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
STELLAE INTERNATIONAL INC 401K PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2004

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)

STELLAE INTERNATIONAL, INC.

1111 MARCUS AVENUE
UNIT 5A
LAKE SUCCESS, NY 11042-1064

2b Employer Identification Number (EIN) 11-3077666

2c Plan Sponsor's telephone number 516-472-6206

2d Business code (see instructions) 561900

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.	10/13/2017	GEORGE DAGUILLARD
	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**	141
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)**	116
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	107
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	143
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	143
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	143
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

A Name of plan
STELLAE INTERNATIONAL INC 401K PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
11-3077666

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COM

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-0974148	88072	GA-710469	106	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
8097	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SBHU LIFE AGENCY INC
333 W 34TH ST
7TH FLOOR
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
8097			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	489692
5	Current value of plan's interest under this contract in separate accounts at year end	5	2621553

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	464990
c	Additions: (1) Contributions deposited during the year	7c(1)	51236		
	(2) Dividends and credits	7c(2)	7595		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	3563		
	(5) Other (specify below) ▶ LOAN REPAYMENTS OR ROLLOVERS	7c(5)	12201		
	(6) Total additions			7c(6)	74595
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	539585
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23975		
	(2) Administration charge made by carrier	7e(2)	1103		
	(3) Transferred to separate account	7e(3)	517		
	(4) Other (specify below) ▶ LOAN WITHDRAWALS	7e(4)	24299		
	(5) Total deductions			7e(5)	49894
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	489691

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan STELLAE INTERNATIONAL INC 401K PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STELLAE INTERNATIONAL, INC.	**D** Employer Identification Number (EIN) 11-3077666

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

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

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

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

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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
STELLAE INTERNATIONAL INC 401K PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
11-3077666

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)	17022	22996
(2) Participant contributions	1b(2)	57	30
(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)	42262	50382
(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)	2313537	2621553
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	464990	489692
(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	2837868	3184653
	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	2837868	3184653

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)	93983	
	(B) Participants	2a(1)(B)	160598	
	(C) Others (including rollovers)	2a(1)(C)	3931	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		258512
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)	2435	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2435
	(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)	56044	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56044
	(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)		92428
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		409419
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60956	
(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)		60956
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)	1678	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1678
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		62634
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		346785
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: WALIUDDIN SYED, CPA PC **(2)** EIN: 81-1466383

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		300000
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

STELLAE INTERNATIONAL, INC.
401(K) PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

For the years ended December 31, 2016 and 2015

Wali Syed, CPA
ACCOUNTING & TAXATION

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Wali Syed, CPA
ACCOUNTING & TAXATION

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Stellae International, Inc.
401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Stellae International, Inc. 401(K) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 Notes 4 & 11, which was certified by Mass Mutual Life Insurance Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Mass Mutual Life Insurance Company holds the Plan's investment assets and executes investment transactions. The fund administrator has obtained a certification from Mass Mutual Life Insurance Company as of and for the years ended December 31, 2016 and 2015, that the information provided to the fund administrator by Mass Mutual Life Insurance Company is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We did not audit, review or compile the prior period December 31, 2015 financial statements and we do not assume responsibility for them.

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at the end of the year) and assets (acquired and disposed of within year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion of 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 Mass Mutual Life Insurance Company, 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.

Waliuddin Syed, CPA P.C.

Valley Stream, New York
October 12, 2017

STELLAE INTERNATIONAL, INC.
401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE
FOR BENEFITS

FOR THE YEARS ENDED
DECEMBER 31, 2016 AND 2015

	2016	2015 (Unaudited)
ASSETS		
Investments, at fair value	$ 3,111,245	$ 2,778,528
Receivables:		
Participant loans	50,382	42,262
Employer contributions	22,996	17,022
Participant contributions	30	57
Total receivables	73,408	59,341
Net assets available for benefits	$ 3,184,653	$ 2,837,869

The accompanying notes are an integral part
of these financial statements.

STELLAE INTERNATIONAL, INC.
401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS

FOR THE YEARS ENDED
DECEMBER 31, 2016 AND 2015

	2016	2015 (Unaudited)
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions:		
Participant contributions	$ 160,597	$ 131,571
Employer contributions	93,984	76,350
Investment Income:		
Net appreciation (depreciation) in fair value of investement	92,428	(141,581)
Interest and dividends	56,044	118,918
Interest Income:		
Loan interest	2,435	0
Other:		
Employee after-tax repayment of loan default	3,700	0
TOTAL ADDITIONS	409,188	185,258
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Investment expense	1,679	1,261
Benefit payments	60,725	38,440
Loan default (Deemed distribtuion)	0	3,758
TOTAL DEDUCTIONS	62,404	43,459
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	346,784	141,799
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	2,837,869	2,696,070
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 3,184,653	$ 2,837,869

The accompanying notes are an integral part
of these financial statements.

STELLAE INTERNATIONAL, INC.
401 (K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

NOTE 1 - DESCRIPTION OF PLAN:

The following description of the STELLAE INTERNATIONAL, INC. 401(K) PLAN (the "Plan") is provided for general information purposes only. For a more complete description of the Plan, see the Plan document and Summary Plan Description.

The Plan, established January 1, 2004, is a qualified profit sharing and defined contribution plan organized under Internal Revenue Code (IRC) Section 401(K) subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees of STELLAE INTERNATIONAL, INC. (the "Company"). The participants of the 401(K) plan may elect to defer up to $18,000 for the 2016 plan year. The Limitation on salary reduction for simple 401(K) provision plan is $12,500 for the 2016 plan year. The employer is required to make Safe harbor Matching Contribution. The company will contribute as a matching contribution an amount equal to 100% of the participant matched employee contribution that are not in excess of 3% of the participant's compensation; plus 50% of the amount of the participant's matched employee contribution that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation. Please note, the Safe harbor Matching Contribution will not exceed 4% of compensation.

Each participant's account is credited with the participant's contribution, plan earnings, and charged with an allocation of administrative expenses and investment losses. Earning or losses are credited or debited to all accounts on the earnings of each self- directed account. Information as to investment options, which are all participant directed, has been published and made available to all participants.

A Participant shall have a fully (100%) vested and nonforfeitable interest in his Elective Deferral Account, Voluntary Contribution Account, Rollover Contribution Account, In-Plan Roth Rollover Account, Qualified Non-Elective Contribution Account, Qualified Matching Contribution Account and Matching and Qualified Non-Elective Contributions used to satisfy ADP safe harbor contribution criteria.

NOTE 1 - DESCRIPTION OF PLAN (continued):

Participants may borrow from their accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of the vested portion of their account balance. Loan terms range from one to five years or up to a thirty year repayment period allowed by the administrator for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus two percentage points. Principal and interest are paid ratably through semi-monthly payroll deductions.

Benefits are payable upon termination of service for any reason. If the participant's vested interest is over $5,000, the participant may elect either a lump sum payment or have the payment paid as a "direct rollover" to the participant's IRA or to another employer's tax qualified plan. Participants with vested accounts of $5,000 or less can receive a lump sum payment or have the payment paid as a "direct rollover" to the participant's IRA, another employer's tax qualified plan or to an IRA established by an IRA provider selected by the Company.

Certain administrative expenses of the Plan are paid by the Company without charge to the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting
The accompanying financial statements have been prepared in accordance with U.S. generally accepted accounting principles (GAAP).
Estimates
The preparation of financial statements in conformity with the accrual method of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Date of Management's Review
Subsequent events were evaluated through October 12, 2017, which is the financial statement issuance date.

NOTE 3 - INVESTMENTS:

The Plan's investments that represent 5% or more of net assets available for benefits are as follows:

	2016	2015
Mutual Funds		
Putnam Intl Cap Op	$ 161,645	$ 157,541
AB Growth R	223,437	210,459
Goldman Sachs Capital growth SVC	173,752	151,886
Goldman Sachs Gov Income SVC	347,734	313,695
Putnam Investors R	320,687	274,517
Fixed Account	489,691	464,990

NOTE 4 – FAIR VALUE MEASUREMENTS:

SFAS No.157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of mutual funds are based on quoted market prices.

Level 3 Fair Value Measurements

The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued):

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits

	Fair Value	Fair Value Measurements Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2016			
Mutual Funds	$ 3,111,245	$ 3,111,245	$ 0
Participant Loans	50,382	0	50,382
Totals	$ 3,161,627	$ 3,111,245	$ 50,382
December 31, 2015			
Mutual Funds	$ 2,778,528	$ 2,778,528	$ 0
Participant Loans	42,262	0	42,262
Totals	$ 2,820,790	$ 2,778,528	$ 42,262

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued):

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participant Loans	Total
December 31, 2016		
Beginning Balance	$ 42,262	$ 42,262
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	0	0
Purchases, sales, issuances, and settlements (net)	8,120	8,120
Ending Balance	$ 50,382	$ 50,382

	Participant Loans	Total
December 31, 2015		
Beginning Balance	$ 34,753	$ 34,753
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	0	0
Purchases, sales, issuances, and settlements (net)	7,473	7,473
Ending Balance	$ 42,262	$ 42,262

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2016 are reported in net (depreciation) appreciation in fair value of investments.

NOTE 5 – PLAN TERMINATION:

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

NOTE 6 – TAX STATUS:

The Company has adopted a Volume Submitter Plan. The Internal Revenue Service has determined and informed the volume submitter by letter dated March 31, 2014 that the plan is designed in accordance with applicable sections of the Internal Revenue Code. The Company is not required to apply for a separate determination letter. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 7 – RELATED PARTY TRANSACTIONS:

Certain Plan investments are shares of pooled separate accounts and guaranteed interest accounts managed by Mass Mutual. George Daguillard is the trustee as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Purchases and sales of these funds are open market transactions at fair market value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA and applicable exemptions promulgated there under.

NOTE 8 – RISKS AND UNCERTAINTIES:

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

NOTE 9 – VESTING:

Upon termination of employment, a percentage of the participant's profit sharing account balance is vested in accordance with the following schedule. Vesting years are plan years during which at least 1,000 hours of service are credited.

Profit Sharing

Years of Vesting Service	Vesting 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%

Matching

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

NOTE 10 – FORFEITURES:

If a participant terminates employment before becoming fully vested in his/her Company matching contributions, the nonvested Company matching contributions (and earnings thereon) are forfeited at the earlier of the date the participant receives a distribution or incurs a five-year break-in-service. Forfeited balances are restored if the participant returns to an eligible status within five years of termination and repays any amount previously distributed. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Company matching contributions, restore previously forfeited balances, or pay eligible Plan expenses, or for any other permitted use.

For the years ended December 31, 2016 and 2015, forfeited non-vested accounts totaled $11,982 and $368, respectively. These accounts will be used to reduce future employer contributions.

NOTE 11 – UNAUDITED INFORMATION:

Mass Mutual, the custodian of the Plan, holds the Plan's investment assets and executes transactions thereon. Financial information relating to those assets is included in the accompanying financial statements based on information provided by the custodian. That information, which is unaudited, consists of substantially all of the Plan's investment assets as of December 31, 2016 and 2015, and investment income for the years ended December 31, 2016 and 2015. The Plan Administrator has obtained certifications for 2016 from the custodian that such information is complete and accurate.

SUPPLEMENTARY SCHEDULES

STELLAE INTERNATIONAL, INC.
401(K) PLAN

EIN: 11-3077666

PLAN NUMBER: 002

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

DECEMBER 31, 2016

(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
	FIXED ACCOUNT	Insurance company general account	N/A	489,686
	THE HARTFORD TOTAL RETURN BOND	Interest in registered investment companies	N/A	682
	THE HARTFORD HEALTHCARE	Interest in registered investment companies	N/A	14,206
	OPPENHEIMER INTERNATIONAL GROWTH	Interest in registered investment companies	N/A	51,453
	PIMCO TOTAL RETURN	Interest in registered investment companies	N/A	56,011
	PUTNAM EQUITY INCOME	Interest in registered investment companies	N/A	53,218
	COLUMBIA SELIGMAN GLOBAL TECH	Interest in registered investment companies	N/A	64,136
	PUTNAM INTL CAP OP	Interest in registered investment companies	N/A	161,645
	WELLS FARGO ASSET ALLOCATION	Interest in registered investment companies	N/A	7,763
	OPPENHEIMER INTERNATIONAL BOND R	Interest in registered investment companies	N/A	49,353
	PIMCO REAL RETURN	Interest in registered investment companies	N/A	160
	BLCKRCK GL ALLOCTN	Interest in registered investment companies	N/A	94,503
	THE HARTFORD CONSERVATIVE ALLOC	Interest in registered investment companies	N/A	4,529
	THE HARTFORD GROWTH ALLOCATION	Interest in registered investment companies	N/A	75,964
	OPPENHEIMER GOLD AND SPECIAL MINERALS	Interest in registered investment companies	N/A	5,783
	IVY GLBL NATURAL RES	Interest in registered investment companies	N/A	4,772
	BLCKRCK MC VAL OPP	Interest in registered investment companies	N/A	60,587
	MFS UTILITIES	Interest in registered investment companies	N/A	8,818
	JANUS OVERSEAS	Interest in registered investment companies	N/A	52,047
	BLCKRCK SC GR	Interest in registered investment companies	N/A	4,739
	INVESCO EUROPEAN GROWTH	Interest in registered investment companies	N/A	85,537
	AB GLOBAL RISK ALLOCATION	Interest in registered investment companies	N/A	4,986
	AB RELATIVE VALUE R	Interest in registered investment companies	N/A	50,814
	AB GROWTH R	Interest in registered investment companies	N/A	223,437
	AB DISCOVERY GROWTH R	Interest in registered investment companies	N/A	56,868
	BLACKROCK LARGE CAP CORE R	Interest in registered investment companies	N/A	96,808
	BLACKROCK VALUE OPPORTUNITIES	Interest in registered investment companies	N/A	59,887
	GOLDMAN SACHS CAPITAL GROWTH SVC	Interest in registered investment companies	N/A	173,752
	GOLDMAN SACHS GOV INCOME SVC	Interest in registered investment companies	N/A	347,734
	GOLDMAN SACHS MDCAP VALUE SVC	Interest in registered investment companies	N/A	91,931

The accompanying notes are an integral part
of these financial statements.

STELLAE INTERNATIONAL, INC.
401(K) PLAN

EIN: 11-3077666

PLAN NUMBER: 002

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

DECEMBER 31, 2016

GOLDMAN SACHS SMALL CAP VALUE SVC	Interest in registered investment companies	N/A	64,853
LORD ABBETT BOND DEBENTURE P	Interest in registered investment companies	N/A	9,047
PUTNAM INVESTORS R	Interest in registered investment companies	N/A	320,687
TEMPLETON DEVELOPING MARKETS TRUST	Interest in registered investment companies	N/A	55,188
TEMPLETON GROWTH	Interest in registered investment companies	N/A	3,325
GOLDMAN SACHS GROWTH OPPS SVC	Interest in registered investment companies	N/A	114,412
LORD ABBETT VALUE OPPORTUNITIES	Interest in registered investment companies	N/A	91,924
Investments			$ 3,111,245
Participant Loans	Participant Loans, 5.5%		$ 50,382

The accompanying notes are an integral part
of these financial statements.

STELLAE INTERNATIONAL, INC.
401(K) PLAN

EIN: 11-3077666

PLAN NUMBER: 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

DECEMBER 31, 2016

(a) Identity of issue, borrower lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Participant Loans	Participant Loans, 5.5%	$ 0	$ 0

The accompanying notes are an integral part
of these financial statements.

SUPPLEMENTARY SCHEDULES

STELLAE INTERNATIONAL, INC.
401(K) PLAN

EIN: 11-3077666

PLAN NUMBER: 002

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

DECEMBER 31, 2016

(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
	FIXED ACCOUNT	Insurance company general account	N/A	489,686
	THE HARTFORD TOTAL RETURN BOND	Interest in registered investment companies	N/A	682
	THE HARTFORD HEALTHCARE	Interest in registered investment companies	N/A	14,206
	OPPENHEIMER INTERNATIONAL GROWTH	Interest in registered investment companies	N/A	51,453
	PIMCO TOTAL RETURN	Interest in registered investment companies	N/A	56,011
	PUTNAM EQUITY INCOME	Interest in registered investment companies	N/A	53,218
	COLUMBIA SELIGMAN GLOBAL TECH	Interest in registered investment companies	N/A	64,136
	PUTNAM INTL CAP OP	Interest in registered investment companies	N/A	161,645
	WELLS FARGO ASSET ALLOCATION	Interest in registered investment companies	N/A	7,763
	OPPENHEIMER INTERNATIONAL BOND R	Interest in registered investment companies	N/A	49,353
	PIMCO REAL RETURN	Interest in registered investment companies	N/A	160
	BLCKRCK GL ALLOCTN	Interest in registered investment companies	N/A	94,503
	THE HARTFORD CONSERVATIVE ALLOC	Interest in registered investment companies	N/A	4,529
	THE HARTFORD GROWTH ALLOCATION	Interest in registered investment companies	N/A	75,964
	OPPENHEIMER GOLD AND SPECIAL MINERALS	Interest in registered investment companies	N/A	5,783
	IVY GLBL NATURAL RES	Interest in registered investment companies	N/A	4,772
	BLCKRCK MC VAL OPP	Interest in registered investment companies	N/A	60,587
	MFS UTILITIES	Interest in registered investment companies	N/A	8,818
	JANUS OVERSEAS	Interest in registered investment companies	N/A	52,047
	BLCKRCK SC GR	Interest in registered investment companies	N/A	4,739
	INVESCO EUROPEAN GROWTH	Interest in registered investment companies	N/A	85,537
	AB GLOBAL RISK ALLOCATION	Interest in registered investment companies	N/A	4,986
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	GOLDMAN SACHS GOV INCOME SVC	Interest in registered investment companies	N/A	347,734
	GOLDMAN SACHS MDCAP VALUE SVC	Interest in registered investment companies	N/A	91,931

The accompanying notes are an integral part
of these financial statements.

STELLAE INTERNATIONAL, INC.
401(K) PLAN

EIN: 11-3077666

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

DECEMBER 31, 2016

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STELLAE INTERNATIONAL, INC.
401(K) PLAN

EIN: 11-3077666

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

DECEMBER 31, 2016

(a) Identity of issue, borrower lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Participant Loans	Participant Loans, 5.5%	$ 0	$ 0

The accompanying notes are an integral part
of these financial statements.