant Contributions and Employer Match	(-)	(-)
Allowance for Uncollectible Loans	(-)	(-)
Net assets available for benefits per Financial Statements	$3,116,964	$2,166,807

NOTE J – MATERIAL CONCENTRATIONS OF RISK

There are no material concentrations of investments and other risks other than those of the general economy.

NOTE K – RISKS AND UNCERTAINTIES

The Plan invests in mutual funds and money market accounts therefore there are no significant concentrations of credit risk. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE L – SERVICE CONTRACT ACT OF 1965 (SCA)

The Plan provides for employer Service Contract Act ("SCA") contributions to be made by the Company in accordance with certain SCA agreements and pursuant to the Service Contract Act of 1965. The employer SCA contributions are allocated to participants who are entitled to benefits under the SCA and have not otherwise been furnished such benefits or received a cash equivalent payment that would meet the requirements of the SCA. The amount of the employer SCA contributions shall be equal to the amount determined under the SCA. A participant is 100% vested at all times in the amount held in his or her employer SCA contributions account.

The SCA contributions for the year ended December 31, 2016 and 2015 were $34,256 and $4,609, respectively.

NOTE M – ACCOUNTING CHANGES

In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement* (Topic 820*): Disclosures for Investment in Certain Entries That Calculate Net Asset Value per Share (or Its Equivalent),* which exempts investment measured using the net asset value (NAV) practical expedient in ASC 820, *Fair Valve Measurement,* form categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim period within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods with those years beginning after December 15, 2016. Early adoption is permitted. Accordingly, the amendment was retrospectively applied resulting in no changes in presentation.

NOTE M – ACCOUNTING CHANGES (continued)

In July 2015, The FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient.* This three part standard simplifies employees benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted. According, the applicable amendment were retrospectively applied resulting in no reporting of individual investments greater than 5% of net assets. Parts I and III were not applicable to this Plan.

SUPPLEMENTAL INFORMATION

FEDITC, LLC 401(k) Plan
Plan Sponsor's Employer Identification Number: 20-0187515
Plan Number: 001, IRS Plan Number: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

December 31, 2016

	Column (a)	Column (b)		Column (c)	Column (d)		Column (e)	Column (f)
		Identity of issue, borrower lessor or similar party	Fund ID	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost Participant Directed	Current value
					2016 Unit	2016 Unit value		
	AdvisorTrust		FTCIMA	Institutional Money Market Deposit Accout	34,000.000	1.00	N/A	34,000.00
	AdvisorTrust		FTC	TD Bank USA MMDA	10,612.620	1.00	N/A	$ 10,612.62
				Total Money Market Funds				44,612.62
	AdvisorTrust		ATASX	ASTON/TAMRO Small Cap N	3,008.560	3.84	N/A	11,552.87
	AdvisorTrust		REREX	American Funds EuroPacific Growth R4	288.951	44.25	N/A	12,786.08
	AdvisorTrust		BPRAX	Black Rock Inflation Protected Bond	3,449.559	10.39	N/A	35,840.92
	AdvisorTrust		DBLLX	DoubleLine Low Dur Emerg Mkts Fxd Inc I	1,588.983	9.74	N/A	15,476.69
	AdvisorTrust		DLSNX	DoubleLine Low Duration Bond	31.443	10.01	N/A	314.74
	AdvisorTrust		DLTNX	DoubleLine Total Return Bond N	16,586.905	10.62	N/A	176,152.93
	AdvisorTrust		LCMAX	Driehaus Active Income	4,878.509	10.18	N/A	49,663.22
	AdvisorTrust		DEVDX	Driehaus Event Driven	1,633.035	10.34	N/A	16,885.58
	AdvisorTrust		DMCRX	Driehaus Micro Cap Growth	1,627.868	12.65	N/A	20,592.53
	AdvisorTrust		FCNTX	Fidelity Contrafund	1,524.754	98.46	N/A	150,127.28
	AdvisorTrust		FGMNX	Fidelity GNMA Fund	153.885	11.43	N/A	1,758.91
	AdvisorTrust		GOSXX	Government Obligations Fund	1,948.680	1.00	N/A	1,948.68
	AdvisorTrust		JSOAX	JPMorgan Strategic Income Opp A	54.377	11.57	N/A	629.14
	AdvisorTrust		MGIAX	MFS Intl Value A	1,215.508	34.90	N/A	42,421.23
	AdvisorTrust		MRLBX	Morgan Stanley Global Real Estate	1,173.036	10.71	N/A	12,563.22
	AdvisorTrust		RSNRX	RS Global Natural Res	4,119.460	23.49	N/A	96,766.12
	AdvisorTrust		SMVTX	RidgeWorth Mid Cap Value Equity I	4,579.808	13.77	N/A	63,063.96
	AdvisorTrust		RPHYX	RiverPark Short Term Hight Yield	47.919	9.75	N/A	467.21
	AdvisorTrust		RSIIX	RiverPark Strategic Income Inst	3,747.822	9.47	N/A	35,491.87
	AdvisorTrust		JNK	SPDR Barclays Capital High Yield Bond ET	1,459.145	36.45	N/A	53,185.84
	AdvisorTrust		TRSAX	T.Rowe Price Gr Stk Adv	1,006.967	52.20	N/A	52,563.68
	AdvisorTrust		PAITX	T. Rowe Price International Stock	527.634	15.31	N/A	8,078.08
	AdvisorTrust		TGIGX	TCW Relative Value Dividend Appreciation	3,159.329	18.61	N/A	58,795.11
	AdvisorTrust		VIG	Vanguard Dividend Appreciation ETF	157.634	85.18	N/A	13,427.26
	AdvisorTrust		VWO	Vanguard FTSE Emerging Markets ETF	2,318.199	35.78	N/A	82,945.16
	AdvisorTrust		VFIUX	Vanguard Int-Term US Treasury Admiral	104.605	11.09	N/A	1,160.07
	AdvisorTrust		VUSUX	Vanguard Long Term US Treasury Admiral	12.651	11.74	N/A	148.52
	AdvisorTrust		VEA	Vanguard MSCI EAFE ETF	1,692.656	36.54	N/A	61,849.65
	AdvisorTrust		VMGMX	Vanguard MidCap Growth Index Admiral	3,335.533	45.46	N/A	151,633.33
	AdvisorTrust		VOO	Vanguard S&P 500 ETF	1,860.968	205.31	N/A	382,075.34

FEDITC, LLC 401(k) Plan
Plan Sponsor's Employer Identification Number: 20-0187515
Plan Number: 001, IRS Plan Number: 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2016

	Column (a)	Column (b)		Column (c)	Column (d)		Column (e)	Column (f)
		Identity of issue, borrower lessor or similar party	Fund ID	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost Participant Directed	Current value
					2016 Unit	2016 Unit value		
	AdvisorTrust		BSV	Vanguard Short Term Bond ETF	337.743	79.45	N/A	26,833.68
	AdvisorTrust		VFIRX	Vanguard Shrt-Tm Trs Adm	672.624	10.64	N/A	7,156.72
	AdvisorTrust		BND	Vanguard Total Bond Market ETF	3,246.596	80.79	N/A	262,292.49
	AdvisorTrust		VXUS	Vanguard Total International Stock ETF	3,496.450	45.88	N/A	160,417.13
	AdvisorTrust		VTI	Vanguard Total Stock Market ETF	5,048.455	115.32	N/A	582,187.83
	AdvisorTrust		RSNYX	Victory Global Natural Resources Y	1,287.005	24.28	N/A	31,248.48
	AdvisorTrust		WIIOX	Wasatch International Opps Instl	8,118.344	2.94	N/A	23,867.93
	AdvisorTrust		IWO	iShares Russell 2000 Growth	512.916	153.94	N/A	78,958.29
	AdvisorTrust		IWM	iShares Russell 2000 Index ETF	255.814	134.85	N/A	34,496.52
	AdvisorTrust		IWN	iShares Russell 2000 Value	1,055.082	118.94	N/A	125,491.45
	AdvisorTrust		IWR	iShares Russell Midcap Index	284.839	178.86	N/A	50,946.30
				Total Mutual Funds				2,994,262.04
	Participant Loans-net of allowance for uncollectible loans of $0			3 Participant Loans	4.25% rate of interest, maturity 12-60 months		-	33,272.42
				Total				$ 3,072,147.08

N/A - Cost information is omitted for participant-directed individual accounts.

FEDITC, LLC 401(k) Plan
Plan Sponsor's Employer Identification Number: 20-0187515
Plan Number: 001, IRS Plan Number: 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2015

Column (a)	Column (b)	Fund ID	Column (c)	Shares	Column (d)	Column (e)
	Identity of issue, borrower lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost (Per Unit)	Current value
				Unit	Unit value	
*	AdvisorTrust	FTCIMA	Institutional Money Market Deposit Accout	37,724.630	1.00	37,725
*	AdvisorTrust	FTC	TD Bank USA MMDA	2,906.910	1.00	$ 2,907
			Total Money Market Funds			40,632
*	AdvisorTrust	LPEIX	ALPS/Red Rocks Listed Private Equity I	2,039.175	6.13	12,500
*	AdvisorTrust	LPEFX	ALPS?Red Rocks Listen Private Equity A	-	6.05	-
*	AdvisorTrust	ATASX	ASTON/TAMRO Small Cap N	959.572	5.79	5,556
*	AdvisorTrust	REREX	American Funds EuroPacific Growth R4	103.260	44.51	4,596
*	AdvisorTrust	BPRAX	Black Rock Inflation Protected Bond	346.307	10.11	3,501
*	AdvisorTrust	DLSNX	DoubleLine Low Duration Bond	25.966	9.98	259
*	AdvisorTrust	DLTNX	DoubleLine Total Return Bond N	11,611.355	10.78	125,170
*	AdvisorTrust	LCMAX	Driehaus Active Income	2,953.929	9.95	29,392
*	AdvisorTrust	DEVDX	Driehaus Event Driven	967.039	9.85	9,525
*	AdvisorTrust	DMCRX	Driehaus Micro Cap Growth	788.781	10.74	8,472
*	AdvisorTrust	FCNTX	Fidelity Contrafund	1,473.038	98.95	145,757
*	AdvisorTrust	FGMNX	Fidelity GNMA Fund	107.088	11.52	1,234
*	AdvisorTrust	GOSXX	Government Obligations Fund	1,900.510	1.00	1,901
*	AdvisorTrust	XLV	Health Care Select Sector	178.928	72.03	12,888
*	AdvisorTrust	JSOAX	JPMorgan Strategic Income Opp A	44.216	11.07	489
*	AdvisorTrust	MGIAX	MFS Intl Value A	561.811	34.13	19,175
*	AdvisorTrust	MRLBX	Morgan Stanley Global Real Estate	939.691	10.74	10,092
*	AdvisorTrust	RSNRX	RS Global Natural Res	258.218	15.34	3,961
*	AdvisorTrust	SMVTX	RidgeWorth Mid Cap Value Equity I	4,004.369	12.02	48,133
*	AdvisorTrust	RPHYX	RiverPark Short Term Hight Yield	39.303	9.69	381
*	AdvisorTrust	RSIIX	RiverPark Strategic Income Inst	2,346.899	9.09	21,333
*	AdvisorTrust	JNK	SPDR Barclays Capital High Yield Bond ET	1,492.721	33.91	50,618
*	AdvisorTrust	TRSAX	T.Rowe Price Gr Stk Adv	2,184.971	52.72	115,192
*	AdvisorTrust	PAITX	T. Rowe Price International Stock	360.005	15.23	5,483
*	AdvisorTrust	TGIGX	TCW Relative Value Dividend Appreciation	3,548.635	16.33	57,949
*	AdvisorTrust	XLK	Technology Select Sector SPDR	252.619	42.83	10,820
*	AdvisorTrust	VIG	Vanguard Dividend Appreciation ETF	108.185	77.76	8,412

See independent auditor's report.

FEDITC, LLC 401(k) Plan
Plan Sponsor's Employer Identification Number: 20-0187515
Plan Number: 001, IRS Plan Number: 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2015

Column (a)	Column (b)	Fund ID	Column (c)	Shares	Column (d)	Column (e)
	Identity of issue, borrower lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost (Per Unit)	Current value
				Unit	Unit value	
*	AdvisorTrust	VWO	Vanguard FTSE Emerging Markets ETF	989.645	32.71	32,371
*	AdvisorTrust	VFIUX	Vanguard Int-Term US Treasury Admiral	42.892	11.26	483
*	AdvisorTrust	VUSUX	Vanguard Long Term US Treasury Admiral	10.108	12.19	123
*	AdvisorTrust	VEA	Vanguard MSCI EAFE ETF	1,350.864	36.72	49,604
*	AdvisorTrust	VMGMX	Vanguard MidCap Growth Index Admiral	3,248.188	42.94	139,477
*	AdvisorTrust	VOO	Vanguard S&P 500 ETF	1,519.441	186.93	284,029
*	AdvisorTrust	BSV	Vanguard Short Term Bond ETF	252.524	79.57	20,093
*	AdvisorTrust	VFIRX	Vanguard Shrt-Tm Trs Adm	556.232	10.65	5,924
*	AdvisorTrust	BND	Vanguard Total Bond Market ETF	1,909.909	80.76	154,244
*	AdvisorTrust	VXUS	Vanguard Total International Stock ETF	3,413.052	45.11	153,963
*	AdvisorTrust	VTI	Vanguard Total Stock Market ETF	3,710.697	104.30	387,026
*	AdvisorTrust	WAFMX	Wasatch Frontier Small Counries	-	2.72	-
*	AdvisorTrust	WAIOX	Wasatch International Opportunities	6,539.419	2.80	18,310
*	AdvisorTrust	DXJ	Wisdom Tree Japan Hedged Equity	-	50.08	-
*	AdvisorTrust	IGE	iShares North American Natural Resources	249.719	28.14	7,027
*	AdvisorTrust	IWO	iShares Russell 2000 Growth	669.415	139.28	93,236
*	AdvisorTrust	IWM	iShares Russell 2000 Index ETF	20.851	112.62	2,348
*	AdvisorTrust	IWN	iShares Russell 2000 Value	37.968	91.94	3,491
*	AdvisorTrust	IWR	iShares Russell Midcap Index	88.510	160.18	14,178
			Total Mutual Funds			2,078,716
*	Participant Loans-net of allowance for uncollectible loans of $893		7 Participant Loans-4.25% rate of interest, maturity 12-60 months		-	8,726
			Total			$ 2,128,074

See independent auditor's report.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

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

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

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(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)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FEDITC, LLC 401(k) Plan **EIN:** 20-0187515
Plan Sponsor's Name FEDITC, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMG GWandK US Small Cap Growth N	MUTUALFUND		11,553
	Vanguard Total Bond Market ETF	MUTUALFUND		262,292
	BlackRock Inflation Protected Bond	MUTUALFUND		35,841
	Vanguard Short-Term Bond ETF	MUTUALFUND		26,834
	DoubleLine Low Dur Emerg Mkts Fxd I	MUTUALFUND		15,477
	Driehaus Event Driven	MUTUALFUND		16,886
	DoubleLine Low Duration Bond N	MUTUALFUND		315

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FEDITC, LLC 401(k) Plan **EIN:** 20-0187515
Plan Sponsor's Name FEDITC, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DoubleLine Total Return Bond N	MUTUALFUND		176,153
	Driehaus Micro Cap Growth	MUTUALFUND		20,593
	Fidelity Contrafund	MUTUALFUND		150,127
	Fidelity GNMA	MUTUALFUND		1,759
	Institutional Money Market Deposit	MONEY MARKET FUND		34,000
	TD Bank USA MMDA	MONEY MARKET FUND		10,613
	Federated Government Obligs Instl	MUTUALFUND S		1,949

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FEDITC, LLC 401(k) Plan **EIN:** 20-0187515
Plan Sponsor's Name FEDITC, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	iShares Russell 2000	MUTUALFUND		34,497
	iShares Russell 2000 Value	MUTUALFUND		125,491
	iShares Russell 2000 Growth	MUTUALFUND		78,958
	iShares Russell Mid-Cap	MUTUALFUND		50,946
	SPDR Blmbg Barclays High Yield Bd	MUTUALFUND E		53,186
	JPMorgan Strategic Income Opps A	MUTUALFUND		629
	Driehaus Active Income	MUTUALFUND		49,663

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FEDITC, LLC 401(k) Plan **EIN:** 20-0187515
Plan Sponsor's Name FEDITC, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Loan	LOANFUND		33,272
	MFS International Value A	MUTUALFUND		42,421
	Morgan Stanley Inst Global Real Est	MUTUALFUND		12,563
	T. Rowe Price International Stock	MUTUALFUND A		8,078
	American Funds Europacific Growth	MUTUALFUND R		12,786
	RiverPark Short Term High Yield Ret	MUTUALFUND		467
	RiverPark Strategic Income Institut	MUTUALFUND		35,492

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FEDITC, LLC 401(k) Plan **EIN:** 20-0187515
Plan Sponsor's Name FEDITC, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Victory Global Natural Resources A	MUTUALFUND		96,766
	Victory Global Natural Resources Y	MUTUALFUND		31,248
	RidgeWorth Ceredex Mid-Cap Value Eq	MUTUALFUND		63,064
	TCW Relative Value Dividend Apprec	MUTUALFUND		58,795
	T. Rowe Price Growth Stock Adv	MUTUALFUND		52,564
	Vanguard FTSE Developed Markets ETF	MUTUALFUND		61,850
	Vanguard Short-Term Treasury Adm	MUTUALFUND		7,157

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FEDITC, LLC 401(k) Plan **EIN:** 20-0187515
Plan Sponsor's Name FEDITC, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Interm-Term Treasury Adm	MUTUALFUND		1,160
	Vanguard Dividend Appreciation ETF	MUTUALFUND		13,427
	Vanguard Mid-Cap Growth Index Admir	MUTUALFUND		151,633
	Vanguard 500 ETF	MUTUALFUND		382,075
	Vanguard Total Stock Market ETF	MUTUALFUND		582,188
	Vanguard Long-Term Treasury Admiral	MUTUALFUND		149
	Vanguard FTSE Emerging Markets ETF	MUTUALFUND		82,945

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FEDITC, LLC 401(k) Plan **EIN:** 20-0187515
Plan Sponsor's Name FEDITC, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Total International Stock	MUTUALFUND		160,417
	Wasatch International Opps Instl	MUTUALFUND		23,868