	rm 5500-SF	Short Form Annu	t of Small Employ	yee	OMB Nos. 1210-0110 1210-0089						
D	ernal Revenue Service	This form is required to be file Income Security Act of 1974	057(b) and 6058(a) of the Int		2017 This Form is Open to						
Employee Benefits Security Administration       Revenue Code (the Code).       Inis         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.       Pul											
Part I Annual Report Identification Information											
For calend	For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017										
A This re	eturn/report is for:	olan (not multiemployer) (File employer information in acco		-							
<b>B</b> This ret	turn/report is	a one-participant plan	a foreign plan								
		the first return/report an amended return/report	the final return/report field to the stand the standard term of te								
C Check	box if filing under:					10 M 20 M					
• oneck	box in hinning under.	X Form 5558	automatic extension		DFVC pi	rogram					
Part II	Basic Plan Infor	mation—enter all requested inf									
1a Name			omation	1	<b>b</b> Three	e-digit					
VANTAGE 1	TECHNOLOGY, LLC 40	1(K) PLAN			plan ı (PN)	number 001					
				1	· · ·	tive date of plan					
2a Plan s	sponsor's name (employ	er, if for a single-employer plan)		2		01/01/1993					
Mailin	g address (include room	a, apt., suite no. and street, or P.C. , country, and ZIP or foreign post	. Box) al code (if foreign, see ins	structions)	2b Employer Identification Number (EIN) 37-1350801						
	TECHNOLOGY, LLC			2	2c Spon	sor's telephone number 217-347-6330					
				2	2d Busin	ess code (see instructions)					
2201 WILLE SUITE 5						339110					
EFFINGHAN					_						
3a Plan a	administrator's name and	d address X Same as Plan Spor	isor.	3	<b>3b</b> Administrator's EIN						
				3	<b>3c</b> Administrator's telephone number						
		plan sponsor or the plan name ha		return/report filed for 4	4b EIN						
•	plan, enter the plan spon sor's name	sor's name, EIN, the plan name a	nd the plan number from	· · ·	<b>4d</b> PN						
C Plan N											
					5-						
_		at the beginning of the plan year			5a 5b	39					
		at the end of the plan year ccount balances as of the end of				40					
				······	5c	38					
		icipants at the beginning of the pl	-		5d(1) 5d(2)	32					
d(2) Total number of active participants at the end of the plan year						31					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
		r incomplete filing of this return er penalties set forth in the instruc									
SB or Sch		d signed by an enrolled actuary, a									
SIGN	Filed with authorized/w	valid electronic signature.	08/31/2018	CHRISTOPHER SWING							
HERE	Signature of plan ad	Iministrator	Date	Enter name of individual	l signing a	as plan administrator					
SIGN	Filed with authorized/v	alid electronic signature.	08/31/2018	CHRISTOPHER SWING	1						
HERE	Signature of employ		Date	Enter name of individual	l signing a	as employer or plan sponsor					
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	I-SF.			Form 5500-SF (2017) v.170203					

6a b c							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	2050696	2591972			
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	2050696	2591972			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	<ul> <li>a Contributions received or receivable from:</li> <li>(1) Employers</li> </ul>		62276				
	(2) Participants	8a(2)	140253				
	(3) Others (including rollovers)	8a(3)					

	(2) Participants	8a(2)	140205	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	450343	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		652872
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	111596	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		111596
i	Net income (loss) (subtract line 8h from line 8c)	8i		541276
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics		•	

9a	If the	plan	provid	les pe	ension	bene	fits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	:
	2E	2F	2G	2J	2K	2S	2T	3D	

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	<b>:(3)</b> P	'N(s)