

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u> <div style="display: flex; justify-content: space-between;"> <div> <u>P.O. BOX 14959</u> <u>SEATTLE, WA 98114-0959</u> </div> <div> <u>2501 SOUTH PLUM STREET</u> <u>SEATTLE, WA 98144-4711</u> </div> </div>		1c Effective date of plan <u>01/01/1966</u>	
		2b Employer Identification Number (EIN) <u>91-0295070</u>	
		2c Plan Sponsor's telephone number <u>206-322-4200</u>	
		2d Business code (see instructions) <u>624310</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/29/2018	COREY HANSEN
	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 499
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) 155
a(2) Total number of active participants at the end of the plan year	6a(2) 137
b Retired or separated participants receiving benefits	6b 157
c Other retired or separated participants entitled to future benefits	6c 196
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 490
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 490
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A 1I 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE LIGHTHOUSE FOR THE BLIND, INC.	D Employer Identification Number (EIN) 91-0295070

E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
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Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	20887678	
b Actuarial value	2b	20869897	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	152	9016918	9016918
b For terminated vested participants	192	4725383	4725383
c For active participants	155	5556374	5556374
d Total	499	19298675	19298675
4 If the plan is in at-risk status, check the box and complete lines (a) and (b): <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.85 %	
6 Target normal cost	6	60000	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		08/28/2018
Signature of actuary		Date
ROBERT V. ANTHONY		17-04924
Type or print name of actuary		Most recent enrollment number
NORTHWEST PLAN SERVICES		425-742-0177
Firm name		Telephone number (including area code)
15130 MAIN STREET, SUITE 300 MILL CREEK, WA 98012		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1365239
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1365239
10 Interest on line 9 using prior year's actual return of <u>7.35</u> %	0	100345
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		454563
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.05</u> %		27501
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		482064
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1465584

Part III Funding Percentages

14 Funding target attainment percentage	14	100.54%
15 Adjusted funding target attainment percentage	15	100.54%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.50%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/06/2018	500000	0			
07/13/2018	1600000	0			
Totals ▶			18(b)	2100000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1925686

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age.....				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	60000	
b Excess assets, if applicable, but not greater than line 31a	31b	60000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1925686	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1925686	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE LIGHTHOUSE FOR THE BLIND, INC.	D Employer Identification Number (EIN) 91-0295070	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
19 21 28 51	INVESTMENT ADVISOR	53541	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BADGLEY PHELPS, INC.

91-0789795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	22758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u>	D Employer Identification Number (EIN) <u>91-0295070</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI SHORT-TERM INVESTMENT FUND</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>			
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>492560</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTCC EMERGING MARKETS FUND</u>			
b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY OF CONNECTICUT (NTCC)</u>			
c EIN-PN <u>06-6275604-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>934768</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT QUALITY LARGE CAP CORE EAFE</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>			
c EIN-PN <u>45-6138589-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2095317</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT AGGREGATE BOND INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>			
c EIN-PN <u>45-6138589-029</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3914956</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT DAILY QUANT INDEX PLUS S&P 500</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>			
c EIN-PN <u>45-6138589-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51745</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT RUSSELL 2000 INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>			
c EIN-PN <u>45-6138589-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>113567</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE EMERGING MARKET INDEX</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>			
c EIN-PN <u>45-6138589-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>506795</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC S&P 400 INDEX FUND**b** Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY OF CONNECTICUT (NTCC)

c EIN-PN 06-6275604-049	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 668021
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT GLOBAL REAL ESTATE INDEX**b** Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY OF CONNECTICUT (NTCC)

c EIN-PN 06-6275604-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 788026
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u>		D Employer Identification Number (EIN) <u>91-0295070</u>

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	500000	500000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	28240	31284
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)	365437	357962
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	760155	699623
	(B) All other.....	1c(3)(B)	1250776	1599586
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	2955181	3310490
	(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)	8467282	9565755
	(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)	4838960	5248743
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	1727613	1805834

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20893644	23119277

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5966	6205
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5966	6205

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20887678	23113072
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	500000	
(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)		500000
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)	9745	
(C) Corporate debt instruments	2b(1)(C)	73508	
(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)		83253
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	52635	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	162014	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		214649
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	947722	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1001411	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-53689
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	732469	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		732469

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1128406
(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)		696378
c Other income.....	2c		2086
d Total income. Add all income amounts in column (b) and enter total.....	2d		3303552

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1000224	
(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)		1000224
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)	76323	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1611	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		77934
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1078158

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2225394
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: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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 4073726. (See instructions.)

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u>	D Employer Identification Number (EIN) <u>91-0295070</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
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): <u>91-6022854</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2017
v. 170203

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): _____



REPORT OF INDEPENDENT AUDITORS
AND FINANCIAL STATEMENTS
WITH SUPPLEMENTAL SCHEDULES

THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN

December 31, 2017 and 2016

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Report of Independent Auditors

To the Investments and Retirement Plans Committee
The Lighthouse for the Blind, Inc. Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Lighthouse for the Blind, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, 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 (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The Schedule H, line 4(i) – Schedule of assets (held at end of year) as of December 31, 2017, and the Schedule H, line 4(j) – Schedule of reportable transactions for the year ended December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 these supplemental schedules.

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Seattle, Washington
August 23, 2018

The Lighthouse for the Blind, Inc. Retirement Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2017	2016
ASSETS		
Investments, at fair value		
Common stocks	\$ 3,397,114	\$ 3,034,931
U.S. government and agency securities	357,962	365,437
Corporate bonds	2,299,209	2,010,931
Mutual funds	5,248,743	4,838,959
Hedge fund	1,719,210	1,647,863
Collective trusts	9,565,755	8,461,317
	<hr/>	<hr/>
Total investments	22,587,993	20,359,438
Accrued income on investments	25,079	28,240
Organization contributions receivable	500,000	500,000
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	\$ 23,113,072	\$ 20,887,678
	<hr/>	<hr/>

The Lighthouse for the Blind, Inc. Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2017
INVESTMENT INCOME	
Net appreciation in fair value of investments	\$ 2,500,191
Interest	160,260
Dividends	143,049
Net investment income	2,803,500
ORGANIZATION CONTRIBUTIONS	500,000
DEDUCTIONS	
Benefits paid to participants	(1,000,224)
Expenses	(77,882)
Total deductions	(1,078,106)
CHANGE IN NET ASSETS	2,225,394
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	20,887,678
End of year	\$ 23,113,072

The Lighthouse for the Blind, Inc. Retirement Plan

Notes to Financial Statements

Note 1 – Description of the Plan

The Lighthouse for the Blind, Inc. Retirement Plan (the Plan) is a noncontributory defined benefit pension plan. The following description provides only general information about the Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – On June 17, 2008, the Board of Trustees of the Plan adopted a resolution to freeze accrued benefits in the Plan effective December 31, 2008. Participants in the Plan prior to this time will continue to be credited with years of service for purposes of vesting in their frozen accrued benefits as long as they remain an active employee of The Lighthouse for the Blind, Inc. (the Sponsor). No new participants will be allowed into the Plan and existing participants will not accrue additional benefits after December 31, 2008.

Prior to December 31, 2008, the Plan covered all employees who were over 21 years old and who had been employed by the Sponsor for at least 12 months in which they had been credited with at least 1,000 hours of service. The Plan provides for retirement and disability benefit payments to participants upon retirement and survivor benefits to spouses of deceased participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The annual benefit amount payable to any participant under the Plan shall be the sum of (a) 1.4% of the participant's earnings for 2001 multiplied by the participant's years of service prior to January 1, 2002, and (b) 1.5% of the participant's earnings for each year of credited service earned after January 1, 2002. For employees who terminated before 2001, benefits are calculated according to the formula in place at the date of termination.

Contributions and funding – The Sponsor makes all contributions to the Plan. The contributions are sufficient to finance the pension benefits provided for in the Plan based on actuarial assumptions. The Plan has met the minimum funding requirements as of December 31, 2017. Subsequent to year-end, the Sponsor's Board of Trustees met and approved an additional \$1,600,000 contribution. As the additional contribution was not the result of a formal commitment at year end, it is not reported as a contribution receivable as of December 31, 2017.

This additional contribution is characterized as a 2017 contribution for funding purposes and reported on the Schedule SB of the 2017 Form 5500.

Vesting – All participants are 100% vested in the Plan.

Plan termination – Although it has not expressed any intention to do so, the Sponsor has the right to terminate the Plan and discontinue its contributions at any time.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

The Lighthouse for the Blind, Inc. Retirement Plan

Notes to Financial Statements

Note 1 – Description of the Plan (continued)

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Payments of benefits

Pension benefits – Participants with five or more years of service are entitled to annual pension benefits beginning at the normal retirement age (65) equal to the vested accrued benefit as of the date of termination, and then adjusted for form of payment. The Plan permits early retirement between the ages of 55 and 64 years. If participants terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Sponsor's contributions. Participants may elect to receive the value of their accumulated plan benefits as a whole life annuity or as a joint and survivor annuity payable monthly from retirement.

Death and disability benefits – If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. There are no disability benefits payable under the Plan.

Note 2 – Accounting Policies

Basis of accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Expenses – Administrative expenses related to operating and maintaining the Plan are paid by the Sponsor. Investment advisory fees and transaction fees are paid by the Plan.

Investment valuation – The investments are reported at fair value. The Plan's trustee, The Northern Trust Company, certifies the fair value of all investments. If available, quoted market prices are used to value investments. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

The Lighthouse for the Blind, Inc. Retirement Plan

Notes to Financial Statements

Note 2 – Accounting Policies (continued)

The Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (see Note 5). 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 ASC 820 are described below:

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and 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 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Shares of common stock and mutual funds are valued at the quoted market prices on national exchanges.

Units in collective trusts are valued using the NAV practical expedient of the collective trust as reported by the investment manager based on the fair value of the underlying assets owned by the fund, minus its liabilities, and divided by the number of units outstanding. Collective trusts file Form 5500 as direct filing entities and may be redeemed daily without restriction.

For corporate bonds and U.S. government and agency securities, fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, discounted cash flows and other observable inputs.

The hedge fund is the Northern Trust Alpha Strategies Fund (the Fund) which is invested primarily in a hedge "fund of funds" whereby the hedge fund owns units in several sub-funds. The Fund's investment objective is to seek risk-adjusted rates of return through investment in a diversified portfolio of assets. The hedge fund is valued at NAV practical expedient as estimated by the investment manager taking into account the NAV of the sub-funds. The estimated value could be different than the fair value had a readily available market existed for the sub-funds. The Plan can redeem its interest in the Fund quarterly at NAV.

The Lighthouse for the Blind, Inc. Retirement Plan

Notes to Financial Statements

Note 2 – Accounting Policies (continued)

Risks and uncertainties – Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the actuarial present value of accumulated plan benefits.

Similarly, investment securities are exposed to various risks, such as interest rate, market, and credit risk. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect the amounts reported in the financial statements.

Payment of benefits – Benefits are recorded when paid.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are issued. The Plan has evaluated subsequent events through August 23, 2018, which is the date the financial statements are available to be issued.

Note 3 – Actuarial Valuation

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An independent actuarial valuation of the Plan is prepared annually using the cost method. Significant actuarial assumptions used in preparing the December 31, 2017, valuation were as follows: (1) discount rate of 3.38%; (2) the mortality rates from the RP-2014 (Blue Collar) Mortality Table projected for all future years using the MP-2016 projection scale, and (3) varying ages between 55 and 65 with 100% of employees retired by age 65.

In 2016, the retirement age assumption was the same but the mortality table was the RP-2014 Mortality Table projected for all future years using the MP-2015 projection scale with separate rates for males and females, and the discount rate was 3.84%. As detailed in the following tables, the majority of the increase in the present value of accumulated plan benefits during 2017 stems from the decrease in the discount rate.

The Lighthouse for the Blind, Inc. Retirement Plan

Notes to Financial Statements

Note 3 – Actuarial Valuation (continued)

The foregoing actuarial assumptions as of December 31 are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

	2017	2016
Actuarial present value of accumulated plan benefits		
Vested		
Participants receiving benefits	\$ 11,144,041	\$ 10,573,617
Other participants	14,448,916	14,218,622
	<u>\$ 25,592,957</u>	<u>\$ 24,792,239</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2017, are summarized as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 24,792,239
Increase (decrease) during the year attributed to	
Benefits accumulated and net gains	(33,678)
Reduction in discount period	932,818
Benefits paid	(1,000,224)
Change in discount rate	1,344,663
Change in mortality table	(442,861)
Net increase	800,718
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 25,592,957</u>

Note 4 – Information Certified by Plan Trustee

The following information in the financial statements and supplemental schedules was certified to be complete and accurate by The Northern Trust Company, the trustee of the Plan, within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- Amounts included as investments on the statements of net assets available for benefits as of December 31, 2017 and 2016 and supplemental schedules as of and for the year ended December 31, 2017.
- Investment income included in the statement of changes in net assets available for benefits for the year ended December 31, 2017.

The Lighthouse for the Blind, Inc. Retirement Plan

Notes to Financial Statements

Note 5 – Fair Value Measurements

The following tables disclose, by level, the fair value hierarchy discussed in Note 2:

Investment Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 3,397,114	\$ -	\$ -	\$ 3,397,114
U.S. government and agency securities	-	357,962	-	357,962
Corporate bonds	-	2,299,209	-	2,299,209
Mutual funds	5,248,743	-	-	5,248,743
Total assets in the fair value hierarchy	<u>\$ 8,645,857</u>	<u>\$ 2,657,171</u>	<u>\$ -</u>	<u>11,303,028</u>
Investments measured at NAV (practical expedient)				<u>11,284,965</u>
Investments at fair value				<u>\$ 22,587,993</u>

Investment Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 3,034,931	\$ -	\$ -	\$ 3,034,931
U.S. government and agency securities	-	365,437	-	365,437
Corporate bonds	-	2,010,931	-	2,010,931
Mutual funds	4,838,959	-	-	4,838,959
Total assets in the fair value hierarchy	<u>\$ 7,873,890</u>	<u>\$ 2,376,368</u>	<u>\$ -</u>	<u>10,250,258</u>
Investments measured at NAV (practical expedient)				<u>10,109,180</u>
Investments at fair value				<u>\$ 20,359,438</u>

Note 6 – Party-In-Interest Transactions

Plan investments include units of collective trusts and a hedge fund managed by Northern Trust Global Advisors, Inc., a subsidiary of the Trustee. Transactions with this entity qualify as exempt party-in-interest transactions.

Note 7 – Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 3, 2012, stating the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Lighthouse for the Blind, Inc. Retirement Plan

Notes to Financial Statements

Note 8 – Reconciliation of Financial Statements to Form 5500

The Form 5500 has certain classifications of assets and income that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

Supplemental Schedules

The Lighthouse for the Blind, Inc. Retirement Plan
EIN: 91-0295070, Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2017

(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
U.S. Government Securities				
	Treasury Notes	\$75,000 principal amount, 3.625%, due 08/15/19	\$ 75,867	\$ 77,086
	Treasury Notes	\$75,000 principal amount, 4.0%, due 08/15/18	75,492	76,081
			<u>151,359</u>	<u>153,167</u>
Corporate Bonds				
	Abbott Labs	\$60,000 principal amount, 2.55% DUE 03-15-2022	60,635	59,381
	Activision	\$10,000 principal amount, 2.3% DUE 09-15-2021	9,956	9,869
	Allergan Inc	\$25,000 principal amount, 3.375% DUE 09-15-2020	27,312	25,471
	Amazon Com Inc	\$80,000 principal amount, 2.5% DUE 11-29-2022	79,505	79,959
	Apple Inc	\$25,000 principal amount, 2.4% DUE 05-03-2023	23,275	24,743
	Bank New York Inc Medium Term Sr Nts	\$20,000 principal amount, 3.55% DUE 09-23-2021	21,181	20,751
	Bank Of Amer Corp	\$40,000 principal amount, 5% DUE 05-13-2021	43,591	43,114
	Becton Dickinson	\$45,000 principal amount, 3.125% DUE 11-08-2021	46,255	45,379
	Berkshire Hathaway	\$20,000 principal amount, 2.1% DUE 08-14-2019	20,491	20,010
	Biogen Inc	\$35,000 principal amount, 3.625% DUE 09-15-2022	36,813	36,272
	Boeing Co	\$50,000 principal amount, .95% DUE 05-15-2018	48,298	49,863
	Celanese Us Hldgs	\$50,000 principal amount, 5.875% DUE 06-15-2021	57,412	54,735
	Chevron	\$50,000 principal amount, 2.355% DUE 12-05-2022	47,440	49,604
	Cisco Sys Inc	\$50,000 principal amount, 2.9% DUE 03-04-2021	52,078	50,911
	Colgate-Palmolive	\$25,000 principal amount, 2.3% DUE 05-03-2022	25,121	24,835
	Comcast Corp New	\$40,000 principal amount, 2.85% DUE 01-15-2023	40,818	40,320
	Costco Whsl Corp	\$20,000 principal amount, 1.75% DUE 02-15-2020	19,856	19,873
	Deere & Co	\$50,000 principal amount, 2.6% DUE 06-08-2022	50,976	50,055
	Disney Walt Co New	\$25,000 principal amount, 2.75% DUE 08-16-2021	25,441	25,376
	Du Pont(Ei) De Nemours & Co	\$25,000 principal amount, 4.25% DUE 04-01-2021	28,598	26,311
	Eaton Corp Ohio	\$50,000 principal amount, 2.75% DUE 11-02-2022	50,449	50,146
	Equifax Inc	\$30,000 principal amount, 3.3% DUE 12-15-2022	31,110	29,805
	Goldman Sachs Fltg Rt	\$100,000 principal amount, 2.78849% DUE 09-15-2020	101,341	101,894
	Home Depot Inc	\$30,000 principal amount, 2.7% DUE 04-01-2023	29,373	30,287
	Intel Corp	\$25,000 principal amount, 3.3% DUE 10-01-2021	26,181	25,926
	Johnson Ctls Intl	\$20,000 principal amount, 5% DUE 03-30-2020	21,463	21,094
	Jpmorgan Chase	\$50,000 principal amount, 2.2% DUE 10-22-2019	50,335	49,953
	Kimberly Clark	\$20,000 principal amount, 6.25% DUE 07-15-2018	23,425	20,433
	Life Technologies	\$50,000 principal amount, 6% DUE 03-01-2020	54,885	53,514
	Marsh & McLennan	\$45,000 principal amount, 2.75% DUE 01-30-2022	45,464	45,091
	Medtronic Inc	\$25,000 principal amount, 4.45% DUE 03-15-2020	27,534	26,192
	Merck & Co Inc	\$25,000 principal amount, 5% DUE 06-30-2019	29,999	26,072
	Metlife Inc	\$25,000 principal amount, 3.048% DUE 12-15-2022	25,994	25,290
	Monsanto Co New	\$25,000 principal amount, 1.85% DUE 11-15-2018	25,057	24,965
	Nextera Energy Cap	\$50,000 principal amount, 4.5% DUE 06-01-2021	53,630	52,911
	Occidental Pete	\$25,000 principal amount, 4.1% DUE 02-01-2021	25,226	26,183
	Oracle Corp	\$25,000 principal amount, 5% DUE 07-08-2019	28,389	26,093
	Pepsico Inc	\$25,000 principal amount, 4.5% DUE 01-15-2020	28,432	26,142
	Pnc Bk N A Corp Bd	\$70,000 principal amount, 2.2% DUE 01-28-2019	70,703	70,021
	Praxair Inc	\$75,000 principal amount, 2.2% DUE 08-15-2022	74,396	73,871
	Precision	\$50,000 principal amount, 1.25% DUE 01-15-2018	49,397	49,985
	Pvtpl Becton Dickinson & Co	\$19,400 principal amount, 4.4% DUE 01-15-2021	20,182	19,400
	Republic Svcs Inc	\$50,000 principal amount, 3.55% DUE 06-01-2022	54,030	51,544
	Rockwell Automation Inc	\$25,000 principal amount, 2.05% DUE 03-01-2020	25,313	24,829
	S&P Global Inc	\$50,000 principal amount, 3.3% DUE 08-14-2020	52,453	50,930
	Schwab Charles	\$50,000 principal amount, 4.45% DUE 07-22-2020	58,254	52,687
	Stryker Corp	\$40,000 principal amount, 4.375% DUE 01-15-2020	43,015	41,580
	Sysco Corp	\$25,000 principal amount, 5.375% DUE 03-17-2019	26,959	25,923
	Target Corp	\$60,000 principal amount, 2.3% DUE 06-26-2019	61,207	60,288

The Lighthouse for the Blind, Inc. Retirement Plan

EIN: 91-0295070, Plan #: 001

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

December 31, 2017

(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
(Corporate Bonds Continued)				
	Unilever Cap Corp	\$50,000 principal amount, 4.8% DUE 02-15-2019	\$ 56,376	\$ 51,461
	Unitedhealth Group	\$30,000 principal amount, 1.625% DUE 03-15-2019	29,799	29,837
	UTD Parcel Svc Inc	\$30,000 principal amount, 5.5% DUE 01-15-2018	32,958	30,035
	VF Corp	\$40,000 principal amount, 3.5% DUE 09-01-2021	42,867	41,287
	Verizon	\$50,000 principal amount, 2.625% DUE 02-21-2020	50,600	50,422
	Wal-Mart Stores	\$70,000 principal amount, 1.95% DUE 12-15-2018	71,190	70,015
	Walgreens Boots	\$75,000 principal amount, 3.3% DUE 11-18-2021	74,548	76,252
	Unilever Cap Corp	\$10,000 principal amount, 2.2% DUE 03-06-2019	10,179	10,019
			<u>2,347,775</u>	<u>2,299,209</u>
Common Stock				
	Activision Blizzard Inc	830 shares	26,532	52,556
	Alibaba Group Holding Ltd	186 shares	23,383	32,072
	Alphabet Inc Cap Stock Cl C	45 shares	13,623	47,088
	Alphabet Inc Cap Stock Cl A	40 shares	12,211	42,136
	Amazon	70 shares	13,027	81,863
	American Tower Corp	259 shares	16,549	36,952
	Amgen	263 shares	40,719	45,736
	Apple	540 shares	16,962	91,384
	Bank Of America	1,758 shares	50,119	51,896
	Bb&T Corp Com	980 shares	32,967	48,726
	Berkshire Hathaway	445 shares	46,650	88,208
	Boeing Co	260 shares	19,649	76,677
	Broadcom Limited	246 shares	41,172	63,197
	Celgene	325 shares	17,760	33,917
	Chevron Corp	386 shares	40,832	48,323
	Cognizant Tech Solutions Corp	582 shares	13,140	41,334
	Colgate-Palmolive Co	425 shares	26,579	32,066
	Constellation Brands Inc	215 shares	31,408	49,143
	Costco Wholesale	280 shares	14,707	52,114
	Danaher Corp	585 shares	34,489	54,300
	Dowdupont Inc	800 shares	54,984	56,976
	Dxc Technology Co	410 shares	28,295	38,909
	Ecolab Inc	379 shares	15,617	50,854
	Eli Lilly & Co	484 shares	37,184	40,879
	Eog Resources Inc	425 shares	27,871	45,862
	Expedia	195 shares	16,805	23,355
	Exxon Mobile	375 shares	29,933	31,365
	Facebook	505 shares	35,256	89,112
	Fedex Corp	215 shares	20,982	53,651
	Fidelity National Information Services	592 shares	22,554	55,701
	Fortive Corp	611 shares	27,929	44,206
	General Dynamics Corp	153 shares	23,347	31,128
	Home Depot	330 shares	17,785	62,545
	Honeywell	350 shares	22,738	53,676
	Johnson & Johnson	485 shares	38,929	67,764
	Jp Morgan Chase	852 shares	47,521	91,113
	Lam Resh Corp	333 shares	19,599	61,295
	Marriott Intl Inc	435 shares	16,314	59,043
	Marsh & McLennan Co'S Inc	600 shares	21,826	48,834
	Medtronic Plc	457 shares	35,054	36,903
	Metlife Inc	810 shares	29,257	40,954
	Microsoft	1,044 shares	33,661	89,304
	Mondelez Intl Inc	770 shares	20,702	32,956
	Morgan Stanley Com	960 shares	40,782	50,371

The Lighthouse for the Blind, Inc. Retirement Plan
EIN: 91-0295070, Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(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
Common Stocks (continued)				
	Netflix Inc	197 shares	\$ 31,144	\$ 37,816
	Nextera Energy Inc	365 shares	24,585	57,009
	Paypal Holdings	560 shares	14,943	41,227
	Pepsico Inc	288 shares	18,824	34,537
	Pfizer Inc	1,358 shares	37,421	49,187
	Prologis Inc	770 shares	33,191	49,673
	Qualcomm	553 shares	25,109	35,403
	Salesforce	432 shares	31,025	44,163
	Schlumberger Ltd	331 shares	21,364	22,306
	Schwab Charles Corp	871 shares	25,799	44,743
	Sherwin Williams	67 shares	26,519	27,473
	Stanley Black & Decker Inc	285 shares	29,301	48,362
	Starbucks Corp	680 shares	19,800	39,052
	Stryker Corp	216 shares	27,995	33,445
	The Priceline Group	22 shares	13,475	38,230
	Thermo Fisher Corp	270 shares	17,931	51,268
	Time Warner Inc	425 shares	16,906	38,875
	Union Pac Corp	350 shares	25,825	46,935
	United Health Group Inc	202 shares	32,613	44,533
	Us Bancorp	865 shares	28,778	46,347
	Valero Energy Corp	405 shares	20,893	37,224
	Verizon Communications	510 shares	20,298	26,994
	Visa Inc	698 shares	23,767	79,586
	Walt Disney Co	249 shares	17,992	26,770
	Wec Energy Group Inc	535 shares	19,487	35,540
	Wells Fargo & Co	560 shares	21,242	33,972
			<u>1,843,630</u>	<u>3,397,114</u>
Index Linked Government Bonds				
	US Treasury NTS Index Linked	\$150,000 principal amount, 2.125%, due 01/15/19	158,114	175,880
	US Treasury NTS Index Linked Notes	\$25,000 principal amount, 1.375%, due 07/15/18	24,026	28,915
			<u>182,140</u>	<u>204,795</u>
Collective Trusts				
*	Coltv Short Term Invnt Fd	492,560 shares	492,560	492,560
*	MFB NT Collective Global Real Estate Index Fund	59,568 shares	546,093	788,026
*	MFB NT Collective Russell 2000 Index Fund	53 shares	78,802	113,567
*	MFB NT Collective S&P 400 Index Fund	8,477 shares	459,476	668,021
*	MFB NT Collective Emerging Markets Index Fund	28,776 shares	398,601	506,795
*	MFB NTGI-QM Collective Daily Quant Index	69 shares	39,476	51,745
*	MFB NT Collective Aggregate Bond Fund	7,290 shares	3,741,453	3,914,956
*	NTCC Emerging Markets	1,215 shares	699,177	934,768
*	NT Coltv Quality Large Cap Core	4,012 shares	1,711,718	2,095,317
			<u>8,167,356</u>	<u>9,565,755</u>
Mutual Funds				
	MFC Flexshares TR Morningstar Global	34,707 shares	1,084,420	1,155,396
	MFO Blackrock FDS High Yield BD	170,246 shares	1,357,482	1,327,921
	MFO DFA Intl Small Co Portfolio Fund	9,104 shares	152,547	193,651
	MFO DFA US L/C Value	4,188 shares	143,383	163,828
	MFO DFA US Small Cap Portfolio	3,167 shares	101,116	113,804
	MFO Dimensional FD Advisors Intl Value	37,387 shares	712,740	766,052
	MFO Harding Loevner FDS Inc Intl Equity	33,511 shares	642,065	763,372
*	MFB Northern Multi Manager Global	57,111 shares	666,579	764,719
			<u>4,860,332</u>	<u>5,248,743</u>
Hedge Fund				
	Alpha Core Strategies Feeder Fund	97,393 shares	1,239,176	1,719,210
*	Indicates party-in-interest.		<u>\$ 18,791,768</u>	<u>\$ 22,587,993</u>

The Lighthouse for the Blind, Inc. Retirement Plan
EIN: 91-0295070, Plan #: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (i) - Single Transactions in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust	191	\$ 2,211,339	44	\$ 2,075,899	N/A	N/A	\$ 2,211,339	\$ 2,211,339	\$ -
MFB NT COLTV Aggregate Bond Index Fund	Collective trust	3	\$ 770,000	2	\$ 777,000	N/A	N/A	\$ 770,000	\$ 777,000	\$ 7,000

Category (ii) - A Series of non-Security Transactions with the Same Party in Excess of 5% of Plan Assets

* There were no reportable transactions

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets										
NT Collective Short-term	Collective trust	181	\$ 1,827,517	N/A	N/A	N/A	N/A	\$ 1,827,517	\$ 1,827,517	\$ -
NT Collective Short-term	Collective trust	N/A	N/A	50	\$ 1,957,724	N/A	N/A	\$ 1,957,724	\$ 1,957,724	\$ -

Category (iv) - A Series of Transactions with the Same Party in Excess of 5% of Plan Assets

* There were no reportable transactions



MOSSADAMS

THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN

ACTIVE PARTICIPANTS AS OF JANUARY 1, 2017
Distribution of Salary

AGE	YEARS OF VESTING SERVICE					
	Less than 2		2 - 4		5 - 9	
	NUMBER	EARNINGS	NUMBER	EARNINGS	NUMBER	EARNINGS
Less than 25	0	\$ 0.00	0	\$ 0.00	0	\$ 0.00
25 to 29	0	0.00	0	0.00	0	0.00
30 to 34	0	0.00	0	0.00	1	51,681.01
35 to 39	0	0.00	0	0.00	1	63,299.52
40 to 44	0	0.00	0	0.00	1	26,320.32
45 to 49	0	0.00	0	0.00	3	123,216.99
50 to 54	0	0.00	0	0.00	1	20,447.38
55 to 59	0	0.00	0	0.00	5	288,936.95
60 to 64	0	0.00	0	0.00	2	71,305.28
65 and over	0	0.00	0	0.00	2	71,267.13
TOTALS	0	\$ 0.00	0	\$ 0.00	16	\$ 716,474.58

AGE	YEARS OF VESTING SERVICE					
	10 - 14		15 - 19		20 - 24	
	NUMBER	EARNINGS	NUMBER	EARNINGS	NUMBER	EARNINGS
Less than 25	0	\$ 0.00	0	\$ 0.00	0	\$ 0.00
25 to 29	0	0.00	0	0.00	0	0.00
30 to 34	2	52,843.27	0	0.00	0	0.00
35 to 39	7	278,587.65	3	118,628.30	0	0.00
40 to 44	5	297,249.69	1	37,738.67	1	43,959.48
45 to 49	6	292,025.13	2	73,558.50	2	94,415.36
50 to 54	11	641,261.75	4	201,608.81	7	299,196.26
55 to 59	12	447,195.76	4	175,243.24	4	94,223.81
60 to 64	5	331,369.43	4	188,219.65	2	88,903.87
65 and over	7	417,701.74	2	61,842.74	2	138,542.38
TOTALS	55	\$ 2,758,234.42	20	\$ 856,839.91	18	\$ 759,241.16

AGE	YEARS OF VESTING SERVICE				AVERAGES
	More than 24		All Years		
	NUMBER	EARNINGS	NUMBER	EARNINGS	
Less than 25	0	\$ 0.00	0	\$ 0.00	AGE: 54.79 SALARY: 47,722.08 SERVICE: VESTING: 18.610 BENEFIT: 11.010
25 to 29	0	0.00	0	0.00	
30 to 34	0	0.00	3	104,524.28	
35 to 39	0	0.00	11	460,515.47	
40 to 44	0	0.00	8	405,268.16	
45 to 49	2	65,394.05	15	648,610.03	
50 to 54	6	331,008.75	29	1,493,522.95	
55 to 59	13	752,048.97	38	1,757,648.73	
60 to 64	13	614,499.12	26	1,294,297.35	
65 and over	12	543,181.66	25	1,232,535.65	
TOTALS	46	\$ 2,306,132.55	155	\$ 7,396,922.62	

**THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN**

ACTUARIAL METHODS AND ASSUMPTIONS

As of January 1, 2017

A) ACTUARIAL METHODS

1) Cost Method

The funding method used for this valuation is the "Unit Credit" funding method as required by the Pension Protection Act of 2006.

2) Asset Valuation Method

Assets are valued at their fair market value.

B) ACTUARIAL ASSUMPTIONS

The results set forth in this report have as their basis the following valuation assumptions.

1) Interest Rate

Interest rate assumptions employed in this valuation are summarized below:

Liability Measured	Rates	Date Adopted
Minimum Funding (Exhibits 2 through 6)	4.16%/5.72%/6.48%	January 1, 2017
Minimum Funding Effective Rate	5.85%	January 1, 2017
ASC 960 Discount (Exhibit 7)	3.84%	January 1, 2017
PBGC Premium (Appendix I)	1.57%/3.77%/4.73%	January 1, 2017

The Minimum Funding Effective Rate is used to discount receivable contributions for determining the Market Value of Assets for both Funding and PBGC Premium purposes. It is determined as the single rate that is be used to calculate the same liability amount as the required three segment rates used for funding purposes.

The *ASC 960 Discount* rate was determined by discounting the expected benefit payment stream for expected future payments that are required to be measured using the annual spot rates from the Citigroup Pension Discount Curve as of December 31, 2016.

2) Mortality

For Funding and PBGC Premium purposes the sex-distinct, annuitant/non annuitant, RP-2000 Mortality Table (with projection to 2017) was used to estimate participant

**THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN**

APPENDIX B
(Continued)

ACTUARIAL METHODS AND ASSUMPTIONS
January 1, 2017

mortality rates (adopted January 1, 2004 for Funding purposes and January 1, 2008 for PBGC Premium purposes). For Pension Disclosure (ASC 960) purposes, the sex-distinct RP-2014 (Blue Collar) Mortality Table projected for all future years using the MP-2015 projection scale was used to estimate participant mortality rates (adopted December 31, 2016).

3) Salary Scale

Salaries are assumed to increase at the rate of 4.0% per year (adopted January 1, 2004). Previously, salaries increased at the rate of 4.5% per year. Effective January 1, 2009, this assumption is meaningless since the Plan was frozen on December 31, 2008.

4) Terminations

Assumed rates of voluntary termination are on a 5-year select and ultimate basis and are based upon plan experience for the 1998-2003 plan years. Ultimate rates are based on the ultimate table as published in the August 1992 edition of *The Pension Forum*. Sample rates are shown below (adopted January 1, 2004):

Select Rates:

<u>Years of Service</u>	<u>Number Terminating Per 1,000 Covered</u>
0-5	190.0

Ultimate Rates:

<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>
25	136.1
30	101.0
35	79.0
40	65.0
45	55.0
50	45.0

**THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN**

APPENDIX B
(Continued)

ACTUARIAL METHODS AND ASSUMPTIONS
January 1, 2017

5) Retirement Age

Assumed retirement age for actives is based on plan experience for the 1998-2003 plan years. Sample rates are shown below (adopted January 1, 2004):

<u>Age</u>	<u>Number Retiring Per 1,000</u>
55-60	10
60-64	50
65	1,000

6) Expenses

Expenses of \$60,000 annually have been specifically allowed for (adopted January 1, 2004). Previously, annual expenses were assumed to be \$50,000.

CHANGES SINCE THE PRIOR YEAR AND REASONS FOR CHANGE

All actuarial assumptions described above are the same as used in the prior year's report, except for the Funding and PBGC Premium interest rate assumptions, which are mandated changes by law. Also, the projection of mortality in the RP-2000 Mortality Table was updated from 2016 to 2017 to incorporate improvements in life expectancy into liability results as required by law.

The mortality table was updated to the RP-2014 (Blue Collar) Mortality Table from the RP-2000 Mortality Table for ASC 960 purposes. In addition, the ASC 960 Discount Rate was changed from 6.75% to 3.84% to reflect the expected benefit payment stream using the December 2016 Citigroup Pension Discount Curve spot rates.

The Lighthouse for the Blind, Inc. Retirement Plan
EIN: 91-0295070, Plan #: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (i) - Single Transactions in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust	181	\$ 2,211,339	44	\$ 2,075,899	N/A	N/A	\$ 2,211,339	\$ 2,211,339	\$ -
MFB NT COLTV Aggregate Bond Index Fund	Collective trust	3	\$ 770,000	2	\$ 777,000	N/A	N/A	\$ 770,000	\$ 777,000	\$ 7,000

Category (ii) - A Series of non-Security Transactions with the Same Party in Excess of 5% of Plan Assets

* There were no reportable transactions

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets										
NT Collective Short-term	Collective trust	181	\$ 1,827,517	N/A	N/A	N/A	N/A	\$ 1,827,517	\$ 1,827,517	\$ -
NT Collective Short-term	Collective trust	N/A	N/A	50	\$ 1,957,724	N/A	N/A	\$ 1,957,724	\$ 1,957,724	\$ -

Category (iv) - A Series of Transactions with the Same Party in Excess of 5% of Plan Assets

* There were no reportable transactions

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE LIGHTHOUSE FOR THE BLIND, INC.	D Employer Identification Number (EIN) 91-0295070
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value.....	2a	20,887,678	
b Actuarial value.....	2b	20,869,897	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	152	9,016,918	9,016,918
b For terminated vested participants.....	192	4,725,383	4,725,383
c For active participants.....	155	5,556,374	5,556,374
d Total.....	499	19,298,675	19,298,675
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.85%	
6 Target normal cost.....	6	60,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

ROBERT V. ANTHONY

Type or print name of actuary

NORTHWEST PLAN SERVICES

Firm name

15130 MAIN STREET, SUITE 300

MILL CREEK WA 98012

Address of the firm

08/28/2018

Date

1704924

Most recent enrollment number

425-742-0177

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2017**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,365,239
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	1,365,239
10 Interest on line 9 using prior year's actual return of <u>7.35%</u>	0	100,345
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		454,563
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.05%</u>		27,501
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		482,064
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1,465,584

Part III Funding Percentages

14 Funding target attainment percentage	14	100.54%
15 Adjusted funding target attainment percentage.....	15	100.54%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.50%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/06/2018	500,000	0			
07/13/2018	1,600,000	0			
Totals ▶			18(b)	2,100,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,925,686

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	60,000
b Excess assets, if applicable, but not greater than line 31a		31b	60,000
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	1,925,686
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1,925,686
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made		<input type="checkbox"/> 2008	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

The Lighthouse for the Blind, Inc.
Retirement Plan
2017

Schedule SB, Line 19 - Discounted Employer Contributions

Date	Contribution Amount	Plan Year Applied	Effective Rate	Interest Adjusted Contribution
7/6/2018	\$500,000	2017	5.85%	\$458,878
7/13/2018	\$1,600,000	2017	5.85%	\$1,466,808
Total for 2017	\$2,100,000			\$1,925,686

The Lighthouse for the Blind, Inc.
Retirement Plan
2017

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	Number Active	Retirement Rate	Number Retiring	Number Retiring x Age
55	1000.0	1%	10.0	550.0
56	990.0	1%	9.9	554.4
57	980.1	1%	9.8	558.7
58	970.3	1%	9.7	562.8
59	960.6	1%	9.6	566.8
60	951.0	1%	9.5	570.6
61	941.5	5%	47.1	2,871.5
62	894.4	5%	44.7	2,772.7
63	849.7	5%	42.5	2,676.5
64	807.2	5%	40.4	2,583.0
65	766.8	100%	766.8	49,844.7

Average Age =	64.1
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The number of participants retiring at a particular age is determined by multiplying the number of active employees by the retirement rate. The number retiring is subtracted from the number active to determine the number active at the next age. The weight given to each age is determined as the age multiplied by the number of participants retiring.

**THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN**

SUMMARY OF PLAN PROVISIONS

As of January 1, 2017

1) **EFFECTIVE DATE**

The original effective date of the plan was January 1, 1966. The plan was restated January 1, 1996, amended January 1, 2005, and frozen effective December 31, 2008.

2) **FUNDING**

The plan is funded by employer contributions to a trust fund.

3) **EMPLOYEES INCLUDED**

Employees shall be eligible to participate on the first of the month following the completion of one year of service and the attainment of age 21.

4) **YEAR OF SERVICE**

For vesting and benefit purposes, a year of service is a plan year (January 1 through December 31) during which an employee is credited with at least 1,000 hours. Effective 12/31/2008, service was frozen for benefit and eligibility purposes.

5) **EARNINGS**

Earnings are defined as the amount of wages earned for services actually rendered in the course of employment with The Lighthouse for the Blind, Inc. but excludes extra pay, overtime pay, and bonuses. Effective 12/31/2008, salary was frozen for benefit purposes.

6) **EMPLOYER CONTRIBUTIONS**

Amounts sufficient to maintain the investment fund at an adequate level as determined by an Enrolled Actuary are contributed from time to time by the employer.

**THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN**

APPENDIX A
(Continued)

SUMMARY OF PLAN PROVISIONS (Cont.)
As of January 1, 2017

7) EMPLOYEE CONTRIBUTIONS

Participants in the plan are not required nor permitted to make any contributions.

8) RETIREMENT DATE

Normal - The normal retirement date for any participant is the first of the month following the participant's 65th birthday.

Early - Age 55 with five years of service.

9) RETIREMENT BENEFIT

Normal - The monthly normal retirement benefit is equal to $1/12^{\text{th}}$ the sum of:

A.) 1.4% of the participant's Earnings for 2001 multiplied by the participant's credited service on January 1, 2002 plus:

B.) 1.5% of the participant's Earnings during each year of credited service earned after January 1, 2002. Effective 12/31/2008, the plan was frozen so that earnings and credited service earned after December 31, 2008 are not recognized.

The benefit is payable as a single life annuity. The Plan provides for a minimum monthly normal retirement benefit of \$100.

Early - The accrued normal retirement benefit multiplied by the early retirement factor. Early retirement factors are one minus $1/2\%$ for each month that the early retirement date precedes the normal retirement date.

10) RETIREMENT BENEFIT OPTIONS

The retirement benefit options are:

- a) 50% joint and survivor annuity.
- b) 75% joint and survivor annuity.
- c) Life annuity.
- d) Lump sum if under \$5,000.

**THE LIGHTHOUSE FOR THE BLIND, INC.
RETIREMENT PLAN**

APPENDIX A
(Continued)

SUMMARY OF PLAN PROVISIONS (Cont.)
As of January 1, 2017

11) **DEATH BENEFIT**

If death occurs before commencement of benefits and the participant is vested, the participant's beneficiary will be eligible to receive the survivors portion of a 50% Joint and Survivor Annuity determined as if the participant survived to his or her early retirement date, retired, selected a 50% Joint and Survivor Annuity and then died the day after benefits commenced. The beneficiary can delay the commencement of benefits to the participant's Normal Retirement Date.

12) **VESTED BENEFIT**

The terminating participant will vest in their accrued benefit based upon their years of service for vesting purposes as follows: 5 or more years - 100%. In addition, participants will become 100% vested at their normal retirement date.

13) **DISABILITY BENEFIT**

No special disability benefit is provided by the Plan.

The Lighthouse for the Blind, Inc. Retirement Plan
EIN: 91-0295070, Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2017

(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
U.S. Government Securities				
	Treasury Notes	\$75,000 principal amount, 3.625%, due 08/15/19	\$ 75,867	\$ 77,086
	Treasury Notes	\$75,000 principal amount, 4.0%, due 08/15/18	75,492	76,081
			<u>151,359</u>	<u>153,167</u>
Corporate Bonds				
	Abbott Labs	\$60,000 principal amount, 2.55% DUE 03-15-2022	60,635	59,381
	Activision	\$10,000 principal amount, 2.3% DUE 09-15-2021	9,956	9,869
	Allergan Inc	\$25,000 principal amount, 3.375% DUE 09-15-2020	27,312	25,471
	Amazon Com Inc	\$80,000 principal amount, 2.5% DUE 11-29-2022	79,505	79,959
	Apple Inc	\$25,000 principal amount, 2.4% DUE 05-03-2023	23,275	24,743
	Bank New York Inc Medium Term Sr Nts	\$20,000 principal amount, 3.55% DUE 09-23-2021	21,181	20,751
	Bank Of Amer Corp	\$40,000 principal amount, 5% DUE 05-13-2021	43,591	43,114
	Becton Dickinson	\$45,000 principal amount, 3.125% DUE 11-08-2021	46,255	45,379
	Berkshire Hathaway	\$20,000 principal amount, 2.1% DUE 08-14-2019	20,491	20,010
	Biogen Inc	\$35,000 principal amount, 3.625% DUE 09-15-2022	36,813	36,272
	Boeing Co	\$50,000 principal amount, .95% DUE 05-15-2018	48,298	49,863
	Celanese Us Hldgs	\$50,000 principal amount, 5.875% DUE 06-15-2021	57,412	54,735
	Chevron	\$50,000 principal amount, 2.355% DUE 12-05-2022	47,440	49,604
	Cisco Sys Inc	\$50,000 principal amount, 2.9% DUE 03-04-2021	52,078	50,911
	Colgate-Palmolive	\$25,000 principal amount, 2.3% DUE 05-03-2022	25,121	24,835
	Comcast Corp New	\$40,000 principal amount, 2.85% DUE 01-15-2023	40,818	40,320
	Costco Whsl Corp	\$20,000 principal amount, 1.75% DUE 02-15-2020	19,856	19,873
	Deere & Co	\$50,000 principal amount, 2.6% DUE 06-08-2022	50,976	50,055
	Disney Walt Co New	\$25,000 principal amount, 2.75% DUE 08-16-2021	25,441	25,376
	Du Pont(EI) De Nemours & Co	\$25,000 principal amount, 4.25% DUE 04-01-2021	28,598	26,311
	Eaton Corp Ohio	\$50,000 principal amount, 2.75% DUE 11-02-2022	50,449	50,146
	Equifax Inc	\$30,000 principal amount, 3.3% DUE 12-15-2022	31,110	29,805
	Goldman Sachs Fltg Rt	\$100,000 principal amount, 2.78849% DUE 09-15-2020	101,341	101,894
	Home Depot Inc	\$30,000 principal amount, 2.7% DUE 04-01-2023	29,373	30,287
	Intel Corp	\$25,000 principal amount, 3.3% DUE 10-01-2021	26,181	25,926
	Johnson Ctls Intl	\$20,000 principal amount, 5% DUE 03-30-2020	21,463	21,094
	Jpmorgan Chase	\$50,000 principal amount, 2.2% DUE 10-22-2019	50,335	49,953
	Kimberly Clark	\$20,000 principal amount, 6.25% DUE 07-15-2018	23,425	20,433
	Life Technologies	\$50,000 principal amount, 6% DUE 03-01-2020	54,895	53,514
	Marsh & McLennan	\$45,000 principal amount, 2.75% DUE 01-30-2022	45,464	45,091
	Medtronic Inc	\$25,000 principal amount, 4.45% DUE 03-15-2020	27,534	26,192
	Merck & Co Inc	\$25,000 principal amount, 5% DUE 06-30-2019	29,999	26,072
	Metlife Inc	\$25,000 principal amount, 3.048% DUE 12-15-2022	25,994	25,290
	Monsanto Co New	\$25,000 principal amount, 1.85% DUE 11-15-2018	25,057	24,965
	Nextera Energy Cap	\$50,000 principal amount, 4.5% DUE 06-01-2021	53,630	52,911
	Occidental Pete	\$25,000 principal amount, 4.1% DUE 02-01-2021	25,226	26,183
	Oracle Corp	\$25,000 principal amount, 5% DUE 07-08-2019	28,389	26,093
	Pepsico Inc	\$25,000 principal amount, 4.5% DUE 01-15-2020	28,432	26,142
	Pnc Bk N A Corp Bd	\$70,000 principal amount, 2.2% DUE 01-28-2019	70,703	70,021
	Praxair Inc	\$75,000 principal amount, 2.2% DUE 08-15-2022	74,396	73,871
	Precision	\$50,000 principal amount, 1.25% DUE 01-15-2018	49,397	49,985
	Pvtpl Becton Dickinson & Co	\$19,400 principal amount, 4.4% DUE 01-15-2021	20,182	19,400
	Republic Svcs Inc	\$50,000 principal amount, 3.55% DUE 06-01-2022	54,030	51,544
	Rockwell Automation Inc	\$25,000 principal amount, 2.05% DUE 03-01-2020	25,313	24,829
	S&P Global Inc	\$50,000 principal amount, 3.3% DUE 08-14-2020	52,453	50,930
	Schwab Charles	\$50,000 principal amount, 4.45% DUE 07-22-2020	58,254	52,687
	Stryker Corp	\$40,000 principal amount, 4.375% DUE 01-15-2020	43,015	41,580
	Sysco Corp	\$25,000 principal amount, 5.375% DUE 03-17-2019	26,959	25,923
	Target Corp	\$60,000 principal amount, 2.3% DUE 06-26-2019	61,207	60,288

The Lighthouse for the Blind, Inc. Retirement Plan

EIN: 91-0295070, Plan #: 001

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

December 31, 2017

(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
(Corporate Bonds Continued)				
	Unilever Cap Corp	\$50,000 principal amount, 4.8% DUE 02-15-2019	\$ 56,376	\$ 51,461
	Unitedhealth Group	\$30,000 principal amount, 1.625% DUE 03-15-2019	29,799	29,837
	UTD Parcel Svc Inc	\$30,000 principal amount, 5.5% DUE 01-15-2018	32,958	30,035
	VF Corp	\$40,000 principal amount, 3.5% DUE 09-01-2021	42,867	41,287
	Verizon	\$50,000 principal amount, 2.625% DUE 02-21-2020	50,600	50,422
	Wal-Mart Stores	\$70,000 principal amount, 1.95% DUE 12-15-2018	71,190	70,015
	Walgreens Boots	\$75,000 principal amount, 3.3% DUE 11-18-2021	74,548	76,252
	Unilever Cap Corp	\$10,000 principal amount, 2.2% DUE 03-06-2019	10,179	10,019
			<u>2,347,775</u>	<u>2,299,209</u>
Common Stock				
	Activision Blizzard Inc	830 shares	26,532	52,556
	Alibaba Group Holding Ltd	186 shares	23,383	32,072
	Alphabet Inc Cap Stock Cl C	45 shares	13,623	47,088
	Alphabet Inc Cap Stock Cl A	40 shares	12,211	42,136
	Amazon	70 shares	13,027	81,863
	American Tower Corp	259 shares	16,549	36,952
	Amgen	263 shares	40,719	45,736
	Apple	540 shares	16,962	91,384
	Bank Of America	1,758 shares	50,119	51,896
	Bb&T Corp Com	980 shares	32,967	48,726
	Berkshire Hathaway	445 shares	46,650	88,208
	Boeing Co	260 shares	19,649	76,677
	Broadcom Limited	246 shares	41,172	63,197
	Celgene	325 shares	17,760	33,917
	Chevron Corp	386 shares	40,832	48,323
	Cognizant Tech Solutions Corp	582 shares	13,140	41,334
	Colgate-Palmolive Co	425 shares	26,579	32,066
	Constellation Brands Inc	215 shares	31,408	49,143
	Costco Wholesale	280 shares	14,707	52,114
	Danaher Corp	585 shares	34,489	54,300
	Dowdupont Inc	800 shares	54,984	56,976
	Dxc Technology Co	410 shares	28,295	38,909
	Ecolab Inc	379 shares	15,617	50,854
	Eli Lilly & Co	484 shares	37,184	40,879
	Eog Resources Inc	425 shares	27,871	45,862
	Expedia	195 shares	16,805	23,355
	Exxon Mobile	375 shares	29,933	31,365
	Facebook	505 shares	35,256	89,112
	Fedex Corp	215 shares	20,982	53,651
	Fidelity National Information Services	592 shares	22,554	55,701
	Fortive Corp	611 shares	27,929	44,206
	General Dynamics Corp	153 shares	23,347	31,128
	Home Depot	330 shares	17,785	62,545
	Honeywell	350 shares	22,738	53,676
	Johnson & Johnson	485 shares	38,929	67,764
	Jp Morgan Chase	852 shares	47,521	91,113
	Lam Resh Corp	333 shares	19,599	61,295
	Marriott Intl Inc	435 shares	16,314	59,043
	Marsh & McLennan Co'S Inc	600 shares	21,826	48,834
	Medtronic Plc	457 shares	35,054	36,903
	Metlife Inc	810 shares	29,257	40,954
	Microsoft	1,044 shares	33,661	89,304
	Mondelez Intl Inc	770 shares	20,702	32,956
	Morgan Stanley Com	960 shares	40,782	50,371

The Lighthouse for the Blind, Inc. Retirement Plan

EIN: 91-0295070, Plan #: 001

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

December 31, 2017

(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
Common Stocks (continued)				
	Netflix Inc	197 shares	\$ 31,144	\$ 37,816
	Nextera Energy Inc	365 shares	24,585	57,009
	Paypal Holdings	560 shares	14,943	41,227
	Pepsico Inc	288 shares	18,824	34,537
	Pfizer Inc	1,358 shares	37,421	49,187
	Prologis Inc	770 shares	33,191	49,673
	Qualcomm	553 shares	25,109	35,403
	Salesforce	432 shares	31,025	44,163
	Schlumberger Ltd	331 shares	21,364	22,306
	Schwab Charles Corp	871 shares	25,799	44,743
	Sherwin Williams	67 shares	26,519	27,473
	Stanley Black & Decker Inc	285 shares	29,301	48,362
	Starbucks Corp	680 shares	19,800	39,052
	Stryker Corp	216 shares	27,995	33,445
	The Priceline Group	22 shares	13,475	38,230
	Thermo Fisher Corp	270 shares	17,931	51,268
	Time Warner Inc	425 shares	16,906	38,875
	Union Pac Corp	350 shares	25,825	46,935
	United Health Group Inc	202 shares	32,613	44,533
	Us Bancorp	865 shares	28,778	46,347
	Valero Energy Corp	405 shares	20,893	37,224
	Verizon Communications	510 shares	20,298	26,994
	Visa Inc	698 shares	23,767	79,586
	Walt Disney Co	249 shares	17,992	26,770
	Wec Energy Group Inc	535 shares	19,487	35,540
	Wells Fargo & Co	560 shares	21,242	33,972
			<u>1,843,630</u>	<u>3,397,114</u>
Index Linked Government Bonds				
	US Treasury NTS Index Linked	\$150,000 principal amount, 2.125%, due 01/15/19	158,114	175,880
	US Treasury NTS Index Linked Notes	\$25,000 principal amount, 1.375%, due 07/15/18	24,026	28,915
			<u>182,140</u>	<u>204,795</u>
Collective Trusts				
*	Coltv Short Term Invst Fd	492,560 shares	492,560	492,560
*	MFB NT Collective Global Real Estate Index Fund	59,568 shares	546,093	788,026
*	MFB NT Collective Russell 2000 Index Fund	53 shares	78,802	113,567
*	MFB NT Collective S&P 400 Index Fund	8,477 shares	459,476	668,021
*	MFB NT Collective Emerging Markets Index Fund	28,776 shares	398,601	506,795
*	MFB NTGI-QM Collective Daily Quant Index	69 shares	39,476	51,745
*	MFB NT Collective Aggregate Bond Fund	7,290 shares	3,741,453	3,914,956
*	NTCC Emerging Markets	1,215 shares	699,177	934,768
*	NT Coltv Quality Large Cap Core	4,012 shares	1,711,718	2,095,317
			<u>8,167,356</u>	<u>9,565,755</u>
Mutual Funds				
	MFC Flexshares TR Morningstar Global	34,707 shares	1,084,420	1,155,396
	MFO Blackrock FDS High Yield BD	170,246 shares	1,357,482	1,327,921
	MFO DFA Intl Small Co Portfolio Fund	9,104 shares	152,547	193,651
	MFO DFA US L/C Value	4,188 shares	143,383	163,828
	MFO DFA US Small Cap Portfolio	3,167 shares	101,116	113,804
	MFO Dimensional FD Advisors Intl Value	37,387 shares	712,740	766,052
	MFO Harding Loevner FDS Inc Intl Equity	33,511 shares	642,065	763,372
*	MFB Northern Multi Manager Global	57,111 shares	666,579	764,719
			<u>4,860,332</u>	<u>5,248,743</u>
Hedge Fund				
	Alpha Core Strategies Feeder Fund	97,393 shares	1,239,176	1,719,210
*	Indicates party-in-interest.		<u>\$ 18,791,768</u>	<u>\$ 22,587,993</u>