Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEN-X 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/30/2008

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)

TEN-X, LLC

1 MAUCHLY
IRVINE, CA 92618

2b Employer Identification Number (EIN)
26-3654828

2c Plan Sponsor's telephone number
949-699-3291

2d Business code (see instructions)
531390

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.	10/10/2018	CHRISTINA GRIFFITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1982
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)**	1486
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1569
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	547
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	2119
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2040
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3D 3H

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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

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

A Name of plan
TEN-X 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEN-X, LLC

D Employer Identification Number (EIN)
26-3654828

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	51108	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RETIREMENT BENEFITS GROUP IFP

59-3331424

(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?
16	CONSULTANT	44307	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DBBMCKENNON

20-3685188

(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?
16	CONSULTANT	13200	Yes [ ] No [X]	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL SM CAP VL II ADV - COLUMBIA MG	PO BOX 8081 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM MID CAP GRTH R5 - BOSTON FINAN	P.O. BOX 8480 BOSTON, MA 02266	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK FUND INV - BOSTON FINANCIA	P.O. BOX 8480 BOSTON, MA 02266	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPP DEVELOPING MKT Y - OFI GLOBAL	225 LIBERTY STREET NEW YORK, NY 10281	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WA CORE BOND I - BNY MELLON INVEST	P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WF SM CO GROWTH IS - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
TEN-X 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEN-X, LLC

D Employer Identification Number (EIN)
26-3654828

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1675641	1146466
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1099732	1087934
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40136252	59990146
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	42911625	62224546
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	42911625	62224546

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)**	3043657	
	(B) Participants	**2a(1)(B)**	9662159	
	(C) Others (including rollovers)	**2a(1)(C)**	2253583	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		14959399
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	8108	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	39662	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		47770
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	2644733	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		2644733
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6717796
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		24369698
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4928019	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4928019
f Corrective distributions (see instructions)	2f		13717
g Certain deemed distributions of participant loans (see instructions)	2g		3669
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	2757	
(4) Other	2i(4)	108615	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		111372
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5056777
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19312921
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: DBBMCKENNON **(2)** EIN: 20-3685188

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l	X		1
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
TEN-X 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEN-X, LLC

D Employer Identification Number (EIN)
26-3654828

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SUPPLEMENTAL SCHEDULE
TEN-X 401(K) PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4(i)—
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2017
Employer Identification Number (EIN) 26-3654828, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	**Description of investment including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current Value**
*	Fidelity Freedom 2045 Fund Class K	Mutual Fund	**	$ 7,425,972
*	Fidelity Freedom 2040 Fund Class K	Mutual Fund	**	6,588,439
*	Fidelity Freedom 2050 Fund Class K	Mutual Fund	**	5,794,319
*	Fidelity Freedom 2030 Fund Class K	Mutual Fund	**	5,592,519
*	Fidelity 500 Index Fund Premium Class	Mutual Fund	**	5,238,451
*	Fidelity Freedom 2035 Fund Class K	Mutual Fund	**	5,139,682
*	Fidelity Freedom 2025 Fund Class K	Mutual Fund	**	3,082,836
*	Fidelity Freedom 2055 Fund Class K	Mutual Fund	**	2,794,328
*	Fidelity Contrafund Class K	Mutual Fund	**	2,656,981
	Oakmark Fund Investor	Mutual Fund	**	2,015,515
*	Fidelity Extended Market Index Fund Premium Class	Mutual Fund	**	1,986,778
*	Fidelity Value Fund Class K	Mutual Fund	**	1,261,157
*	Fidelity Government Money Market Fund	Money Market	**	1,146,466
	Wells Fargo Small Company Growth Fund Class Inst	Mutual Fund	**	1,081,540
	Oppenheimer Developing Markets Fund Class Y	Mutual Fund	**	977,098
	JPMorgan Mid Cap Growth Fund Class R5	Mutual Fund	**	974,786
*	Fidelity Strategic Income	Mutual Fund	**	917,324
*	Fidelity International Index Fund Premium Class	Mutual Fund	**	890,862
*	Fidelity International Discovery Fund Class K	Mutual Fund	**	860,819
	Western Asset Core Bond Fund Class I	Mutual Fund	**	802,657
*	Fidelity Freedom 2020 Fund Class K	Mutual Fund	**	652,613
*	Fidelity Small Cap Index Fund Premium Class	Mutual Fund	**	632,873
*	Fidelity Government Income Fund	Mutual Fund	**	622,764
	Invesco Diversified Dividend Fund Class R6	Mutual Fund	**	489,483
	Columbia Small Cap Value II Adv	Mutual Fund	**	460,022
*	Fidelity Freedom 2060 Fund Class K	Mutual Fund	**	394,273
*	Fidelity Freedom 2015 Fund Class K	Mutual Fund	**	228,236
*	Fidelity Freedom Income Fund Class K	Mutual Fund	**	186,217
*	Fidelity Freedom 2010 Fund Class K	Mutual Fund	**	168,793
*	Fidelity Freedom 2005 Fund Class K	Mutual Fund	**	72,809
	Participant Loans	Bearing interest from 3.25% to 5.25% and maturing between January 2018 and October 2027	-	1,087,934
			$ -	$ 62,224,546

* Represents a party-in-interest as defined by ERISA
** Not applicable for participant-directed plans

Ten-X 401(k) Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2017 and 2016

Together with
Independent Auditors' Report

dbbmckennon
Certified Public Accountants.
Registered Firm - Public Company Accounting Oversight Board

INDEX TO FINANCIAL STATEMENTS

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2017 and 2016	4
Notes to Financial Statements	5
Supplemental Schedule:	
Form 5500, Schedule H, Part IV, Line 4(i)—Schedule of Assets (Held at End of Year) as of December 31, 2017	13

NOTE: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required.

dbbmckennon

Certified Public Accountants
Registered Firm - Public Company Accounting Oversight Board

INDEPENDENT AUDITORS' REPORT

October 1, 2018

The Plan Administrator and Participants
Ten-X 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Ten-X 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the below 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 described in Note 5, which was certified by Fidelity Management Trust Company (the "Trustee" of the Plan), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2017 and 2016, 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 above Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Form 5500, Schedule H, Part IV, Line 4(i)—Schedule of Assets (Held at End of Year), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the above basis for disclaimer of opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.



dbb*mckennon*

Newport Beach, California

TEN-X 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS		
Investments, at fair value (Note 6):		
Money market fund	$ 1,146,466	$ 1,675,641
Mutual funds	59,990,146	40,136,252
Total investments	61,136,612	41,811,893
Receivables:		
Employee contributions	232,712	187,254
Employer contributions	78,439	71,750
Notes receivable from participants	1,087,934	1,099,732
Total receivables	1,399,085	1,358,736
Total assets	62,535,697	43,170,629
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 62,535,697	$ 43,170,629

See accompanying notes to the financial statements

TEN-X 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

	2017	2016
ADDITIONS		
Investment Income:		
Net appreciation in fair value of investments	$ 6,717,796	$ 1,904,375
Interest and dividends	2,652,669	1,234,303
Total investment income	9,370,465	3,138,678
Interest income on notes receivable from participants	39,835	31,629
Contributions:		
Participant	9,707,617	8,478,342
Employer	3,050,346	3,064,235
Rollover	2,253,582	750,821
Total contributions	15,011,545	12,293,398
Total additions	24,421,845	15,463,705
DEDUCTIONS		
Benefits paid to participants	4,928,019	2,617,530
Corrective distributions	13,717	31,505
Deemed distributions (post-default payments), net	3,669	(537)
Administrative fees and other deductions	111,372	66,057
Total deductions	5,056,777	2,714,555
NET INCREASE	19,365,068	12,749,150
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	43,170,629	30,421,479
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 62,535,697	$ 43,170,629

See accompanying notes to the financial statements

TEN-X 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

NOTE 1. DESCRIPTION OF THE PLAN

The Ten-X 401(k) Plan (the "Plan") was established on May 30, 2008, and was last amended and restated effective May 8, 2015 and was amended on June 15, 2015, March 1, 2016, and June 8, 2016. Plan amendments made for the Plan year ended December 31, 2017 are now embodied in the current Summary Plan Description ("SPD").

The following description of the Plan provides only general information. Participants should refer to the Plan SPD and Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all eligible employees of Ten-X, LLC and the Participating Employers outlined below (collectively the "Company" or "Plan Administrator") on the first day of the month coincident or following the date employees have completed one month of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Fidelity Investments Institutional Operations Company, Inc. provides recordkeeping services to the Plan in its capacity as agent for its related entity, the directed trustee, Fidelity Management Trust Company ("Fidelity" or "Trustee"), pursuant to the terms of the trust agreement (the "Trust") between the Company and Fidelity. All of the Plan's assets are kept in the Trust. As of December 31, 2017 and 2016, the Plan owned 100% of the total net assets available for benefits in the Trust. Net assets of the Trust and Plan-specific expenses are allocated to the Plan based on specific identification. Net investment income, gains and losses, and general expenses are allocated based on the Plan's proportional share of net assets in the Trust.

Participating Employers – As of December 31, 2017 and 2016, the following related employers participated in the Plan and employees of each employer listed below are eligible to participate in accordance with Plan documents and provisions:

- Ten-X, LLC
- Commerce Title Company (sold on February 1, 2016 but continued as a participating employer until October 2017)
- Commerce Title of America, LLC (sold on February 1, 2016 but continued as a participating employer until October 2017)
- Commerce Title of Texas, LLC (sold on February 1, 2016 but continued as a participating employer until October 2017)
- Commerce Title and Closing Services, LLC (sold on February 1, 2016 but continued as a participating employer until October 2017)

Participant Accounts – Each participant's account is established by the Trustee to record all contributions on the participant's behalf and any related income, expenses, gains or losses.

Contributions - In 2017 participants may contribute through pretax elective deferrals up to 75% of their annual compensation as defined in the Plan subject to the annual limits set by federal tax laws.

Automatic Enrollment Contributions – The Plan contains an automatic enrollment feature. Employees are subject to automatic enrollment and are notified approximately 30 days prior to when the employer will begin to automatically deduct 3% from his/her pay eligible compensation on a pre-tax basis as a deferral contribution from him/her to the Plan. The employee may stop or change this automatic contribution at any time. Deferral contributions made automatically for the employee are treated the same under the Plan as deferral contributions made by the employee's own election. Participants automatically enrolled will have their deferral contribution rate increased by 1% on April 1st each year until it reaches a maximum of 12% of eligible compensation, unless elected otherwise. If the participant does not make an investment election, his/her investment is the applicable qualified default investment alternative (Fidelity Freedom Funds for 2017 and 2016).

Company Matching Contributions - A participant is eligible for the matching contributions only if he/she makes deferral contributions. Company matching contributions equal 50% of a participant's elective deferral contributions subject to a maximum of 6% of the participant's eligible compensation.

Discretionary Non-elective Contributions – For each Plan year, the Company may make discretionary non-elective contributions in an amount to be determined by the Company's Board of Directors. To be eligible to receive any non-elective contributions that may be made for that Plan year, a participant must complete 1,000 or more hours of service during the Plan year and be employed as of the last day of the Plan year.

Contribution Limits – Federal law requires that amounts contributed to qualified retirement plans by the participant and on behalf of the participant by the employer for a 12-month period ending December 31 (the "limitation year") do not exceed certain limits. The two annual limits that apply to contributions are a limit on employee elective deferrals and an overall limit on contributions to a participant's plan account. For the 2017 and 2016 limitation year, the contribution limits set by Federal law are as follows:

- *Employee elective deferrals*:
  - an elective deferral limit of $18,000
  - a catch-up contribution limit of $6,000 permitted if the participant is age 50 or older at the end of the calendar year
- *Overall limit on contributions* including the total of all employer contributions, employee elective deferrals and any forfeiture allocation*:*
  - the annual additions paid to a participant's account cannot exceed the lesser of i) 100% of the participant's compensation or ii) $54,000 for 2017 and $53,000 for 2016 ($60,000 for 2017 and $59,000 for 2016 including catch-up contributions)
  - the annual compensation limit used to determine employer and employee contributions is $270,000 for 2017 and $265,000 for 2016

Rollover Contributions - The Company allows rollover contributions to the Plan, regardless of whether the employee becomes a participant in the Plan as set forth in the SPD. The employee is 100% vested in the rollover contributions and may withdraw from the Plan at any time.

Services and Fees – Feeds and expenses charged to a participant account that will impact retirement savings fall into three basic categories:

- *Investment fees*: Fees generally assessed as a percentage of assets invested, and are deducted directly from investment returns. Investment fees can be in the form of sales charges, loads, commissions, marketing fees or management fees.

- *Plan administration fees:* Fees covering the day-to-day expenses of the Plan for recordkeeping, accounting, legal and trustee services, and certain other administrative fees. In some cases, these costs are covered by investment fees deducted directly from investment returns. In other cases, these fees are either paid directly by the Company or are passed through to the participants in the Plan, in which case a recordkeeping fee is deducted from the participant account.

- *Transaction-based fees*: Fees associated with optional services offered under the Plan and charged directly to the participant account upon taking advantage of a particular feature that may be available, such as a Plan loan.

Vesting - A participant is always 100% vested in his/her rollover contributions, after-tax contributions, qualified non-elective contributions and deferral contributions plus any earnings thereon. For employer matching and discretionary non-elective contributions, participants vest based on years of service in accordance with the vesting schedule included in the Plan documents. Participants become 25% vested upon completing one year of service and vest an additional 25% each year thereafter until they are 100% vested after four years of service.

Forfeitures – If a participant terminates employment and is less than 100% vested in their employer matching and discretionary non-elective contributions (see vesting above), the participant may forfeit the non-vested portion of their account. Forfeitures are retained in the Plan and may first be used to pay Plan administration expenses. Any remaining amounts will be used to reduce future employer contributions payable under the Plan. During the years ended December 31, 2017 and 2016, forfeiture amounts of $424,602 and $186,813, respectively, were used as employer contributions to the Plan, and forfeiture amounts of $60,632 and $56,507, respectively, were used to pay administrative expenses of the Plan. As of December 31, 2017 and 2016, the Company had $115,844 and $207,394, respectively, available that may reduce future employer contributions and/or administrative expenses.

In Service Withdrawals and Loans- A participant can request an in-service withdrawal or loan from the Plan. The amount of any taxable withdrawal that is not rolled over into an Individual Retirement Account ("IRA") or another qualified employer retirement plan will be subject to Federal and state, if applicable, income taxes. The following types of withdrawals are available under the Plan:

- *Hardship Withdrawal:* A participant can apply to withdraw certain contributions to satisfy specific and heavy financial needs if certain qualifications are met. Hardship withdrawal distributions are limited to employee deferral contributions.

- *Age-based Withdrawals:* A participant that reaches age 59 ½ may elect to withdraw all or a portion of their vested account balance while they are still employed by the Company. Starting in the calendar year that a participant reaches age 70 ½, the participant may elect to receive minimum required distributions. A participant may elect to withdraw his/her vested account balance after reaching the Plan's normal retirement age, 65, or delay it until retirement.

- *Withdrawals of Rollover Contributions:* If the participant has a balance in his/her rollover contributions account, he/she may elect to withdraw all or a portion of it at any time. There is no limit on the number of withdrawals of this type.

- *Withdrawal for Participants Performing Qualified Military Service:* A participant performing Qualified Military Service may elect to withdraw his/her deferral contributions and qualified non-elective contributions during an active duty period.

- *Participant Loans:* Loans a participant's vested account balance are made available to all qualifying participants. Loans are not considered distributions and are not subject to Federal or state income taxes, provided they are repaid as required. See additional discussion under "Notes Receivable from Participants"

Benefits Paid – A participant is eligible to request a distribution (or payment) of his/her vested account balance in the event of (i) death, (ii) disability, (iii) retirement, (iv) on April 1 of the calendar year following the calendar year a participant turns 70 ½ (minimum required distribution) or (v) termination of employment from the Company. The value of the participant's account balance will continue to increase or decrease, as appropriate based on the investment returns until it is distributed.

A participant may elect to receive payment of their vested account balance in a number of ways, including: (i) a lump-sum distribution; (ii) a non-rollover distribution to the participant subject to mandatory Federal income tax withholding of 20% of the taxable distribution; and (iii) a direct rollover distribution into a Fidelity IRA, a non-Fidelity IRA or to a new employer's qualified plan if it accepts rollover distributions. For termination of service due to other reasons, a participant may receive the value of the vested interest in his/her account as a lump-sum distribution. The participant may leave his/her account under the Plan if the vested amount is more than $5,000. If the vested amount is between $1,000 and $5,000, the Plan Administrator will direct the Trustee that any amount exceeding $1,000 be distributed to an IRA for the terminated participant's benefit. If the vested account balance is $1,000 or less, the Plan Administrator will direct the Trustee to distribute it to the terminated participant as a lump sum distribution without the participant's consent. Prior to such distribution, the terminated participant still has the right to request that the amount be distributed directly in the form of a lump sum payment or request that it be rolled-over to a different IRA provider or another retirement plan eligible to receive rollover contributions.

Notes Receivable From Participants – Notes receivable from participants are recorded if a participant takes a loan from the vested balance in his/her participant account. The minimum loan is $1,000 and the maximum amount is the lesser of 50% of the vested account balance or $50,000 reduced by the highest outstanding loan balance in the participant account during the previous twelve-month period. A loan transaction is treated as a transfer to (from) the investment fund from (to) the participant's loan fund. Up to 50% of the vested account balance may be used as collateral for any loan. Loans bear a reasonable rate of interest as determined by the Company based on the prevailing interest rates charged by persons in the business of lending money for loans that would be made under similar circumstances. The interest shall remain fixed throughout the duration of the loan. Principal and interest on loans are repaid ratably through after-tax payroll deductions on at least a quarterly basis over a five-year period unless the loan is for the purchase of the participant's principal residence in which case the loan repayment period may not extend beyond ten years from the date of the loan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of certain assets, liabilities and changes therein, and disclosure of those amounts. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 6 for discussion of fair value measurements.

Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at the end of the year. Notes receivable from participants are valued at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. If a participant begins to make loan repayments on a previously defaulted loan, the participant loan balance and accrued interest is recorded and included in net Plan assets.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. As of December 31, 2017 and 2016, no liabilities existed for excess contributions.

Administrative Fees and Other Deductions

Certain Plan administrative fees and other deductions incidental to the administration of the Plan, including recordkeeping, accounting, legal and trustee services may be paid by the Plan. The Company, at its discretion, paid for certain of these administrative expenses on behalf of the Plan. The fees paid directly by the Company are excluded from these financial statements. Most investment options have management fees, which reduce the overall return on assets and are recorded in the net realized and unrealized appreciation (depreciation) in fair value of investments.

Benefits Paid

Distributions of benefits are recorded as deductions from the net assets available for benefits when paid.

NOTE 3. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in all accrued benefits.

NOTE 4. TAX STATUS

The Company has adopted the Volume Submitter Defined Contribution Plan by Fidelity Investments. The Internal Revenue Service ("IRS") has provided an advisory letter to Fidelity Investments dated March 31, 2014, stating that Fidelity's Plan options and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for Plan years prior to December 31, 2014.

NOTE 5. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

All investment information disclosed in the accompanying financial statements, notes and supplemental schedule as of and for the years ended December 31, 2017 and 2016, including investments held at December 31, 2017 and 2016, and net changes in fair value of investments and interest income for the year ended December 31, 2017 and 2016, were obtained or derived from information supplied by Fidelity to the Plan Administrator. Such information was certified as complete and accurate by Fidelity.

NOTE 6. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board's ("FASB") authoritative fair value measurement guidance requires disclosure that establishes a framework for measuring fair value and requires disclosure about fair value measurements. The asset 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.

The FASB's guidance requires fair value measurement to be classified and disclosed in one of the following three categories:

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

The Plan has the following Level 1 asset types:

- Money market funds - Valued at net asset value at a constant $1.00 per share.
- Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2: Quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the asset or liability.

The Plan does not have any Level 2 assets or liabilities.

Level 3: Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e., supported by little or no market activity).

The Plan does not have any Level 3 assets or liabilities.

As of December 31, 2017, the Plan's investments measured at fair value consisted of the following instruments and classifications within the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
Investments in Money Market Funds	$ 1,146,466	$ -	$ -	$ 1,146,466
Investments in Mutual Funds	59,990,146	-	-	59,990,146
Total	$ 61,136,612	$ -	$ -	$ 61,136,612

As of December 31, 2016, the Plan's investments measured at fair value consisted of the following instruments and classifications within the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
Investments in Money Market Funds	$ 1,675,641	$ -	$ -	$ 1,675,641
Investments in Mutual Funds	40,136,252	-	-	40,136,252
Total	$ 41,811,893	$ -	$ -	$ 41,811,893

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2017 and 2016 to Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	$ 62,535,697	$ 43,170,629
Less: Employer and employee contributions receivable	(311,151)	(259,004)
Net assets available for benefits on Form 5500	$ 62,224,546	$ 42,911,625

The following is a reconciliation of the net increase in net assets available for benefits for the years ended December 31, 2017 and 2016 to Form 5500:

	2017	2016
Net increase in net assets available for benefits on the financial statements	$ 19,365,068	$ 12,749,150
Add: Prior year employer and employee contributions receivable	259,004	252,600
Less: Employer and employee contributions receivable	(311,151)	(259,004)
Net increase in net assets available for benefits on Form 5500	$ 19,312,921	$ 12,742,746

NOTE 8. RISK AND UNCERTAINTIES

The Plan provides for various investment options in any combination of stocks, bonds, fixed-income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Because of the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

A party-in-interest is defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others.

Certain Plan investments are shares of mutual funds managed by the Trustee. Fidelity Investment Retirement Plan Services, including Fidelity Investments Institutional Operations Company, Inc. and Fidelity Technology Group, provide retirement administration services for qualified retirement plans investing in Fidelity mutual funds, insurance products and managed income portfolios, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to $111,372 and $66,057 for the Plan years ended December 31, 2017 and 2016, respectively.

NOTE 10. SUBSEQUENT EVENTS

The Plan has reviewed and evaluated subsequent events through October 1, 2018, the issuance date of these financial statements.

SUPPLEMENTAL SCHEDULE
TEN-X 401(K) PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4(i)—
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2017
Employer Identification Number (EIN) 26-3654828, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	**Description of investment including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current Value**
*	Fidelity Freedom 2045 Fund Class K	Mutual Fund	**	$ 7,425,972
*	Fidelity Freedom 2040 Fund Class K	Mutual Fund	**	6,588,439
*	Fidelity Freedom 2050 Fund Class K	Mutual Fund	**	5,794,319
*	Fidelity Freedom 2030 Fund Class K	Mutual Fund	**	5,592,519
*	Fidelity 500 Index Fund Premium Class	Mutual Fund	**	5,238,451
*	Fidelity Freedom 2035 Fund Class K	Mutual Fund	**	5,139,682
*	Fidelity Freedom 2025 Fund Class K	Mutual Fund	**	3,082,836
*	Fidelity Freedom 2055 Fund Class K	Mutual Fund	**	2,794,328
*	Fidelity Contrafund Class K	Mutual Fund	**	2,656,981
	Oakmark Fund Investor	Mutual Fund	**	2,015,515
*	Fidelity Extended Market Index Fund Premium Class	Mutual Fund	**	1,986,778
*	Fidelity Value Fund Class K	Mutual Fund	**	1,261,157
*	Fidelity Government Money Market Fund	Money Market	**	1,146,466
	Wells Fargo Small Company Growth Fund Class Inst	Mutual Fund	**	1,081,540
	Oppenheimer Developing Markets Fund Class Y	Mutual Fund	**	977,098
	JPMorgan Mid Cap Growth Fund Class R5	Mutual Fund	**	974,786
*	Fidelity Strategic Income	Mutual Fund	**	917,324
*	Fidelity International Index Fund Premium Class	Mutual Fund	**	890,862
*	Fidelity International Discovery Fund Class K	Mutual Fund	**	860,819
	Western Asset Core Bond Fund Class I	Mutual Fund	**	802,657
*	Fidelity Freedom 2020 Fund Class K	Mutual Fund	**	652,613
*	Fidelity Small Cap Index Fund Premium Class	Mutual Fund	**	632,873
*	Fidelity Government Income Fund	Mutual Fund	**	622,764
	Invesco Diversified Dividend Fund Class R6	Mutual Fund	**	489,483
	Columbia Small Cap Value II Adv	Mutual Fund	**	460,022
*	Fidelity Freedom 2060 Fund Class K	Mutual Fund	**	394,273
*	Fidelity Freedom 2015 Fund Class K	Mutual Fund	**	228,236
*	Fidelity Freedom Income Fund Class K	Mutual Fund	**	186,217
*	Fidelity Freedom 2010 Fund Class K	Mutual Fund	**	168,793
*	Fidelity Freedom 2005 Fund Class K	Mutual Fund	**	72,809
	Participant Loans	Bearing interest from 3.25% to 5.25% and maturing between January 2018 and October 2027	-	1,087,934
			$ -	$ 62,224,546

* Represents a party-in-interest as defined by ERISA
** Not applicable for participant-directed plans