

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
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ 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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>INTERDESIGN, INC. PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/29/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/29/1977</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/29/1977</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTERDESIGN, INC.</u> <u>30725 SOLON INDUSTRIAL PARKWAY</u> <u>SOLON, OH 44139</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1145527</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-248-0178</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1145527</u>	2c Plan Sponsor's telephone number <u>440-248-0178</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>34-1145527</u>					
2c Plan Sponsor's telephone number <u>440-248-0178</u>					
2d Business code (see instructions) <u>339900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2018	JULIESMITH2
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2018	JULIESMITH2
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ 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	5 328
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) 286
a(2) Total number of active participants at the end of the plan year	6a(2) 330
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 93
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 423
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 424
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 326
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 21
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:

3D 2E 2J 2F 2H 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan INTERDESIGN, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERDESIGN, INC.	D Employer Identification Number (EIN) 34-1145527

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.
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1 Coverage Information:

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE & 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	ZH9452	0	01/01/2017	06/14/2017

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(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

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(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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 of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP PENSION FUNDING****b** Balance at the end of the previous year **7b** 7952171**c** Additions: (1) Contributions deposited during the year **7c(1)** 467767
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 56952
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 524719**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 8476890**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1494334
(2) Administration charge made by carrier **7e(2)** 232
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 6982324
▶ **CONTRACT LIQUIDATION**(5) Total deductions **7e(5)** 8476890**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan INTERDESIGN, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERDESIGN, INC.	D Employer Identification Number (EIN) 34-1145527

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.
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1 Coverage Information:

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE & ANNUITY

(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	YH5101	424	06/15/2017	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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(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
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	(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	7305900
5 Current value of plan's interest under this contract in separate accounts at year end	5	23362127

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	35165
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	54404
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶ TRANSFERRED ASSETS	7c(5)	7327968
(6) Total additions	7c(6)	7417537
d Total of balance and additions (add lines 7b and 7c(6))	7d	7417537
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	58220
(2) Administration charge made by carrier	7e(2)	184
(3) Transferred to separate account	7e(3)	226267
(4) Other (specify below)..... ▶ FORFEITURE/MISCELLANEOUS	7e(4)	26105
(5) Total deductions	7e(5)	310776
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	7106761

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan INTERDESIGN, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERDESIGN, INC.	D Employer Identification Number (EIN) 34-1145527	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	RECORDKEEPER	2500	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINCOLN FINANCIAL ADVISORS

35-1151034

(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	BROKER/DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	59307	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LINCOLN FINANCIAL ADVISORS	99	59307
(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 AND 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) 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 INTERDESIGN, INC. 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 INTERDESIGN, INC.				D Employer Identification Number (EIN) 34-1145527	
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: VARIABLE ANNUITY ACCOUNT D					
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO					
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) 23362127	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or	

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

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

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 <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>INTERDESIGN, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERDESIGN, INC.</u>	D Employer Identification Number (EIN) <u>34-1145527</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	19284313	23362127
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7952171	7106761
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	27236484	30468888

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27236484	30468888
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1483206	
(B) Participants	2a(1)(B)	961757	
(C) Others (including rollovers)	2a(1)(C)	75454	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2520417
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	111356	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		111356
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3761770
(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		88
d Total income. Add all income amounts in column (b) and enter total.....	2d		6393631

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3158727	
(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)		3158727
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2500	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2500
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3161227

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3232404
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		3000000
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 INTERDESIGN, INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERDESIGN, INC.		D Employer Identification Number (EIN) 34-1145527
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

InterDesign, Inc. Profit Sharing Plan

Modified Cash Basis Financial Report
December 31, 2017

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Independent Auditor's Report

To the Plan Administrator
InterDesign, Inc. Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of InterDesign, Inc. Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits on a modified cash basis as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits on a modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Voya Institutional Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2017 and 2016, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Independent Auditor's Report (Continued)

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Other Matter – Supplemental Schedules

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

RSM VS LLP

Cleveland, Ohio
October 4, 2018

InterDesign, Inc. Profit Sharing Plan

Statements of Net Assets Available for Benefits

(Modified Cash Basis)

December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 23,362,127	\$ 19,284,313
Investment, at contract value:		
Guaranteed investment contract	7,106,761	7,952,171
Net assets available for benefits	<u>\$ 30,468,888</u>	<u>\$ 27,236,484</u>

See notes to financial statements.

InterDesign, Inc. Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

(Modified Cash Basis)

Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 3,751,656	\$ 1,629,226
Interest and dividends	121,558	173,258
Total investment income	3,873,214	1,802,484
Contributions:		
Employer	1,483,206	1,382,987
Participant	961,757	877,957
Rollovers	75,454	118,588
Total contributions	2,520,417	2,379,532
Total additions	6,393,631	4,182,016
Deductions:		
Benefits paid to participants	3,158,727	1,483,402
Administrative expenses	2,500	1,850
Total deductions	3,161,227	1,485,252
Net increase	3,232,404	2,696,764
Net assets available for benefits:		
Beginning	27,236,484	24,539,720
Ending	\$ 30,468,888	\$ 27,236,484

See notes to financial statements.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 1. Description of Plan

The following description of the InterDesign, Inc. Profit Sharing Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is sponsored and administered by InterDesign, Inc. (the Company) and is governed by the plan agreement. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a defined contribution plan covering all regular full-time, non-union, U.S employees of the Company. To be eligible to participate in the 401(k) contribution, employer safe harbor contributions and employer discretionary profit sharing contribution portion of the Plan, participants must be twenty-one or older and have completed one-year of service with the Company. One year of service is defined as having completed 1,000 hours within a twelve-month period. In June 2017, the Company transitioned to a new investment fund platform offered by the trustee. The new fund platform was designed to enhance the fund selections available to the participants and to also reduce internal investment.

Effective January 1, 2018, employees will be eligible to participate in the 401(k) contribution, employer safe harbor contributions and employer discretionary profit sharing contribution after completing 90 days of service with the Company.

Contributions: Each year, participants may contribute up to the maximum percentage of pretax annual compensation, as defined by the Plan and as allowable under the Internal Revenue Code (IRC). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants who attained age 50 before the end of the Plan year were eligible to contribute additional catch-up contributions, as allowable under the IRC. Participants may also contribute amounts representing distributions from other qualified plans. In addition, the Company contributes a non-elective safe harbor contribution of 3% of participants' eligible compensation to the account of each eligible participant. The Company also offers an additional profit sharing contribution that may be contributed at the discretion of the Company's board of directors. For the years ended December 31, 2017 and 2016, profit sharing contributions totaled approximately \$1,032,000 and \$981,000, respectively. The discretionary profit sharing contribution is invested in a portfolio of investments directed by the Company (non-participant directed). Effective January 1, 2018, participants will be allowed to direct the investments of the discretionary profit sharing contribution.

Funding policy: The Company's funding policy for the safe harbor contribution is to make the contributions concurrently with the employee's portion of the 401(k) contributions to the Plan. The profit sharing contributions are made to the Plan on an annual basis based on management's discretion.

Participants' accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution, including any additional profit sharing contribution and (b) Plan earnings and is charged with an allocation of administrative expenses, if any are paid by the Plan. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 1. Description of Plan (Continued)

Vesting: Participants immediately vest in their contributions as well as the Company's safe harbor non-elective contributions, plus actual earnings thereon. Vesting in the Company's profit sharing contribution is based on years of service without incurring a break in service as defined in the plan agreement in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Payment of benefits: Participants are entitled to receive a lump-sum amount equal to the value of their vested account balance upon termination or separation of service.

Forfeited accounts: Forfeitures of nonvested Company contributions are used to reduce employer contributions. Forfeitures of approximately \$59,000 and \$72,000 for the years ended December 31, 2017 and 2016, respectively, were used to reduce employer contributions. As of December 31, 2017 and 2016 there were approximately \$55,000 and \$53,000, respectively, of forfeited nonvested accounts.

Plan termination: Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time, subject to Plan provisions. In the event of termination of the Plan, participants will become 100% vested in their accounts.

Note 2. Significant Accounting Policies

Basis of accounting: The Plan's records are kept on the modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting, income is recognized when cash is received, benefits are recognized when paid and investments are recorded at fair value, except the guaranteed insurance contract, which is recorded at contract value due to it being fully benefit responsive.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Administrative expenses: The Plan provides that administrative expenses of the Plan are to be paid by the Plan or by the Company, at the Company's discretion.

Investment valuation and income recognition: Investments are reported at fair 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 4 for discussion of fair value measurements. Purchases and sale of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 2. Significant Accounting Policies (Continued)

Use of estimates: The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits. Actual results could differ from those estimates.

Benefit payments: Benefits are recorded when paid.

Risks and uncertainties: The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. Four pooled separate accounts comprise approximately 46% of the Plan's total investments at December 31, 2017.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 4, 2018, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by Voya Institutional Trust Company

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that were prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2017	2016
Participant directed:		
Pooled separate accounts	\$ 13,448,254	\$ 10,753,314
Non-participant directed:		
Pooled separate accounts	9,913,873	8,530,999
	<u>\$ 23,362,127</u>	<u>\$ 19,284,313</u>
Guaranteed investment contract:		
Participant directed:		
Voya Fixed Account	\$ 1,187,314	\$ 1,898,383
Non-participant directed:		
Voya Fixed Account	5,919,447	6,053,788
	<u>\$ 7,106,761</u>	<u>\$ 7,952,171</u>

The trustee also certified to the completeness and accuracy of net appreciation in the fair value of the investments of \$3,751,656 and \$1,629,226 and interest and dividends of \$121,558 and \$173,258 related to the aforementioned investments for the years ended December 31, 2017 and 2016, respectively.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 4. Fair Value Measurements

Accounting standards established 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 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

An asset's or liability's 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. At December 31, 2017 and 2016 there were no assets or liabilities measured within the fair value hierarchy.

The following tables summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Investment	2017			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts				
Large-cap US equity ⁽¹⁾	\$ 14,147,891	None	Daily	None
Mid-cap US equity ⁽²⁾	1,989,167	None	Daily	None
Small-cap US equity ⁽³⁾	1,750,264	None	Daily	None
International equity ⁽⁴⁾	2,265,845	None	Daily	None
Fixed income ⁽⁵⁾	1,863,112	None	Daily	None
Balanced/asset allocation ⁽⁶⁾	1,345,848	None	Daily	None
	<u>\$ 23,362,127</u>			

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 4. Fair Value Measurements (Continued)

Investment	2016			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts				
Large-cap US equity ⁽¹⁾	\$ 12,301,396	None	Daily	None
Mid-cap US equity ⁽²⁾	1,698,321	None	Daily	None
Small-cap US equity ⁽³⁾	1,325,891	None	Daily	None
International equity ⁽⁴⁾	1,523,448	None	Daily	None
Fixed income ⁽⁵⁾	1,125,461	None	Daily	None
Balanced/asset allocation ⁽⁶⁾	1,309,796	None	Daily	None
	<u>\$ 19,284,313</u>			

(1) This category includes investments whose objective is to either seek substantial dividend income as well as long-term growth of capital or provide an investment return matching the return of the S&P 500 index. Typically these funds invest primarily in stocks of companies similar in size to those in the S&P 500 index.

(2) This category's investment objective is to seek long-term capital appreciation. The funds may invest in domestic equity securities with growth potential and/or companies within the range of the market capitalization of the Russell Midcap Value index.

(3) Investments in this category seek capital appreciation by investing in either growth or value stocks issued by companies with small-sized market capitalization believed to be undervalued in the marketplace or possess above average potential.

(4) The pooled separate accounts in this category primarily invest at least 80% of assets in equity and debt securities of issuers from Europe and developing market countries.

(5) The investment option invests primarily in intermediate-term, fixed-income investments such as public and private corporate bonds, commercial and residential mortgages, asset-backed securities, and United States government and agency-backed securities. The fund invests at least 80% of its net assets, plus any borrowings for investment purposes, in a diversified portfolio of fixed-income instruments of varying maturities, represented by forwards or derivatives such as options, futures contracts, or swap agreements, at the time of each purchase. It invests in securities denominated in foreign currencies and in securities of foreign issuers, including securities tied to emerging market countries.

(6) The pooled separate accounts in this category primarily seek a total return consisting of long-term growth of capital and current income. The fund operates as a "target date fund." It invests primarily in underlying Voya Investments funds, domestic and foreign equity, real asset and alternative investments, and fixed-income funds according to an asset allocation strategy designed for investors having a retirement investment goal close to the year in the fund's name.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 5. Non-participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments as of and for the years ended December 31 is as follows:

	2017	2016
Net assets:		
Pooled separate accounts	\$ 9,913,873	\$ 8,530,999
Guaranteed investment contract	5,919,447	6,053,788
	<u>\$ 15,833,320</u>	<u>\$ 14,584,787</u>
Changes in net assets:		
Contributions	\$ 1,032,423	\$ 981,387
Transfers	(14,913)	17,562
Dividends and interest	86,879	117,918
Net appreciation	1,807,507	734,232
Benefits paid to participants	(1,663,363)	(562,624)
	<u>\$ 1,248,533</u>	<u>\$ 1,288,475</u>

Note 6. Guaranteed Investment Contract with Insurance Company

The Plan entered into a traditional investment contract with Voya Retirement Insurance and Annuity Company (Voya), an affiliate of Voya Institutional Trust Company. The contract met the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2017 and 2016 was \$7,106,761 and \$7,952,171, respectively.

The traditional investment contract held by the Plan during the year is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.05%. Such interest rates are reviewed on a quarterly basis for resetting. The contract permits the insurance company to terminate the agreement prior to the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 6. Guaranteed Investment Contract with Insurance Company (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable 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.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 7. Related Party Transactions

The Plan invests in various pooled separate accounts and guaranteed investment contracts managed by Voya, an affiliate of Voya Institutional Trust Company. Voya is the trustee of the Plan, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Voya amounted to \$2,500 and \$1,850 for the years ended December 31, 2017 and 2016, respectively.

Note 8. Tax Status

Effective January 1, 2015, the Plan adopted a non-standardized form of a prototype plan sponsored by Voya Retirement Insurance and Annuity Company. The prototype plan has obtained a favorable opinion letter dated September 1, 2014 from the Internal Revenue Service as to the prototype plan's qualified status.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Supplemental Schedules

InterDesign, Inc. Profit Sharing Plan

Employer No. 34-1145527

Plan No. 001

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

(Modified Cash Basis)

December 31, 2017

(a)	(b)	(c)	(e)	(e)
	Identity of Party, Issuer, Borrower, Lessor or Similar	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Registered investment companies:		
* Voya Investors Trust		VY T. Rowe Price Capital Appreciation Portfolio	\$ 4,115,970	\$ 4,329,891
American Funds		American Funds AMCAP Fund	3,105,018	3,481,141
The Vanguard Group		Vanguard Value Index Fund	2,816,250	3,118,466
The Vanguard Group		Vanguard 500 Index Fund	2,748,520	3,043,733
American Funds		American Funds EuroPacific	1,296,017	1,448,810
The Vanguard Group		Vanguard Small Cap Index Fund	242,315	1,053,198
American Funds		American Funds New World	731,816	817,035
Victory Capital		Victory Sycamore Established Value Fund	658,777	723,343
The Vanguard Group		Vanguard Total Bond Market Index Fund	600,174	603,160
The Vanguard Group		Vanguard Mid Cap Growth Index Fund	489,047	528,116
The Vanguard Group		Vanguard Mid Cap Index Fund		504,514
The Vanguard Group		Vanguard Target Retirement 2045 Fund	427,175	468,196
Janus Henderson Investors		Janus Triton Fund	387,437	433,281
Pacific Investment Management Company		PIMCO Income Fund	421,916	430,270
American Funds		American Funds Capital Income Builder	364,692	384,113
The Vanguard Group		Vanguard Small Cap Value Index Fund	958,686	263,785
The Vanguard Group		Vanguard Target Retirement 2035 Fund	231,696	251,104
Dimensional Fund Advisors LP		DFA Real Estate Securities Portfolio	229,402	233,194
The Vanguard Group		Vanguard High-Yield Corporate Fund	224,161	231,186
The Vanguard Group		Vanguard Target Retirement 2055 Fund	203,290	219,702
Alliance Bernstein Investments Inc.		AB Global Bond Fund	212,633	214,383
The Vanguard Group		Vanguard Target Retirement 2025 Fund	173,212	185,116
Franklin Templeton Investments		Franklin Utilities Fund	175,581	174,660
The Vanguard Group		Vanguard Target Retirement Income Fund	83,505	86,344
The Vanguard Group		Vanguard Target Retirement 2015 Fund	59,197	61,750
The Vanguard Group		Vanguard Target Retirement 2060 Fund	31,770	33,883
The Vanguard Group		Vanguard Target Retirement 2050 Fund	21,694	22,950
The Vanguard Group		Vanguard Target Retirement 2030 Fund	10,422	11,063
The Vanguard Group		Vanguard Target Retirement 2040 Fund	5,217	5,614
The Vanguard Group		Vanguard Target Retirement 2020 Fund	119	126
			<u>21,491,585</u>	<u>23,362,127</u>
		Guaranteed investment contract:		
* Voya Retirement Insurance and Annuity Company		Voya Fixed Account	7,044,764	7,106,761
			<u>\$ 28,536,349</u>	<u>\$ 30,468,888</u>

* Represents party-in-interest

The above information has been certified as complete and accurate by Voya Institutional Trust Company, the trustee of the Plan.

InterDesign, Inc. Profit Sharing Plan

Employer No. 34-1145527

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2017

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or Loss
Category (i) - Individual transaction in excess of 5 percent of beginning plan net assets:						
Voya Fixed Account	Guaranteed investment contract 1 sale	\$ -	\$ 5,933,612	\$ 5,933,612	\$ 5,947,264	\$ 13,652
VY U.S. Stock Index Portfolio	Registered investment company 1 sale	-	2,047,534	1,861,212	2,047,534	186,322
Ridgeworth Ceredex Large Cap Value	Registered investment company 1 sale	-	1,529,234	1,438,476	1,529,234	90,758
VY Large Cap Growth Portfolio	Registered investment company 1 sale	-	1,796,207	1,535,915	1,796,207	260,292
VY T. Rowe Price Capital Appreciation	Registered investment company	-	1,972,017	1,798,330	1,972,017	173,687
Vanguard 500 Index Fund	Registered investment company	2,047,534	-	2,047,534	2,047,534	-
American Funds AMCAP Fund	Registered investment company	1,796,207	-	1,796,207	1,796,207	-
Vanguard Value Index Fund	Registered investment company	1,529,234	-	1,529,234	1,529,234	-
VY T. Rowe Price Capital Appreciation Portfolio	Registered investment company	1,972,017	-	1,972,017	1,972,017	-
Voya Fixed Account		5,938,621	-	5,938,621	5,938,621	-

The above information has been certified as complete and accurate by Voya Institutional Trust Company, the trustee of the Plan.

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

INTERDESIGN, INC. PROFIT SHARING PLAN
EIN#34-1145527
Plan#001
As Of December 31, 2017

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
AB Global Bond Fund Z	Registered Investment Company	\$212,633	\$214,383
American Funds AMCAP Fund R6	Registered Investment Company	\$3,105,018	\$3,481,141
American Funds Cap In Bld R6	Registered Investment Company	\$364,692	\$384,113
American Funds EuroPacific R6	Registered Investment Company	\$1,296,017	\$1,448,810
American Funds New World R6	Registered Investment Company	\$731,816	\$817,035
DFA Real Estate Secs Port Ins	Registered Investment Company	\$229,402	\$233,194
Franklin Utilities Fund R6	Registered Investment Company	\$175,581	\$174,660
Janus Hndr Triton Fd N	Registered Investment Company	\$387,437	\$433,281
PIMCO Income Fund Ins	Registered Investment Company	\$421,916	\$430,270
Vangrd 500 Index Fund Adm	Registered Investment Company	\$2,748,520	\$3,043,733
Vangrd High-Yd Corp Fnd Adm	Registered Investment Company	\$224,161	\$231,186
Vangrd Md-Cap Grw Index Fd Adm	Registered Investment Company	\$489,047	\$528,116
Vangrd Mid-Cap Index Fund Adm	Registered Investment Company	\$465,876	\$504,514
Vangrd Small-Cap Index Fnd Adm	Registered Investment Company	\$242,315	\$1,053,198
Vangrd Sm-Cap VI Index Fnd Adm	Registered Investment Company	\$958,686	\$263,785
Vangrd Tot Bd Mkt Ind Fd Adm	Registered Investment Company	\$600,174	\$603,160
Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company	\$59,197	\$61,750
Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company	\$119	\$127
Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company	\$173,212	\$185,116
Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company	\$10,422	\$11,063
Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company	\$231,696	\$251,104
Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company	\$5,217	\$5,614
Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company	\$427,175	\$468,196
Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company	\$21,694	\$22,950
Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company	\$203,290	\$219,702
Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company	\$31,770	\$33,883
Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company	\$83,505	\$86,344
Vangrd Value Index Fund Adm	Registered Investment Company	\$2,816,250	\$3,118,466
Victory Sycmr Est VI Fd R6	Registered Investment Company	\$658,777	\$723,343
* Voya Fixed Account (4062)	Insurance Company General Account	\$7,044,764	\$7,106,761
VY TRwPr Cap Apprec Port R6	Registered Investment Company	\$4,115,970	\$4,329,891
TOTAL			\$30,468,888

* denotes party-in-interest

InterDesign, Inc. Profit Sharing Plan

Modified Cash Basis Financial Report
December 31, 2017

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Independent Auditor's Report

To the Plan Administrator
InterDesign, Inc. Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of InterDesign, Inc. Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits on a modified cash basis as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits on a modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Voya Institutional Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2017 and 2016, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Independent Auditor's Report (Continued)

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Other Matter – Supplemental Schedules

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

RSM VS LLP

Cleveland, Ohio
October 4, 2018

InterDesign, Inc. Profit Sharing Plan

Statements of Net Assets Available for Benefits

(Modified Cash Basis)

December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 23,362,127	\$ 19,284,313
Investment, at contract value:		
Guaranteed investment contract	7,106,761	7,952,171
Net assets available for benefits	<u>\$ 30,468,888</u>	<u>\$ 27,236,484</u>

See notes to financial statements.

InterDesign, Inc. Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

(Modified Cash Basis)

Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 3,751,656	\$ 1,629,226
Interest and dividends	121,558	173,258
Total investment income	3,873,214	1,802,484
Contributions:		
Employer	1,483,206	1,382,987
Participant	961,757	877,957
Rollovers	75,454	118,588
Total contributions	2,520,417	2,379,532
Total additions	6,393,631	4,182,016
Deductions:		
Benefits paid to participants	3,158,727	1,483,402
Administrative expenses	2,500	1,850
Total deductions	3,161,227	1,485,252
Net increase	3,232,404	2,696,764
Net assets available for benefits:		
Beginning	27,236,484	24,539,720
Ending	\$ 30,468,888	\$ 27,236,484

See notes to financial statements.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 1. Description of Plan

The following description of the InterDesign, Inc. Profit Sharing Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is sponsored and administered by InterDesign, Inc. (the Company) and is governed by the plan agreement. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a defined contribution plan covering all regular full-time, non-union, U.S employees of the Company. To be eligible to participate in the 401(k) contribution, employer safe harbor contributions and employer discretionary profit sharing contribution portion of the Plan, participants must be twenty-one or older and have completed one-year of service with the Company. One year of service is defined as having completed 1,000 hours within a twelve-month period. In June 2017, the Company transitioned to a new investment fund platform offered by the trustee. The new fund platform was designed to enhance the fund selections available to the participants and to also reduce internal investment.

Effective January 1, 2018, employees will be eligible to participate in the 401(k) contribution, employer safe harbor contributions and employer discretionary profit sharing contribution after completing 90 days of service with the Company.

Contributions: Each year, participants may contribute up to the maximum percentage of pretax annual compensation, as defined by the Plan and as allowable under the Internal Revenue Code (IRC). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants who attained age 50 before the end of the Plan year were eligible to contribute additional catch-up contributions, as allowable under the IRC. Participants may also contribute amounts representing distributions from other qualified plans. In addition, the Company contributes a non-elective safe harbor contribution of 3% of participants' eligible compensation to the account of each eligible participant. The Company also offers an additional profit sharing contribution that may be contributed at the discretion of the Company's board of directors. For the years ended December 31, 2017 and 2016, profit sharing contributions totaled approximately \$1,032,000 and \$981,000, respectively. The discretionary profit sharing contribution is invested in a portfolio of investments directed by the Company (non-participant directed). Effective January 1, 2018, participants will be allowed to direct the investments of the discretionary profit sharing contribution.

Funding policy: The Company's funding policy for the safe harbor contribution is to make the contributions concurrently with the employee's portion of the 401(k) contributions to the Plan. The profit sharing contributions are made to the Plan on an annual basis based on management's discretion.

Participants' accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution, including any additional profit sharing contribution and (b) Plan earnings and is charged with an allocation of administrative expenses, if any are paid by the Plan. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 1. Description of Plan (Continued)

Vesting: Participants immediately vest in their contributions as well as the Company's safe harbor non-elective contributions, plus actual earnings thereon. Vesting in the Company's profit sharing contribution is based on years of service without incurring a break in service as defined in the plan agreement in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Payment of benefits: Participants are entitled to receive a lump-sum amount equal to the value of their vested account balance upon termination or separation of service.

Forfeited accounts: Forfeitures of nonvested Company contributions are used to reduce employer contributions. Forfeitures of approximately \$59,000 and \$72,000 for the years ended December 31, 2017 and 2016, respectively, were used to reduce employer contributions. As of December 31, 2017 and 2016 there were approximately \$55,000 and \$53,000, respectively, of forfeited nonvested accounts.

Plan termination: Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time, subject to Plan provisions. In the event of termination of the Plan, participants will become 100% vested in their accounts.

Note 2. Significant Accounting Policies

Basis of accounting: The Plan's records are kept on the modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting, income is recognized when cash is received, benefits are recognized when paid and investments are recorded at fair value, except the guaranteed insurance contract, which is recorded at contract value due to it being fully benefit responsive.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Administrative expenses: The Plan provides that administrative expenses of the Plan are to be paid by the Plan or by the Company, at the Company's discretion.

Investment valuation and income recognition: Investments are reported at fair 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 4 for discussion of fair value measurements. Purchases and sale of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 2. Significant Accounting Policies (Continued)

Use of estimates: The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits. Actual results could differ from those estimates.

Benefit payments: Benefits are recorded when paid.

Risks and uncertainties: The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. Four pooled separate accounts comprise approximately 46% of the Plan's total investments at December 31, 2017.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 4, 2018, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by Voya Institutional Trust Company

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that were prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets.

	2017	2016
Participant directed:		
Pooled separate accounts	\$ 13,448,254	\$ 10,753,314
Non-participant directed:		
Pooled separate accounts	9,913,873	8,530,999
	<u>\$ 23,362,127</u>	<u>\$ 19,284,313</u>
Guaranteed investment contract:		
Participant directed:		
Voya Fixed Account	\$ 1,187,314	\$ 1,898,383
Non-participant directed:		
Voya Fixed Account	5,919,447	6,053,788
	<u>\$ 7,106,761</u>	<u>\$ 7,952,171</u>

The trustee also certified to the completeness and accuracy of net appreciation in the fair value of the investments of \$3,751,656 and \$1,629,226 and interest and dividends of \$121,558 and \$173,258 related to the aforementioned investments for the years ended December 31, 2017 and 2016, respectively.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 4. Fair Value Measurements

Accounting standards established 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 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

An asset's or liability's 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. At December 31, 2017 and 2016 there were no assets or liabilities measured within the fair value hierarchy.

The following tables summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Investment	2017			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts				
Large-cap US equity ⁽¹⁾	\$ 14,147,891	None	Daily	None
Mid-cap US equity ⁽²⁾	1,989,167	None	Daily	None
Small-cap US equity ⁽³⁾	1,750,264	None	Daily	None
International equity ⁽⁴⁾	2,265,845	None	Daily	None
Fixed income ⁽⁵⁾	1,863,112	None	Daily	None
Balanced/asset allocation ⁽⁶⁾	1,345,848	None	Daily	None
	<u>\$ 23,362,127</u>			

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 4. Fair Value Measurements (Continued)

Investment	2016			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts				
Large-cap US equity ⁽¹⁾	\$ 12,301,396	None	Daily	None
Mid-cap US equity ⁽²⁾	1,698,321	None	Daily	None
Small-cap US equity ⁽³⁾	1,325,891	None	Daily	None
International equity ⁽⁴⁾	1,523,448	None	Daily	None
Fixed income ⁽⁵⁾	1,125,461	None	Daily	None
Balanced/asset allocation ⁽⁶⁾	1,309,796	None	Daily	None
	<u>\$ 19,284,313</u>			

(1) This category includes investments whose objective is to either seek substantial dividend income as well as long-term growth of capital or provide an investment return matching the return of the S&P 500 index. Typically these funds invest primarily in stocks of companies similar in size to those in the S&P 500 index.

(2) This category's investment objective is to seek long-term capital appreciation. The funds may invest in domestic equity securities with growth potential and/or companies within the range of the market capitalization of the Russell Midcap Value index.

(3) Investments in this category seek capital appreciation by investing in either growth or value stocks issued by companies with small-sized market capitalization believed to be undervalued in the marketplace or possess above average potential.

(4) The pooled separate accounts in this category primarily invest at least 80% of assets in equity and debt securities of issuers from Europe and developing market countries.

(5) The investment option invests primarily in intermediate-term, fixed-income investments such as public and private corporate bonds, commercial and residential mortgages, asset-backed securities, and United States government and agency-backed securities. The fund invests at least 80% of its net assets, plus any borrowings for investment purposes, in a diversified portfolio of fixed-income instruments of varying maturities, represented by forwards or derivatives such as options, futures contracts, or swap agreements, at the time of each purchase. It invests in securities denominated in foreign currencies and in securities of foreign issuers, including securities tied to emerging market countries.

(6) The pooled separate accounts in this category primarily seek a total return consisting of long-term growth of capital and current income. The fund operates as a "target date fund." It invests primarily in underlying Voya Investments funds, domestic and foreign equity, real asset and alternative investments, and fixed-income funds according to an asset allocation strategy designed for investors having a retirement investment goal close to the year in the fund's name.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 5. Non-participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments as of and for the years ended December 31 is as follows:

	2017	2016
Net assets:		
Pooled separate accounts	\$ 9,913,873	\$ 8,530,999
Guaranteed investment contract	5,919,447	6,053,788
	<u>\$ 15,833,320</u>	<u>\$ 14,584,787</u>
	2017	2016
Changes in net assets:		
Contributions	\$ 1,032,423	\$ 981,387
Transfers	(14,913)	17,562
Dividends and interest	86,879	117,918
Net appreciation	1,807,507	734,232
Benefits paid to participants	(1,663,363)	(562,624)
	<u>\$ 1,248,533</u>	<u>\$ 1,288,475</u>

Note 6. Guaranteed Investment Contract with Insurance Company

The Plan entered into a traditional investment contract with Voya Retirement Insurance and Annuity Company (Voya), an affiliate of Voya Institutional Trust Company. The contract met the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2017 and 2016 was \$7,106,761 and \$7,952,171, respectively.

The traditional investment contract held by the Plan during the year is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.05%. Such interest rates are reviewed on a quarterly basis for resetting. The contract permits the insurance company to terminate the agreement prior to the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

InterDesign, Inc. Profit Sharing Plan

Notes to Financial Statements (Modified Cash Basis)

Note 6. Guaranteed Investment Contract with Insurance Company (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable 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.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 7. Related Party Transactions

The Plan invests in various pooled separate accounts and guaranteed investment contracts managed by Voya, an affiliate of Voya Institutional Trust Company. Voya is the trustee of the Plan, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Voya amounted to \$2,500 and \$1,850 for the years ended December 31, 2017 and 2016, respectively.

Note 8. Tax Status

Effective January 1, 2015, the Plan adopted a non-standardized form of a prototype plan sponsored by Voya Retirement Insurance and Annuity Company. The prototype plan has obtained a favorable opinion letter dated September 1, 2014 from the Internal Revenue Service as to the prototype plan's qualified status.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Supplemental Schedules

InterDesign, Inc. Profit Sharing Plan

Employer No. 34-1145527

Plan No. 001

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

(Modified Cash Basis)

December 31, 2017

(a)	(b)	(c)	(e)	(e)
	Identity of Party, Issuer, Borrower, Lessor or Similar	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Registered investment companies:		
* Voya Investors Trust		VY T. Rowe Price Capital Appreciation Portfolio	\$ 4,115,970	\$ 4,329,891
American Funds		American Funds AMCAP Fund	3,105,018	3,481,141
The Vanguard Group		Vanguard Value Index Fund	2,816,250	3,118,466
The Vanguard Group		Vanguard 500 Index Fund	2,748,520	3,043,733
American Funds		American Funds EuroPacific	1,296,017	1,448,810
The Vanguard Group		Vanguard Small Cap Index Fund	242,315	1,053,198
American Funds		American Funds New World	731,816	817,035
Victory Capital		Victory Sycamore Established Value Fund	658,777	723,343
The Vanguard Group		Vanguard Total Bond Market Index Fund	600,174	603,160
The Vanguard Group		Vanguard Mid Cap Growth Index Fund	489,047	528,116
The Vanguard Group		Vanguard Mid Cap Index Fund		504,514
The Vanguard Group		Vanguard Target Retirement 2045 Fund	427,175	468,196
Janus Henderson Investors		Janus Triton Fund	387,437	433,281
Pacific Investment Management Company		PIMCO Income Fund	421,916	430,270
American Funds		American Funds Capital Income Builder	364,692	384,113
The Vanguard Group		Vanguard Small Cap Value Index Fund	958,686	263,785
The Vanguard Group		Vanguard Target Retirement 2035 Fund	231,696	251,104
Dimensional Fund Advisors LP		DFA Real Estate Securities Portfolio	229,402	233,194
The Vanguard Group		Vanguard High-Yield Corporate Fund	224,161	231,186
The Vanguard Group		Vanguard Target Retirement 2055 Fund	203,290	219,702
Alliance Bernstein Investments Inc.		AB Global Bond Fund	212,633	214,383
The Vanguard Group		Vanguard Target Retirement 2025 Fund	173,212	185,116
Franklin Templeton Investments		Franklin Utilities Fund	175,581	174,660
The Vanguard Group		Vanguard Target Retirement Income Fund	83,505	86,344
The Vanguard Group		Vanguard Target Retirement 2015 Fund	59,197	61,750
The Vanguard Group		Vanguard Target Retirement 2060 Fund	31,770	33,883
The Vanguard Group		Vanguard Target Retirement 2050 Fund	21,694	22,950
The Vanguard Group		Vanguard Target Retirement 2030 Fund	10,422	11,063
The Vanguard Group		Vanguard Target Retirement 2040 Fund	5,217	5,614
The Vanguard Group		Vanguard Target Retirement 2020 Fund	119	126
			<u>21,491,585</u>	<u>23,362,127</u>
		Guaranteed investment contract:		
* Voya Retirement Insurance and Annuity Company		Voya Fixed Account	7,044,764	7,106,761
			<u>\$ 28,536,349</u>	<u>\$ 30,468,888</u>

* Represents party-in-interest

The above information has been certified as complete and accurate by Voya Institutional Trust Company, the trustee of the Plan.

InterDesign, Inc. Profit Sharing Plan

Employer No. 34-1145527

Plan No. 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2017

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Gain or Loss
Category (i) - Individual transaction in excess of 5 percent of beginning plan net assets:						
Voya Fixed Account	Guaranteed investment contract 1 sale	\$ -	\$ 5,933,612	\$ 5,933,612	\$ 5,947,264	\$ 13,652
VY U.S. Stock Index Portfolio	Registered investment company 1 sale	-	2,047,534	1,861,212	2,047,534	186,322
Ridgeworth Ceredex Large Cap Value	Registered investment company 1 sale	-	1,529,234	1,438,476	1,529,234	90,758
VY Large Cap Growth Portfolio	Registered investment company 1 sale	-	1,796,207	1,535,915	1,796,207	260,292
VY T. Rowe Price Capital Appreciation	Registered investment company	-	1,972,017	1,798,330	1,972,017	173,687
Vanguard 500 Index Fund	Registered investment company	2,047,534	-	2,047,534	2,047,534	-
American Funds AMCAP Fund	Registered investment company	1,796,207	-	1,796,207	1,796,207	-
Vanguard Value Index Fund	Registered investment company	1,529,234	-	1,529,234	1,529,234	-
VY T. Rowe Price Capital Appreciation Portfolio	Registered investment company	1,972,017	-	1,972,017	1,972,017	-
Voya Fixed Account		5,938,621	-	5,938,621	5,938,621	-

The above information has been certified as complete and accurate by Voya Institutional Trust Company, the trustee of the Plan.