Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CROWN TECHNICAL SYSTEMS 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

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)
CROWN TECHNICAL SYSTEMS

13470 PHILADELPHIA AVENUE
FONTANA, CA 92337

2b Employer Identification Number (EIN)
33-0775810

2c Plan Sponsor's telephone number
951-332-4170

2d Business code (see instructions)
335310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2018	KHAWAR SIDDIQUI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2018	KHAWAR SIDDIQUI
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor 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**	310
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)**	255
a(2) Total number of active participants at the end of the plan year	**6a(2)**	199
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	54
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	253
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	195
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
CROWN TECHNICAL SYSTEMS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWN TECHNICAL SYSTEMS

D Employer Identification Number (EIN)
33-0775810

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	818025	196	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	10759

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
QBI, LLC
20131 VENTURA BLVD., 12TH FLOOR
WOODLAND HILLS, CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	508	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
QBI, LLC
20131 VENTURA BLVD., 12TH FLOOR
WOODLAND HILLS, CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	10251	TPA ALLIANCE PROGRAM	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1641699
5	Current value of plan's interest under this contract in separate accounts at year end	5	2572958

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ ON FILE WITH CARRIER

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

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

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

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

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

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	46439	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	7864	
	(4) Transferred from separate account	7c(4)	257	
	(5) Other (specify below)	7c(5)	1591516	
	▶ LOAN REPAYMENTS, INTEREST, TRANSFERS			
	(6) Total additions		7c(6)	1646076
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	1646076
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	173	
	(2) Administration charge made by carrier	7e(2)	365	
	(3) Transferred to separate account	7e(3)	0	
	(4) Other (specify below)	7e(4)	3839	
	▶ LOAN DISBURSEMENTS, TRANSFERS, FEES PAID			
	(5) Total deductions		7e(5)	4377
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	1641699

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
CROWN TECHNICAL SYSTEMS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWN TECHNICAL SYSTEMS

D Employer Identification Number (EIN)
33-0775810

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

CAPITAL RESEARCH MANAGEMENT COMPANY
333 SOUTH HOPE STREET, 55TH FLOOR
LOS ANGELES, CA 90071

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

VOYA RETIREMENT INSURANCE & ANNUITY
P.O. BOX 990067
HARTFORD, CT 06199

71-0294708

(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)

WELLS FARGO ADVISORS

34-1542819

(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?
99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	5080	Yes [ ] No [X]

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

CAPITAL RESEARCH MANAGEMENT COMPANY

333 SOUTH HOPE STREET, 55TH FLOOR
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 37 63 65	RECORDKEEPER	3515	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

QBI, LLC

21031 VENTURA BLVD., 12TH FLOOR
WOODLAND HILLS, CA 91364

(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?
10 11 17	ADMINISTRATOR	15135	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO ADVISORS	99	5080

(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.
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	OTHER FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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.

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

A Name of plan
CROWN TECHNICAL SYSTEMS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CROWN TECHNICAL SYSTEMS

D Employer Identification Number (EIN)
33-0775810

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2015 TDATE R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

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)
71-0294708-000	P	1190

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TDATE R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

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)
71-0294708-000	P	7999

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TDATE R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

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)
71-0294708-000	P	30412

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TDATE R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

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)
71-0294708-000	P	76170

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 TDATE R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

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)
71-0294708-000	P	41378

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 TDATE R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

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)
71-0294708-000	P	34724

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 TDATE R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

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)
71-0294708-000	P	126325

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 TDATE R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	123581
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 TDATE R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	154957
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 TDATE R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30723
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AM BALANCD R3			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	171006
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AM BALANCD R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	208
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMER MTUAL R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6677
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BOND FD AM R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	193471
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS CAP IN BLD R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20834
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS CAP WLD BD R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17188
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS CAPWLD G&I R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	170958

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	110634
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FDMNTL INV R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	183476
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	178168
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS HI-INC TR R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	74102
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS IN GR & IN F R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17697
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS INCOME FND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	495528
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS INV CO AM R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	75541
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NW PRSPCTV R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65571
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51066
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS US GVT SEC R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31696

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASH MTUAL R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65945
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HNDR TRITON FD N			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	152
a Name of MTIA, CCT, PSA, or 103-12 IE: MSSMTL SEL MD CP GR FD I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	460
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INCOME FND K			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5736
a Name of MTIA, CCT, PSA, or 103-12 IE: UNDISCOVERD MNGRS BHV VL F R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36
a Name of MTIA, CCT, PSA, or 103-12 IE: VANG5R0D0 INDEX FUND ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	358
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD MID-CAP INDEX FUND ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	333
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD SMALL-CAP INDEX FND ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	768
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCMR EST VL FD R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	204
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A (HLD ACCT)			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7686

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
CROWN TECHNICAL SYSTEMS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWN TECHNICAL SYSTEMS

D Employer Identification Number (EIN)
33-0775810

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5693	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	262607	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	48284	82376
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		2572958
(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)	3593866	1641699
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3910450	4297033
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3910450	4297033

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)	0	
	(B) Participants	2a(1)(B)	276931	
	(C) Others (including rollovers)	2a(1)(C)	9487	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		286418
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3251	
	(F) Other	2b(1)(F)	33	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3285
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	29848	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		29848
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		365656
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-148
d Total income. Add all **income** amounts in column (b) and enter total	2d		685059
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	265704	
(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)		265704
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	32772	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		32772
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		298476
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		386583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: DIEM CPA, INC. **(2)** EIN: 20-4025501

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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_____. (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.

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

A Name of plan
CROWN TECHNICAL SYSTEMS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWN TECHNICAL SYSTEMS

D Employer Identification Number (EIN)
33-0775810

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 95-6817943 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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):

Crown Technical Systems 401(k) Profit Sharing Plan

Financial Statements and Independent Auditor's Report

December 31, 2017 and 2016

Crown Technical Systems 401(k) Profit Sharing Plan
Financial Statements
December 31, 2017 and 2016

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

DIEM CPA, INC.

CERTIFIED PUBLIC ACCOUNTANT

2828 Cochran Street, #367, Simi Valley, CA 93065 (805)341-2433

Independent Auditor's Report

Members of the Board of Trustees and Participants
Crown Technical Systems 401(k) Profit Sharing Plan
Fontana, California

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Crown Technical Systems 401(k) Profit Sharing 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Notes 5, 6 and 7, which was certified by American Funds Retirement, a subsidiary of Capital Bank and Trust Company and Voya Retirement Insurance and Annuity Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. I have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians, 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 custodians is complete and accurate.

Disclaimer of Opinion

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

Independent Auditor's Report (continued)

Other Matters

The supplemental schedule of assets (held at end of year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Simi Valley, California
October 1, 2018

Crown Technical Systems 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Investments		
Interest bearing cash	$ -	$ 5,693
Participant directed investments at contract value	1,641,699	-
Participant directed investments at fair value	2,572,958	3,593,866
Total Investments	4,214,657	3,599,559
Receivables		
Employer contributions receivable	-	265,290
Notes receivable from participants	82,376	48,284
Total Receivables	82,376	313,574
Net Assets Available For Benefits	$ 4,297,033	$ 3,913,133

The Accompanying Notes are an Integral Part of These Financial Statements

Crown Technical Systems 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions To Net Assets Attributable To:		
Participant Contributions		
Participant elective deferrals	$	274,248
Participant roll-over contributions		9,487
Total Contributions		283,735
Investment Income		
Interest income from notes receivable from participants		3,251
Interest, dividend and other income		29,734
Net appreciation in fair value of investments		365,656
Net Investment Income		398,641
Net Additions		682,376
Deductions From Net Assets Attributable To:		
Benefits paid to participants		265,704
Administrative expenses and other reductions		32,772
Total Deductions		298,476
Net Increase		383,900
Net Assets Available for Benefits, Beginning of Year		3,913,133
Net Assets Available for Benefits, End of Year	$	4,297,033

The Accompanying Notes are an Integral Part of These Financial Statements

Note 1 – Description of the Plan

The following description of the Crown Technical Systems 401(K) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Crown Technical Systems, Inc. (the "Company" or the "Plan Sponsor") who have completed at least three months of service, as defined, and are age 18 or older. The Trustees of the Plan control and manage the operation and administration of the Plan. For the period from January 1, 2017 to June 30, 2017, American Funds Retirement, a subsidiary of Capital Bank and Trust Company ("American Funds Retirement") served as the Plan's custodian and record keeper. For the period from July 1, 2017 to December 31, 2017, Voya Retirement Insurance and Annuity Company ("Voya") was appointed and served as the Plan's custodian and record keeper. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan, subject to certain Internal Revenue Code limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may make discretionary matching, profit-sharing, safe harbor and/or qualified non-elective contributions. The Company declared no contributions for the year ended December 31, 2017.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions and allocations of the Plan's earnings and charged with the participant's withdrawals and allocations of the Plan's losses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts may be used to reduce Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and employer safe harbor and qualified non-elective contributions, plus actual earnings thereon. Vesting in Company matching contributions and Company profit sharing contributions is based on years of continuous service, as defined. A participant becomes 20% vested after two years of service, 40% after three years of service, 60% after four years of service, 80% after five years of service and 100% vested after six years of service. However, upon reaching normal retirement age, or if an active participant dies or becomes permanently disabled prior to attaining normal retirement age, the participant's account becomes 100% vested.

Note 1 – Description of the Plan (continued)

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan offers many different investment options for participants to choose from.

Benefit Payments

While still in service, a participant may generally withdraw his or her vested account balance. Following a participant's death, disability, retirement or other separation from service, all vested amounts held in the Plan for a participant's benefit are payable, as permitted under the terms of the Plan. If a participant's balance is equal to or less than $1,000, the balance may be distributed immediately in a lump-sum cash payment. If the account balance is over $1,000, the participant may elect either a distribution paid in the form of a lump-sum cash payment, a direct rollover into another qualified plan, or other distribution methods as described in the plan document.

Notes Receivable from Participants

Participants may borrow up to a maximum of $50,000 or 50% of the vested portion of their account balance, whichever is less. The notes are secured by the balance in the respective participant's account and bear interest at rates that range from 5.25% to 6.25%, which were commensurate with local prevailing rates for similar notes at the time funds were borrowed. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts

Forfeitures of both discretionary Company matching contributions and discretionary profit-sharing contributions may be used for Plan expenses or to reduce current or future Company matching and profit-sharing contributions. Forfeitures used to reduce Company contributions, or pay plan expenses, during the year ended December 31, 2017 were $2,683 and $19,389, respectively. As of December 31, 2017 and 2016, there were forfeitures of $31,482 and $5,693 available for future use, respectively.

Note 2 – Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. These financial statements were approved by the trustees of the plan and available for issuance on October 1, 2018. Subsequent events have been evaluated through this date.

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Note 2 – Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds accounts and guaranteed interest accounts. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Notes receivable are terminated when a participant withdraws from the Plan. Any unpaid loan balance will reduce the amount of the participant's vested interest in the account balance upon distribution. Notes with any scheduled repayment that remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which repayment was due, or with an outstanding principal balance existing after the last scheduled repayment date, are considered delinquent. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation

Investments are reported at fair value, except the Voya Fixed Account, which is stated at contract value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements.

Investment Contract

The Voya Fixed Account is a benefit-responsive investment contract. Investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transaction under the terms of the Plan.

Contributions to Voya Retirement Insurance and Annuity Company, under this contract, are maintained in a general account that is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Voya Retirement Insurance and Annuity Company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all, or a portion, of their investment at contract value. There are no reserves against contract value for credit risk.

There are no unfunded commitments. Under the terms of the contract, the Plan sponsor must provide a minimum of 90 days notice to Voya Retirement Insurance and Annuity Company prior to redemption of the contract.

Note 2 – Significant Accounting Policies (continued)

Investment Contract (continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (2) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (3) premature termination of the contract. No events are probably of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

Administrative Expenses

Administrative expenses of the Plan may be paid by the Plan as provided in the Plan document. However, the Company may also pay the Plan expenses directly. Transaction charges for loan and benefit payment transactions, if any, are paid by the Plan by reducing the balances of those participants initiating the transaction. Investment related expenses are included in the net appreciation of fair value of investments.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Note 3 – Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated March 31, 2008, that the Plan is qualified, and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2017 and 2016, there were no uncertain positions taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities and other jurisdictions, however, there are currently no audits in progress for any tax periods.

Note 4 – Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. American Funds Retirement and Voya served as the Plan's custodian and record keeper, as defined by the Plan and, therefore, those transactions qualify as exempt party-in-interest transactions. Fees paid by the plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan to the custodians for other services amounted to $3,515 for the year ended December 31, 2017. Notes receivable from participants held by the Plan are also considered party-in-interest transactions.

Note 5 – Information Certified by the Custodian

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedules, which was prepared by American Funds Retirement and Voya, the custodians of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from American Funds Retirement and Voya, that such information is complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

a. Investments as of December 31, 2017 and 2016, as indicated in the Statements of Net Assets Available for Benefits;

b. Investment income information, as indicated on the Statement of Changes in Net Assets Available for Benefits and in Note 6 for the year ended December 31, 2017; and

c. Supplemental schedule of assets (held at end of year) as of December 31, 2017.

Note 6 – Investment Income

As reported by the Plan's custodians, the Plan's participant-directed investments in mutual funds (including investments bought, sold or held during the year) collectively increased in net value by $365,656 during the year ended December 31, 2017.

The crediting interest rates to participants for the Voya Fixed Account as of December 31, 2017 was 1.00%. The guaranteed minimum crediting interest rates for the Voya Fixed Account for the years ended December 31, 2017 was 1.00%. Voya makes this guarantee and, although Voya may credit a higher interest rate, the credited rate will not fall below the lifetime guaranteed minimum of 1.00%.

Note 7 – Fair Value Measurements

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

Level 1: Quoted market prices in active markets for identical assets and liabilities.

Level 2: Observable inputs other than quoted market prices in active markets for identical assets and liabilities. 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: These inputs into the valuation methodology are unobservable and developed using estimates and assumptions.

The assets' or liabilities' fair value measurement level, within the fair value hierarchy, is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

- *Mutual Funds:* Valued at net asset value as reported by the investment manager of the fund.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies, or assumptions, to determine the fair value of certain financial instruments could result in a different fair value measurement at December 31, 2017 and 2016.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

December 31, 2017	Level 1	Level 2	Level 3	Total
Mutual funds	$2,572,958	$ -	$ -	$ 2,572,958
December 31, 2016	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$3,593,866	$ -	$ -	$ 3,593,866

In accordance with ASU 2015-07, certain investments that were measured at net asset value per share have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits. Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2017 and 2016, there were no transfers in or out of levels 1, 2 or 3.

Note 8 – Reconciliation of Plan Financial Statements to the Form 5500

The Annual Return / Report of Employee Benefit Plan (the "Form 5500") is prepared on the modified cash basis. Accordingly, certain balances included on Schedule H (Part I and II) of the Form 5500 differ from those included in these financial statements. The ending net asset balances as of December 31, 2017 and 2016 are reconciled as follows:

	2017	2016
Net assets - reflected on Form 5500	$ 4,297,033	$ 3,910,450
Employer contributions receivable	-	2,683
Net assets - reflected in the financial statements	$ 4,297,033	$ 3,913,133

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2017 to Form 5500:

Change in net assets per Form 5500	$ 386,583
Qualified non-elective contributions receivable at December 31, 2016 included in Form 5500	(2,683)
Change in net assets per these financial statements	$ 383,900

Note 9 – Plan Termination

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

Supplemental Schedule

Crown Technical Systems 401(k) Profit Sharing Plan
Employer Identification Number: 33-0775810
Plan Number: 001
Form 5500, Schedule H, Line 4i - 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
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	**	$ 1,641,699
*	Voya Retirement Insurance and Annuity Company	American Funds Income Fund R6	**	495,528
*	Voya Retirement Insurance and Annuity Company	American Funds Fundamental Investors R6	**	183,476
*	Voya Retirement Insurance and Annuity Company	American Funds Growth Fund of America R6	**	178,168
*	Voya Retirement Insurance and Annuity Company	American Funds Bond Fund of America R6	**	193,471
*	Voya Retirement Insurance and Annuity Company	American Funds American Balanced Fund R3	**	171,006
*	Voya Retirement Insurance and Annuity Company	American Funds Cap In Bld R6	**	170,958
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2055 Target Date R6	**	154,957
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2045 Target Date R6	**	126,325
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2050 Target Date R6	**	123,581
*	Voya Retirement Insurance and Annuity Company	American Funds Europacific R6	**	110,634
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2030 Target Date R6	**	76,170
*	Voya Retirement Insurance and Annuity Company	American Funds Inv Company R6	**	75,541
*	Voya Retirement Insurance and Annuity Company	American Funds High Income Trust R6	**	74,102
*	Voya Retirement Insurance and Annuity Company	American Funds Wash Mtual R6	**	65,945
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective Fund R6	**	65,571
*	Voya Retirement Insurance and Annuity Company	American Funds Small-Cap R6	**	51,066
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2035 Target Date R6	**	41,378
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2040 Target Date R6	**	34,724
*	Voya Retirement Insurance and Annuity Company	American Funds US Govt Securities R6	**	31,696
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2060 Target Date R6	**	30,723

* Represents a party-in-interest
** Cost information is not required for participant-directed investments

Crown Technical Systems 401(k) Profit Sharing Plan
Employer Identification Number: 33-0775810
Plan Number: 001
Form 5500, Schedule H, Line 4i - 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
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2025 Target Date R6	**	30,412
*	Voya Retirement Insurance and Annuity Company	Americal Funds Cap Inc Bld R6	**	20,834
*	Voya Retirement Insurance and Annuity Company	American Funds Int'l Growth and Income R6	**	17,697
*	Voya Retirement Insurance and Annuity Company	American Funds Cap Wld Bd R6	**	17,188
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2020 Target Date R6	**	7,999
*	Voya Retirement Insurance and Annuity Company	American Funds American Mutual R6	**	6,677
*	Voya Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund K	**	5,736
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2015 Target Date R6	**	1,190
*	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund Adm	**	768
*	Voya Retirement Insurance and Annuity Company	MassMutual Sel Mid-Cap Growth Fund I	**	460
*	Voya Retirement Insurance and Annuity Company	Vanguard 500 Index Fund Adm	**	358
*	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Adm	**	333
*	Voya Retirement Insurance and Annuity Company	American Balanced R6	**	208
*	Voya Retirement Insurance and Annuity Company	Victory Sycmr Established Value Fund	**	204
*	Voya Retirement Insurance and Annuity Company	Janus Henderson Triton Fund N	**	152
*	Voya Retirement Insurance and Annuity Company	Undiscovered Managers Bhvrl Value Fund R6	**	36
*	Voya Retirement Insurance and Annuity Company	Voya Govt Money Mkt Fund A (Hold Acct)	**	7,685
*	Various Participants	Participant Loans, 5.25% to 6.25%	**	82,376
				$ 4,297,033

* Represents a party-in-interest

** Cost information is not required for participant directed investments

Crown Technical Systems 401(k) Profit Sharing Plan
Employer Identification Number: 33-0775810
Plan Number: 001
Form 5500, Schedule H, Line 4i - 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
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	**	$ 1,641,699
*	Voya Retirement Insurance and Annuity Company	American Funds Income Fund R6	**	495,528
*	Voya Retirement Insurance and Annuity Company	American Funds Fundamental Investors R6	**	183,476
*	Voya Retirement Insurance and Annuity Company	American Funds Growth Fund of America R6	**	178,168
*	Voya Retirement Insurance and Annuity Company	American Funds Bond Fund of America R6	**	193,471
*	Voya Retirement Insurance and Annuity Company	American Funds American Balanced Fund R3	**	171,006
*	Voya Retirement Insurance and Annuity Company	American Funds Cap In Bld R6	**	170,958
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2055 Target Date R6	**	154,957
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2045 Target Date R6	**	126,325
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2050 Target Date R6	**	123,581
*	Voya Retirement Insurance and Annuity Company	American Funds Europacific R6	**	110,634
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2030 Target Date R6	**	76,170
*	Voya Retirement Insurance and Annuity Company	American Funds Inv Company R6	**	75,541
*	Voya Retirement Insurance and Annuity Company	American Funds High Income Trust R6	**	74,102
*	Voya Retirement Insurance and Annuity Company	American Funds Wash Mtual R6	**	65,945
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective Fund R6	**	65,571
*	Voya Retirement Insurance and Annuity Company	American Funds Small-Cap R6	**	51,066
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2035 Target Date R6	**	41,378
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2040 Target Date R6	**	34,724
*	Voya Retirement Insurance and Annuity Company	American Funds US Govt Securities R6	**	31,696
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2060 Target Date R6	**	30,723

* Represents a party-in-interest
** Cost information is not required for participant-directed investments

Crown Technical Systems 401(k) Profit Sharing Plan
Employer Identification Number: 33-0775810
Plan Number: 001
Form 5500, Schedule H, Line 4i - 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
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2025 Target Date R6	**	30,412
*	Voya Retirement Insurance and Annuity Company	Americal Funds Cap Inc Bld R6	**	20,834
*	Voya Retirement Insurance and Annuity Company	American Funds Int'l Growth and Income R6	**	17,697
*	Voya Retirement Insurance and Annuity Company	American Funds Cap Wld Bd R6	**	17,188
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2020 Target Date R6	**	7,999
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*	Voya Retirement Insurance and Annuity Company	AMN Funds 2015 Target Date R6	**	1,190
*	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund Adm	**	768
*	Voya Retirement Insurance and Annuity Company	MassMutual Sel Mid-Cap Growth Fund I	**	460
*	Voya Retirement Insurance and Annuity Company	Vanguard 500 Index Fund Adm	**	358
*	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Adm	**	333
*	Voya Retirement Insurance and Annuity Company	American Balanced R6	**	208
*	Voya Retirement Insurance and Annuity Company	Victory Sycmr Established Value Fund	**	204
*	Voya Retirement Insurance and Annuity Company	Janus Henderson Triton Fund N	**	152
*	Voya Retirement Insurance and Annuity Company	Undiscovered Managers Bhvrl Value Fund R6	**	36
*	Voya Retirement Insurance and Annuity Company	Voya Govt Money Mkt Fund A (Hold Acct)	**	7,685
*	Various Participants	Participant Loans, 5.25% to 6.25%	**	82,376
				$ 4,297,033

* Represents a party-in-interest

** Cost information is not required for participant directed investments

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Crown Technical Systems 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/2002

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)

Crown Technical Systems

13470 Philadelphia Avenue

US Fontana CA 92337

2b Employer Identification Number (EIN)
33-0775810

2c Plan Sponsor's telephone number
(951) 332-4170

2d Business code (see instructions)
335310

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	Khawar Siddiqui	10-4-2018	Khawar Siddiqui
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Khawar Siddiqui	10-4-2018	Khawar Siddiqui
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and 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**	310
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)**	255
a(2) Total number of active participants at the end of the plan year	**6a(2)**	199
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	54
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	253
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	195
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 filling 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 _____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
Crown Technical Systems 401(k) Profit Sharing Plan

B Three-digit plan number (PN) ► **001**

C Plan sponsor's name as shown on line 2a of Form 5500
Crown Technical Systems

D Employer Identification Number (EIN)
33-0775810

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

1 Coverage Information:

(a) Name of insurance carrier

Voya Retirement Insurance and Annuity Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
71-0294708	86509	818025	196	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	10,759

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

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

QBI, LLC
20131 Ventura Blvd., 12th Floor

US Woodland Hills CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	508	TPA Partnership Program	5

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

QBI, LLC
20131 Ventura Blvd., 12th Floor

US Woodland Hills CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	10,251	TPA Alliance Program	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1,641,699
5	Current value of plan's interest under this contract in separate accounts at year end	5	2,572,958

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

On file with carrier

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

Specify nature of costs ►

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

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

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

a Type on contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ►

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	46,439		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	7,864		
	(4) Transferred from separate account	7c(4)	257		
	(5) Other (specify below)	7c(5)	1,591,516		
	► Loan repayments, interest, transfers				
	(6) Total additions			7c(6)	1,646,076
d	Total of balance and additions (add lines 7b and 7c(6)).			7d	1,646,076
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	173		
	(2) Administration charge made by carrier	7e(2)	365		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	3,839		
	► Loan disbursements, transfers, fees paid				
	(5) Total deductions			7e(5)	4,377
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	1,641,699

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ►

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefit Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶
Crown Technical Systems 401(k) Profit Sharing Plan	**001**

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
Crown Technical Systems	**33-0775810**

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

CAPITAL RESEARCH MANAGEMENT COMPANY
333 SOUTH HOPE STREET, 55TH FLOOR

LOS ANGELES CA 90071

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

VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708
P.O. BOX 990067

HARTFORD CT 06199

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

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

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

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

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

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

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

WELLS FARGO ADVISORS 34-1542819

(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?
99	**Service Provider**	**0**	Yes [X] No [ ]	Yes [ ] No [X]	**5,080**	Yes [ ] No [X]

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

CAPITAL RESEARCH MANAGEMENT COMPANY
333 SOUTH HOPE STREET, 55TH FLOOR

LOS ANGELES CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 37 63 65	**RECORDKEEPER**	**3,515**	Yes [X] No [ ]	Yes [X] No [ ]	**0**	Yes [X] No [ ]

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

QBI, LLC
21031 Ventura Blvd., 12th Floor

Woodland Hills CA 91364

(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?
10 11 17	**Administrator**	**15,135**	Yes [X] No [ ]	Yes [X] No [ ]	**0**	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Wells Fargo Advisors	99	5,080
(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.	
Voya Retirement Insurance & Annuity 71-0294708	Other Fees	

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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	**B** Three-digit plan number (PN) ►	
Crown Technical Systems 401(k) Profit Sharing Plan		**001**

C Plan or DFE sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
Crown Technical Systems	**33-0775810**

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2015 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**1,190**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2020 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**7,999**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2025 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**30,412**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2030 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**76,170**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2035 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**41,378**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2040 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**34,724**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2045 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**126,325**

a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2050 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**123,581**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2055 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**154,957**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS 2060 TDATE R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**30,723**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS AM BALANCD R3**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**171,006**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS AM BALANCD R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**208**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS AMER MTUAL R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,677**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS BOND FD AM R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**193,471**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS CAP IN BLD R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**20,834**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS CAP WLD BD R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**17,188**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS CAPWLD G&I R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**170,958**

a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS EUROPACIFIC R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**110,634**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS FDMNTL INV R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**183,476**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS GROWTH FND R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**178,168**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS HI-INC TR R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**74,102**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS IN GR & IN F R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**17,697**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS INCOME FND R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**495,528**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS INV CO AM R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**75,541**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS NW PRSPCTV R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**65,571**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS SMALLCAP R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**51,066**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS US GVT SEC R6**			
b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUI**			
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**31,696**

a Name of MTIA, CCT, PSA, or 103-12 IE:	**AMERICAN FUNDS WASH MTUAL R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**65,945**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**JANUS HNDR TRITON FD N**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**152**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**MSSMTL SEL MD CP GR FD I**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**460**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**PIONEER STRATEGIC INCOME FND K**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**5,736**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**UNDISCOVERD MNGRS BHV VL F R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**36**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**VANG5R0D0 INDEX FUND ADM**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**358**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**VANGRD MID-CAP INDEX FUND ADM**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**333**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**VANGRD SMALL-CAP INDEX FND ADM**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**768**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**VICTORY SYCMR EST VL FD R6**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**204**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**VOYA GV MNY MKT F A (HLD ACCT)**		
b Name of sponsor of entity listed in (a):	**VOYA RETIREMENT INSURANCE AND ANNUI**		
c EIN-PN **71-0294708-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**7,686**

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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
Crown Technical Systems 401(k) Profit Sharing Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Crown Technical Systems

D Employer Identification Number (EIN)
33-0775810

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5,693	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	262,607	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	48,284	82,376
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		2,572,958
(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)	3,593,866	1,641,699
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3,910,450	4,297,033
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3,910,450	4,297,033

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)	0	
(B) Participants	2a(1)(B)	276,931	
(C) Others (including rollovers)	2a(1)(C)	9,487	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		286,418
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3,251	
(F) Other	2b(1)(F)	33	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3,285
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	29,848	
(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		29,848
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		365,656
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		(148)
d Total income. Add all **income** amounts in column (b) and enter total	2d		685,059
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	265,704	
(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)		265,704
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	32,772	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		32,772
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		298,476
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		386,583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

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: **DIEM CPA, INC.** (2) EIN: **20-4025501**

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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 _____ (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.

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

A Name of plan
Crown Technical Systems 401(k) Profit Sharing Plan

B Three-digit plan number (PN) ► **001**

C Plan sponsor's name as shown on line 2a of Form 5500
Crown Technical Systems

D Employer Identification Number (EIN)
33-0775810

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** **0**

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

EIN(s): **95-6817943** **71-0294708**

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the combined investment-grade and high-yeild 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):

Crown Technical Systems 401(k) Profit Sharing Plan

Financial Statements and Independent Auditor's Report

December 31, 2017 and 2016

Crown Technical Systems 401(k) Profit Sharing Plan
Financial Statements
December 31, 2017 and 2016

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

DIEM CPA, INC.

CERTIFIED PUBLIC ACCOUNTANT

2828 Cochran Street, #367, Simi Valley, CA 93065 (805)341-2433

Independent Auditor's Report

Members of the Board of Trustees and Participants
Crown Technical Systems 401(k) Profit Sharing Plan
Fontana, California

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Crown Technical Systems 401(k) Profit Sharing 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Notes 5, 6 and 7, which was certified by American Funds Retirement, a subsidiary of Capital Bank and Trust Company and Voya Retirement Insurance and Annuity Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. I have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians, 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 custodians is complete and accurate.

Disclaimer of Opinion

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

Independent Auditor's Report (continued)

Other Matters

The supplemental schedule of assets (held at end of year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Simi Valley, California
October 1, 2018

Crown Technical Systems 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Investments		
Interest bearing cash	$ -	$ 5,693
Participant directed investments at contract value	1,641,699	-
Participant directed investments at fair value	2,572,958	3,593,866
Total Investments	4,214,657	3,599,559
Receivables		
Employer contributions receivable	-	265,290
Notes receivable from participants	82,376	48,284
Total Receivables	82,376	313,574
Net Assets Available For Benefits	$ 4,297,033	$ 3,913,133

The Accompanying Notes are an Integral Part of These Financial Statements

Crown Technical Systems 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions To Net Assets Attributable To:		
Participant Contributions		
Participant elective deferrals	$	274,248
Participant roll-over contributions		9,487
Total Contributions		283,735
Investment Income		
Interest income from notes receivable from participants		3,251
Interest, dividend and other income		29,734
Net appreciation in fair value of investments		365,656
Net Investment Income		398,641
Net Additions		682,376
Deductions From Net Assets Attributable To:		
Benefits paid to participants		265,704
Administrative expenses and other reductions		32,772
Total Deductions		298,476
Net Increase		383,900
Net Assets Available for Benefits, Beginning of Year		3,913,133
Net Assets Available for Benefits, End of Year	$	4,297,033

The Accompanying Notes are an Integral Part of These Financial Statements

Note 1 – Description of the Plan

The following description of the Crown Technical Systems 401(K) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Crown Technical Systems, Inc. (the "Company" or the "Plan Sponsor") who have completed at least three months of service, as defined, and are age 18 or older. The Trustees of the Plan control and manage the operation and administration of the Plan. For the period from January 1, 2017 to June 30, 2017, American Funds Retirement, a subsidiary of Capital Bank and Trust Company ("American Funds Retirement") served as the Plan's custodian and record keeper. For the period from July 1, 2017 to December 31, 2017, Voya Retirement Insurance and Annuity Company ("Voya") was appointed and served as the Plan's custodian and record keeper. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan, subject to certain Internal Revenue Code limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may make discretionary matching, profit-sharing, safe harbor and/or qualified non-elective contributions. The Company declared no contributions for the year ended December 31, 2017.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions and allocations of the Plan's earnings and charged with the participant's withdrawals and allocations of the Plan's losses. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts may be used to reduce Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and employer safe harbor and qualified non-elective contributions, plus actual earnings thereon. Vesting in Company matching contributions and Company profit sharing contributions is based on years of continuous service, as defined. A participant becomes 20% vested after two years of service, 40% after three years of service, 60% after four years of service, 80% after five years of service and 100% vested after six years of service. However, upon reaching normal retirement age, or if an active participant dies or becomes permanently disabled prior to attaining normal retirement age, the participant's account becomes 100% vested.

Note 1 – Description of the Plan (continued)

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan offers many different investment options for participants to choose from.

Benefit Payments

While still in service, a participant may generally withdraw his or her vested account balance. Following a participant's death, disability, retirement or other separation from service, all vested amounts held in the Plan for a participant's benefit are payable, as permitted under the terms of the Plan. If a participant's balance is equal to or less than $1,000, the balance may be distributed immediately in a lump-sum cash payment. If the account balance is over $1,000, the participant may elect either a distribution paid in the form of a lump-sum cash payment, a direct rollover into another qualified plan, or other distribution methods as described in the plan document.

Notes Receivable from Participants

Participants may borrow up to a maximum of $50,000 or 50% of the vested portion of their account balance, whichever is less. The notes are secured by the balance in the respective participant's account and bear interest at rates that range from 5.25% to 6.25%, which were commensurate with local prevailing rates for similar notes at the time funds were borrowed. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts

Forfeitures of both discretionary Company matching contributions and discretionary profit-sharing contributions may be used for Plan expenses or to reduce current or future Company matching and profit-sharing contributions. Forfeitures used to reduce Company contributions, or pay plan expenses, during the year ended December 31, 2017 were $2,683 and $19,389, respectively. As of December 31, 2017 and 2016, there were forfeitures of $31,482 and $5,693 available for future use, respectively.

Note 2 – Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. These financial statements were approved by the trustees of the plan and available for issuance on October 1, 2018. Subsequent events have been evaluated through this date.

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Note 2 – Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds accounts and guaranteed interest accounts. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Notes receivable are terminated when a participant withdraws from the Plan. Any unpaid loan balance will reduce the amount of the participant's vested interest in the account balance upon distribution. Notes with any scheduled repayment that remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which repayment was due, or with an outstanding principal balance existing after the last scheduled repayment date, are considered delinquent. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation

Investments are reported at fair value, except the Voya Fixed Account, which is stated at contract value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements.

Investment Contract

The Voya Fixed Account is a benefit-responsive investment contract. Investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transaction under the terms of the Plan.

Contributions to Voya Retirement Insurance and Annuity Company, under this contract, are maintained in a general account that is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Voya Retirement Insurance and Annuity Company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all, or a portion, of their investment at contract value. There are no reserves against contract value for credit risk.

There are no unfunded commitments. Under the terms of the contract, the Plan sponsor must provide a minimum of 90 days notice to Voya Retirement Insurance and Annuity Company prior to redemption of the contract.

Note 2 – Significant Accounting Policies (continued)

Investment Contract (continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (2) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (3) premature termination of the contract. No events are probably of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

Administrative Expenses

Administrative expenses of the Plan may be paid by the Plan as provided in the Plan document. However, the Company may also pay the Plan expenses directly. Transaction charges for loan and benefit payment transactions, if any, are paid by the Plan by reducing the balances of those participants initiating the transaction. Investment related expenses are included in the net appreciation of fair value of investments.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Note 3 – Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated March 31, 2008, that the Plan is qualified, and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2017 and 2016, there were no uncertain positions taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities and other jurisdictions, however, there are currently no audits in progress for any tax periods.

Note 4 – Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. American Funds Retirement and Voya served as the Plan's custodian and record keeper, as defined by the Plan and, therefore, those transactions qualify as exempt party-in-interest transactions. Fees paid by the plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan to the custodians for other services amounted to $3,515 for the year ended December 31, 2017. Notes receivable from participants held by the Plan are also considered party-in-interest transactions.

Note 5 – Information Certified by the Custodian

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedules, which was prepared by American Funds Retirement and Voya, the custodians of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from American Funds Retirement and Voya, that such information is complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

a. Investments as of December 31, 2017 and 2016, as indicated in the Statements of Net Assets Available for Benefits;

b. Investment income information, as indicated on the Statement of Changes in Net Assets Available for Benefits and in Note 6 for the year ended December 31, 2017; and

c. Supplemental schedule of assets (held at end of year) as of December 31, 2017.

Note 6 – Investment Income

As reported by the Plan's custodians, the Plan's participant-directed investments in mutual funds (including investments bought, sold or held during the year) collectively increased in net value by $365,656 during the year ended December 31, 2017.

The crediting interest rates to participants for the Voya Fixed Account as of December 31, 2017 was 1.00%. The guaranteed minimum crediting interest rates for the Voya Fixed Account for the years ended December 31, 2017 was 1.00%. Voya makes this guarantee and, although Voya may credit a higher interest rate, the credited rate will not fall below the lifetime guaranteed minimum of 1.00%.

Note 7 – Fair Value Measurements

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

Level 1: Quoted market prices in active markets for identical assets and liabilities.

Level 2: Observable inputs other than quoted market prices in active markets for identical assets and liabilities. 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: These inputs into the valuation methodology are unobservable and developed using estimates and assumptions.

The assets' or liabilities' fair value measurement level, within the fair value hierarchy, is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

- *Mutual Funds:* Valued at net asset value as reported by the investment manager of the fund.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies, or assumptions, to determine the fair value of certain financial instruments could result in a different fair value measurement at December 31, 2017 and 2016.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

December 31, 2017	Level 1	Level 2	Level 3	Total
Mutual funds	$2,572,958	$ -	$ -	$ 2,572,958
December 31, 2016	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$3,593,866	$ -	$ -	$ 3,593,866

In accordance with ASU 2015-07, certain investments that were measured at net asset value per share have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits. Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2017 and 2016, there were no transfers in or out of levels 1, 2 or 3.

Note 8 – Reconciliation of Plan Financial Statements to the Form 5500

The Annual Return / Report of Employee Benefit Plan (the "Form 5500") is prepared on the modified cash basis. Accordingly, certain balances included on Schedule H (Part I and II) of the Form 5500 differ from those included in these financial statements. The ending net asset balances as of December 31, 2017 and 2016 are reconciled as follows:

	2017	2016
Net assets - reflected on Form 5500	$ 4,297,033	$ 3,910,450
Employer contributions receivable	-	2,683
Net assets - reflected in the financial statements	$ 4,297,033	$ 3,913,133

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2017 to Form 5500:

Change in net assets per Form 5500	$ 386,583
Qualified non-elective contributions receivable at December 31, 2016 included in Form 5500	(2,683)
Change in net assets per these financial statements	$ 383,900

Note 9 – Plan Termination

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

Supplemental Schedule

Crown Technical Systems 401(k) Profit Sharing Plan
Employer Identification Number: 33-0775810
Plan Number: 001
Form 5500, Schedule H, Line 4i - 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
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	**	$ 1,641,699
*	Voya Retirement Insurance and Annuity Company	American Funds Income Fund R6	**	495,528
*	Voya Retirement Insurance and Annuity Company	American Funds Fundamental Investors R6	**	183,476
*	Voya Retirement Insurance and Annuity Company	American Funds Growth Fund of America R6	**	178,168
*	Voya Retirement Insurance and Annuity Company	American Funds Bond Fund of America R6	**	193,471
*	Voya Retirement Insurance and Annuity Company	American Funds American Balanced Fund R3	**	171,006
*	Voya Retirement Insurance and Annuity Company	American Funds Cap In Bld R6	**	170,958
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2055 Target Date R6	**	154,957
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2045 Target Date R6	**	126,325
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2050 Target Date R6	**	123,581
*	Voya Retirement Insurance and Annuity Company	American Funds Europacific R6	**	110,634
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2030 Target Date R6	**	76,170
*	Voya Retirement Insurance and Annuity Company	American Funds Inv Company R6	**	75,541
*	Voya Retirement Insurance and Annuity Company	American Funds High Income Trust R6	**	74,102
*	Voya Retirement Insurance and Annuity Company	American Funds Wash Mtual R6	**	65,945
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective Fund R6	**	65,571
*	Voya Retirement Insurance and Annuity Company	American Funds Small-Cap R6	**	51,066
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2035 Target Date R6	**	41,378
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2040 Target Date R6	**	34,724
*	Voya Retirement Insurance and Annuity Company	American Funds US Govt Securities R6	**	31,696
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2060 Target Date R6	**	30,723

* Represents a party-in-interest
** Cost information is not required for participant-directed investments

Crown Technical Systems 401(k) Profit Sharing Plan
Employer Identification Number: 33-0775810
Plan Number: 001
Form 5500, Schedule H, Line 4i - 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
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2025 Target Date R6	**	30,412
*	Voya Retirement Insurance and Annuity Company	Americal Funds Cap Inc Bld R6	**	20,834
*	Voya Retirement Insurance and Annuity Company	American Funds Int'l Growth and Income R6	**	17,697
*	Voya Retirement Insurance and Annuity Company	American Funds Cap Wld Bd R6	**	17,188
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2020 Target Date R6	**	7,999
*	Voya Retirement Insurance and Annuity Company	American Funds American Mutual R6	**	6,677
*	Voya Retirement Insurance and Annuity Company	Pioneer Strategic Income Fund K	**	5,736
*	Voya Retirement Insurance and Annuity Company	AMN Funds 2015 Target Date R6	**	1,190
*	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund Adm	**	768
*	Voya Retirement Insurance and Annuity Company	MassMutual Sel Mid-Cap Growth Fund I	**	460
*	Voya Retirement Insurance and Annuity Company	Vanguard 500 Index Fund Adm	**	358
*	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Adm	**	333
*	Voya Retirement Insurance and Annuity Company	American Balanced R6	**	208
*	Voya Retirement Insurance and Annuity Company	Victory Sycmr Established Value Fund	**	204
*	Voya Retirement Insurance and Annuity Company	Janus Henderson Triton Fund N	**	152
*	Voya Retirement Insurance and Annuity Company	Undiscovered Managers Bhvrl Value Fund R6	**	36
*	Voya Retirement Insurance and Annuity Company	Voya Govt Money Mkt Fund A (Hold Acct)	**	7,685
*	Various Participants	Participant Loans, 5.25% to 6.25%	**	82,376
				$ 4,297,033

* Represents a party-in-interest

** Cost information is not required for participant directed investments