Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ACCURATE BACKGROUND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/1998

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)

ACCURATE BACKGROUND, INC.

7515 IRVINE CENTER DR
IRVINE, CA 92618

2b Employer Identification Number (EIN)
33-0796904

2c Plan Sponsor's telephone number
949-609-2220

2d Business code (see instructions)
561600

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.	10/11/2018	SHERRI DAVIS
	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**	480
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)**	431
a(2) Total number of active participants at the end of the plan year	**6a(2)**	554
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	60
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	614
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	614
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	390
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	30
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 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	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
ACCURATE BACKGROUND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCURATE BACKGROUND, INC.

D Employer Identification Number (EIN)
33-0796904

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

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

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

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	2719	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MML INVESTOR SERVICES LLC

04-1590850

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	12810	Yes [ ] No [X]

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

MSI FINANCIAL SERVICES INC

13-3175978

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	7103	Yes [ ] No [X]

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.
DREYFUS S&P 500 INDX - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.15%

(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.
FKLN DYNATECH R - FRANKLIN TEMPLET 94-3167260	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.
FKLN SM CAP GRTH R - FRANKLIN TEMP 94-3167260	0.25%

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.
INVS COMSTOCK R - INVESCO INVESTME 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(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.
JH STR INCOME OPP R2 - JOHN HANCOC 01-0233346	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 CORE BOND R2 - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.25%

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.
LD ABT HIGH YIELD R3 - DST SYSTEMS 43-1581814	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.
MFS INTL NEW DISC R2 - MFS SERVICE 04-2865649	0.15%

(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.
MFS RESEARCH R2 - MFS SERVICE CENT 04-2865649	0.15%

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.
OPPHMR DEV MKTS R - OFI GLOBAL ASS	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.
OPPHMR DISC MDCPGR R - 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.
OPPHMR INTL GRTH R - OFI GLOBAL AS	225 LIBERTY STREET NEW YORK, NY 10281	0.25%

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.
TEMPLETON FOREIGN R - FRANKLIN TEM 94-3167260	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.
VICTORY S ESTB VAL R - FIS INVESTO	4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	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.
VICTORY S SM CO OP R - FIS INVESTO	4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.25%

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
MML INVESTOR SERVICES LLC	55	12810

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MSI FINANCIAL SERVICES INC	55	7103

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

(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

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

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
ACCURATE BACKGROUND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCURATE BACKGROUND, INC.

D Employer Identification Number (EIN)
33-0796904

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)	19561	24396
(2) Participant contributions	1b(2)	42775	60096
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	40362	70981
(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)	119063	119818
(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)	4997004	7897810
(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**	5218765	8173101
	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**	5218765	8173101

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)**	495371	
	(B) Participants	**2a(1)(B)**	1181694	
	(C) Others (including rollovers)	**2a(1)(C)**	443019	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		2120084
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	125	
	(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)**	5000	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		5125
	(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)**	352245	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		352245
	(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)		785931
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3263385
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	304526	
(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)		304526
f Corrective distributions (see instructions)	2f		1804
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	0	
(4) Other	2i(4)	2719	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2719
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		309049
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2954336
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: WONG JOHNSON & ASSOCIATES,APC **(2)** EIN: 46-0507972

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	
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
ACCURATE BACKGROUND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCURATE BACKGROUND, INC.

D Employer Identification Number (EIN)
33-0796904

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):

ACCURATE BACKGROUND 401(K) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

EIN Number: 33-0796904 **Plan Number: 001**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Registered Investment Companies			
*	Fidelity Advisor Freedom 2035	88290.956 shares		$ 1,289,931
*	Fidelity Advisor Freedom 2040	63371.839 shares		994,938
*	Fidelity Advisor Freedom 2030	66134.604 shares		990,035
*	Fidelity Advisor Freedom 2050	58081.694 shares		706,854
*	Fidelity Advisor Freedom 2025	49370.453 shares		683,781
*	Dreyfus S&P 500 Index	11971.819 shares		647,077
*	Fidelity Advisor Freedom 2045	50471.761 shares		614,746
*	Fidelity Advisor Freedom 2055	29651.603 shares		396,738
*	Franklin Small Cap Growth	11956.693 shares		250,971
*	Franklin Dyna Tech	3726.875 shares		237,290
*	Invesco Comstock	5040.549 shares		135,440
*	Victory Established Value	3208.249 shares		128,619
*	Fidelity Advisor Freedom 2020	8803.162 shares		121,396
*	Fidelity Advisor Real Estate	4252.184 shares		92,655
*	Lord Abbett High Yield	11609.574 shares		89,974
*	Oppenheimer Discovery Mid Cap Growth	4660.596 shares		87,013
*	Fidelity Advisor Freedom 2060	4683.741 shares		55,830
*	Oppenheimer International Growth	1286.428 shares		55,445
*	Victory Small Company Opportunity	1202.101 shares		52,868
*	MFS Research	1288.555 shares		52,612
*	MFS International New Discovery	1536.827 shares		51,991
*	Fidelity Advisor Freedom 2015	3331.232 shares		42,107
*	Oppenheimer Developing Markets	963.389 shares		40,347
*	Fidelity Freedom	2458.904 shares		27,269
*	Templeton Foreign	2385.706 shares		18,895
*	JPM Core Bond	1337.189 shares		15,471
*	Fidelity Advisor Freedom 2005	733.404 shares		8,794
*	JH Strategic Income Opportunity	625.092 shares		6,782
*	Fidelity Advisor Freedom 2010	155.968 shares		1,941
	Total registered investment companies			7,897,810
	Other:			
	Money market / cash equivalents	70980.610		70,981
	Notes receivable from participants	4.25 -5.25 percent	-0-	119,818
	Total assets (held at end of year)			$ 8,088,609

See independent auditors' report.

ACCURATE BACKGROUND 401(K) PLAN

INDEPENDENT AUDITORS' REPORT, FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017 AND 2016

WONG JOHNSON ASSOCIATES

WONG JOHNSON & ASSOCIATES, A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
SUITE 203
41856 IVY STREET, MURRIETA, CALIFORNIA 92562-8805
TELEPHONE 951-693-1120

ACCURATE BACKGROUND 401(K) PLAN

INDEX TO REPORT, FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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Statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016 4

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Supplemental schedule*

Schedule H, line 4i – Schedule of assets (held at end of year) as of December 31, 2017 16

* Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because the information required by the relevant schedules is not applicable.

WONG JOHNSON & ASSOCIATES, A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
SUITE 203
41856 IVY STREET, MURRIETA, CALIFORNIA 92562-8805
TELEPHONE 951-693-1120

INDEPENDENT AUDITORS' REPORT

August 27, 2018

To the Participants and Plan Administrator
of the Accurate Background 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Accurate Background 401(K) 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 4, which was certified by Fidelity Investments, the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the investment custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment custodian as of and for the years ended December 31, 2017 and 2016 that the information provided to the plan administrator by the investment custodian 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 no express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of Assets (Held at end of year), as of and for the year ended December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Wong Johnson & Associates

WONG JOHNSON & ASSOCIATES
A Professional Corporation
Murrieta, California

ACCURATE BACKGROUND 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2017	December 31, 2016
ASSETS		
Money market / cash equivalents	$ 70,981	$ 40,362
INVESTMENTS, AT FAIR VALUE, PARTICIPANT DIRECTED:		
Registered investment companies:		
Hybrid funds	5,907,092	3,519,693
Large/mid blend equity funds	1,288,050	932,335
Small company equity funds	337,891	246,083
Global equity funds	166,677	112,309
Speciality funds	92,655	88,639
Bond funds	105,445	97,945
Total investments, at fair value	7,897,810	4,997,004
RECEIVABLES:		
Notes receivables from participants	119,818	119,063
Employer contributions	24,396	19,561
Employee contributions	60,096	42,775
Total receivables	204,310	181,399
Net assets available for benefits	$ 8,173,101	$ 5,218,765

The accompanying notes are an integral part of these financial statements.

ACCURATE BACKGROUND 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2017	2016
Additions to net assets:		
Contributions		
Participant deferral contributions	$1,181,694	$ 880,642
Participant rollover contributions	443,019	429,109
Employer contributions	495,371	400,422
Total contributions	2,120,084	1,710,173
Investment income:		
Net appreciation in fair value of investments	785,931	140,084
Dividends	352,370	206,291
Total investment income	1,138,301	346,375
Interest income on notes receivable from participants	5,000	2,055
Total additions to net assets	3,263,385	2,058,603
Deductions from net assets:		
Distributions to participants	306,330	220,296
Plan administrative expenses	2,719	1,188
Total deductions from net assets	309,049	221,484
Increase in net assets available for benefits	2,954,336	1,837,119
Net assets available for benefits:		
At beginning of period	5,218,765	3,381,646
At end of period	$8,173,101	$5,218,765

The accompanying notes are an integral part of these financial statements.

ACCURATE BACKGROUND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017

NOTE 1 — DESCRIPTION OF THE PLAN:

The following description of the Accurate Background 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a cash deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"), covering substantially all employees of Accurate Background Inc. The Plan was established for the purpose of providing retirement benefits for employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is administered by the Company. The Plan was adopted December 15, 1998 and has been amended at various times through December 31, 2017.

Eligibility

Employees who have attained at least 18 years of age are eligible to enroll in the Plan on the first day of the month coinciding with or following the satisfaction of the age requirement. Employees can opt out of Plan enrollment at any time.

Contributions

Employees may elect to defer a percentage of their eligible compensation into the Plan. Compensation deferral cannot exceed the maximum deferral, as determined by the Internal Revenue Service (IRS) each year. Such deferral limitation was $18,000 in 2017 and 2016 and employees who attained the age of 50 on or before December 31, 2017 and 2016 were eligible to make catch-up contributions of up to $6,000 during each respective Plan year.

Effective January 1, 2015, the Company elected to match 100 percent of a participant's salary deferral, up to a maximum deferral of 3 percent for the pay period. The Company has the right under the Plan to discontinue or modify its matching contributions at any time. In order to be eligible for matching contributions, a participant need not complete any service requirement.

For the years ended December 31, 2017 and 2016, the Company's contributions to the Plan were approximately $495,000 and $400,000, respectively.

The custodian maintains an account in the name of each participant. Each eligible participant's account is credited with (a) the participant's contributions; (b) the Company's matching contribution and (c) an allocation of interest, dividends and any change in the market value of the various investment funds. Plan earnings, by investment fund, are allocated daily by the custodian on the basis of the ratio that each eligible participant's account balance in the fund as of the beginning of the day bears to the total account

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

balances of all participants in the respective fund.

The Company may also make discretionary contributions to the Plan in such amounts as determined by resolution of the Board of Directors. There were no discretionary contributions for the years ended December 31, 2017 and 2016, respectively.

Employees are permitted to obtain loans from the Plan in certain instances.

Investments

Participants direct the investment of their individual contributions and Company's matching contributions in any one or more of the investment funds offered by the Plan. Participants may elect to change the investments of their contributions and any Company contributions, or to transfer all or part of their account balances, among the various investment funds in increments of one percent.

The following investment options were available at December 31, 2017:

Dreyfus S&P 500 Index Fund – Fund is generally fully invested in stocks included in the S&P 500 Index and in futures whose performance is tied to the index. The fund generally invests in all 500 stocks in the S&P 500 Index in proportion to their weighting in the index.

Fidelity Advisor Freedom 2005 Fund – Fund generally seeks high total returns for those planning to retire around the year 2005.

Fidelity Advisor Freedom 2010 Fund – Fund generally seeks high total returns for those planning to retire around the year 2010.

Fidelity Advisor Freedom 2015 Fund – Fund generally seeks high total returns for those planning to retire around the year 2015.

Fidelity Advisor Freedom 2020 Fund – Fund generally seeks high total returns for those planning to retire around the year 2020.

Fidelity Advisor Freedom 2025 Fund – Fund generally seeks high total returns for those planning to retire around the year 2025.

Fidelity Advisor Freedom 2030 Fund – Fund generally seeks high total returns for those planning to retire around the year 2030.

Fidelity Advisor Freedom 2035 Fund – Fund generally seeks high total returns for those planning to retire around the year 2035.

Fidelity Advisor Freedom 2040 Fund – Fund generally seeks high total returns for those planning to retire around the year 2040.

Fidelity Advisor Freedom 2045 Fund – Fund generally seeks high total returns for those planning to retire around the year 2045.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Fidelity Advisor Freedom 2050 Fund – Fund generally seeks high total returns for those planning to retire around the year 2050.

Fidelity Advisor Freedom 2055 Fund – Fund generally seeks high total returns for those planning to retire around the year 2055.

Fidelity Advisor Freedom 2060 Fund – Fund generally seeks high total returns for those planning to retire around the year 2060.

Fidelity Advisor Real Estate Fund - Fund generally invests in public equity and fixed income markets of developed countries in the real estate sector. The fund primarily invests in lower-quality real estate related instruments including commercial and residential mortgage-backed securities and other debt securities, and U.S. Governmental securities.

Fidelity Freedom Fund – Fund generally seeks high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity domestic equity funds, international funds, bond funds and short-term funds, each of which seeks to provide investment results that correspond to the total return of a specific index or market segment.

Franklin Dyna Tech Fund – Fund generally seeks capital appreciation by investing primarily in companies which management believes are leaders in innovation, take advantage of new technologies, have superior management, and benefit from new industry conditions in the dynamically changing global economy.

Franklin Small Gap Growth Fund – Seeks to achieve long-term capital appreciation through access to securities of small U.S. companies.

Invesco Comstock Fund – Fund seeks to utilize a long-term investment time horizon by making early and patient investments in large undervalued companies, seeking to take advantage of significant discrepancies between the current stock market price and the underlying value of the company.

JH Strategic Income Opportunity Fund – Fund generally seeks to maximize total return consisting of current income and capital appreciation. The fund invests at least 80 percent of its assets in the following types of securities, which may be denominated in U.S. dollars or foreign currencies: foreign government and corporate debt securities from developed and emerging markets, U.S. government and agency securities, domestic high yield bonds and investment grade corporate bonds and currency instruments.

JPM Core Bond Fund – Fund generally seeks to maximize total return by investing primarily is a diversified portfolio of intermediate- and long-term debt securities. The fund generally maintains an average weighted maturity between 4 and 12 years, although it may shorten its average weighted maturity if deemed appropriate for temporary defensive purposes.

Lord Abbett High Yield Fund – Fund generally seeks income and capital appreciation by investing primarily in a diversified mix of debt securities.

MFS International New Discovery Fund – Fund generally focuses on growth companies and small and mid market capitalizations. The fund also seeks international stocks with valuations in line with fundamental strengths and growth prospects.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

MFS Research Fund –Fund generally seeks capital appreciation. Fund normally invests primarily in equity securities. Equity securities include common stocks, preferred stocks, securities convertible into stocks, equity interests in real estate investment trusts, and depositary receipts for such securities.

Oppenheimer Developing Markets Fund – Seeks to achieve capital appreciation by investing mainly in common stocks of companies in the developing countries.

Oppenheimer International Growth Fund - Seeks to achieve long-term capital appreciation. The fund primarily invests in the common stock of growth companies that are domiciled or have their primary operations outside of the United States. It may invest 100 percent of its assets in securities of foreign companies. The fund may also invest in emerging markets as well as in developed markets throughout the world.

Templeton Foreign Fund – Fund generally seeks long-term capital growth by investing at least 80 percent of its net assets in foreign securities, which may include emerging markets.

Victory Established Value Fund – Fund generally seeks long-term growth by investing primarily in common stocks. Fund primarily invests 80 percent of its total assets in companies with market capitalizations within the range of companies comprising the Russell Mid Cap Value Index. The fund may also invest a portion of its assets in equity securities of foreign companies traded on U.S. exchanges.

Victory Small Company Opportunity Fund - Fund generally seeks capital appreciation. Fund normally invests primarily in equity securities of smaller companies that the Advisor believes to be undervalued relative to the underlying earnings potential of the company. Under normal circumstances, the fund will invest at least 80 percent of its net assets in equity securities of small companies.

Participants may change their investment options daily through use of an internet-based system maintained by the custodian.

Vesting

Participant contributions are fully vested when made. Participants in the Plan receive vesting credit for the Company's matching contributions based upon years of service, beginning with the date of employment with the Company according to the following schedule:

Years of Service	Vesting Percentage
Less than 1	0%
1	30%
2	*70%*
3 or more	*100%*

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Distributions and payment of benefits

The normal retirement age is 65. Upon the death, disability or retirement at or after normal retirement age of a participant who had not incurred a separation from service, their account is fully vested. A participant who incurs a termination of employment prior to normal retirement age is entitled to that portion of Plan benefits earned to date, with vesting based upon the years of service credited as of the date of termination. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances not exceeding $1,000 may be immediately distributed in a lump-sum payment. All vested account balances exceeding $1,000, but not exceeding $5,000, may be rolled into an individual retirement account. With the Plan administrator's approval, participants may withdraw all or part of their aggregate contributions in the event of financial hardship.

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/or to terminate the Plan, subject to the provisions of ERISA. In the event of termination of the Plan, participants will become fully vested in their accounts.

Forfeitures

Forfeitures of terminated participants' non-vested account balances may be used to pay administrative expenses or reduce Company contributions. During the years ended December 31, 2017 and 2016, $-0- and $-0-, respectively, from forfeitures were used to reduce administrative expenses or employer contributions. At December 31, 2017 and 2016, the unallocated forfeiture balance was $70,981 and $40,362, respectively.

Plan expenses

Administrative expenses and fees of the Plan and the trust are to be paid out of trust assets. The Company may, however, at its discretion reimburse the trust for such administrative expenses. During the years ended December 31, 2017 and 2016, the Company paid approximately $2,700 and $11,400, respectively, for such expenses.

Notes receivable from participants

Notes receivable from participants are secured by the participant's account balance and may not exceed the lesser of 50 percent of the participant's account balance or $50,000 in the aggregate for any individual participant. Loan maturity is not to exceed five years, except in the case where the loan is used to acquire or construct the participant's principle residence, in which case loans may be extended up to 10 years.

The loans are secured by the balance in the participant's account and generally bear interest at annual rates varying with the prime interest rate plus one percent on the date the loan is processed. At December 31, 2017, the annual rate of all notes outstanding ranged between 4.25 percent through 5.25 percent. Principal and interest are paid ratably through payroll deductions.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The Plan's financial statements are prepared on the accrual basis, in conformity with accounting principles generally accepted in the United States of America ("GAAP"). Contributions made by participants and the employer are recorded on the accrual basis. Contributions are recognized during the period in which the related compensation was earned and paid to participant. Benefit payments to participants are recorded when paid.

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. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for discussion of fair value measurements.

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) in the fair value of investments includes the Plan's net gains and losses on investments bought and sold, as well as held, during the year.

Investments in registered investment companies are valued at the quoted net asset value of the shares held by the Plan at year end.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein and disclosure of contingent assets and changes therein at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates are made in determining fair value of investments in registered investment companies. Actual results could differ from those estimates.

Concentration, market risks and uncertainties

Plan assets consist of various investments, which are exposed to a number of risks, such as interest rate, market and credit risks. Due to 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 could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016, respectively. Delinquent loans are reclassified as distributions based upon the terms of the Plan document.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Recently Issued Accounting Pronouncements

In January 2016, the FASB issued ASU No. 2016-1, Recognition and Measurement of Financial Assets and Financial Liabilities (ASU 2016-01). This update amends various aspects of Accounting Standards Codification Topic 825-10, Financial Instruments-Overall. Among other changes, this update eliminates the fair value of financial instruments disclosure for benefit plans. This update is effective for fiscal years beginning after December 15, 2018; however, early adoption is permitted. Plan management is currently evaluating the impact of this update, but does not expect the adoption to have a significant impact on the Plan's financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS:

The authoritative guidance describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly; such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active; or other inputs than can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used by the Plan for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2017 and 2016.

Registered investment companies may be redeemed on a daily basis, many with no redemption restrictions, and investments can be transferred once every thirty-days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into that originating investment until the thirty-day period has expired. New contributions are allowed during this time period.

Notes receivable from participants, all of which mature by 2023 and are secured by vested account balances of borrowing participants, are stated at the outstanding principal balance plus accrued interest, which approximates fair value.

There were no transfer of investments between Level 1 and 2 inputs during the years ended December 31, 2017 and 2016, respectively.

NOTE 3 - FAIR VALUE MEASUREMENTS: (Continued)

As of December 31, 2017, the Plan held investments as follows:

	Fair Value	Level 1	Level 2	Level 3
Registered investment companies				
Fidelity Advisor Freedom 2035	$ 1,289,930	$ 1,289,930		
Fidelity Advisor Freedom 2040	994,938	994,938		
Fidelity Advisor Freedom 2030	990,035	990,035		
Fidelity Advisor Freedom 2025	683,781	683,781		
Fidelity Advisor Freedom 2050	706,854	706,854		
Dreyfus S&P 500 Index	647,077	647,077		
Fidelity Advisor Freedom 2045	614,746	614,746		
Fidelity Advisor Freedom 2055	396,738	396,738		
Franklin Small Cap Growth	250,971	250,971		
Franklin Dyna Tech	237,290	237,290		
Invesco Comstock	135,440	135,440		
Victory Established Value	128,619	128,619		
Fidelity Advisor Freedom 2020	121,396	121,396		
Fidelity Advisor Real Estate	92,655	92,655		
Lord Abbett High Yield	89,974	89,974		
Oppenheimer Discovery Mid Cap Growth	87,013	87,013		
Fidelity Advisor Freedom 2060	55,830	55,830		
Oppenheimer International Growth	55,445	55,445		
Victory Small Company Opportunity	52,868	52,868		
MFS Research	52,612	52,612		
MFS International New Discovery	51,991	51,991		
Fidelity Advisor Freedom 2015	42,107	42,107		
Oppenheimer Developing Markets	40,347	40,347		
Fidelity Freedom	27,269	27,269		
Templeton Foreign	18,895	18,895		
JPM Core Bond	15,471	15,471		
Fidelity Advisor Freedom 2005	8,794	8,794		
JH Strategic Income Opportunity	6,782	6,782		
Fidelity Advisor Freedom 2010	1,942	1,942		
Total	$7,897,810	$7,897,810	$ -0-	$ -0-

NOTE 3 - FAIR VALUE MEASUREMENTS: (Continued)

As of December 31, 2016, the Plan held investments as follows:

	Fair Value	Level 1	Level 2	Level 3
Registered investment companies				
Fidelity Advisor Freedom 2035	$ 846,253	$ 846,253		
Fidelity Advisor Freedom 2040	633,355	633,355		
Fidelity Advisor Freedom 2025	508,099	508,099		
Fidelity Advisor Freedom 2045	433,127	433,127		
Fidelity Advisor Freedom 2050	407,955	407,955		
Fidelity Advisor Freedom 2030	385,139	385,139		
Dreyfus S&P 500 Index	380,924	380,924		
Fidelity Advisor Freedom 2055	185,537	185,537		
Franklin Small Cap Growth	183,436	183,436		
Nuveen Mid Cap Index	136,736	136,736		
Franklin Dyna Tech	126,626	126,626		
Invesco Comstock	108,762	108,762		
Victory Established Value	94,706	94,706		
Fidelity Advisor Real Estate	88,640	88,640		
Fidelity Advisor Freedom 2020	77,641	77,641		
Lord Abbett High Yield	71,817	71,817		
Oppenheimer Discovery Mid Cap Growth	49,075	49,075		
Oppenheimer International Growth	40,986	40,986		
MFS Research	35,507	35,507		
MFS International New Discovery	29,213	29,213		
Fidelity Advisor Freedom 2015	26,774	26,774		
Oppenheimer Developing Markets	26,642	26,642		
JPM Core Bond	26,128	26,128		
Victory Small Company Opportunity	23,407	23,407		
Nuveen Small Cap Index	20,043	20,043		
Fidelity Freedom	16,482	16,482		
Templeton Foreign	15,468	15,468		
Fidelity Advisor Freedom 2060	11,500	11,500		
Fidelity Advisor Freedom 2005	3,372	3,372		
JH Strategic Income Opportunity	2,714	2,714		
Fidelity Advisor Freedom 2010	940	940		
Total	$4,997,004	$4,997,004	$ -0-	$ -0-

There were no investments in Level 3 during the years ended December 31, 2017 and 2016, respectively.

NOTE 4 — INFORMATION CERTIFIED BY THE CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been certified to as complete and accurate by the custodian.

2017

Statement of net assets available for benefits:		
Money market / cash equivalents	$	70,981
Investments in registered investment companies		7,897,810
Notes receivable from participants		119,818
Statement of changes in net assets available for benefits:		
Dividends		352,370
Interest		5,000
Net appreciation in fair value of investments		785,931

2016

Statement of net assets available for benefits:		
Money market / cash equivalents	$	40,362
Investments in registered investment companies		4,997,004
Notes receivable from participants		119,063
Statement of changes in net assets available for benefits:		
Dividends		206,291
Interest		2,055
Net appreciation in fair value of investments		140,084

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of registered investment companies managed by Fidelity Investments Institutional Operations Company, Inc. which along with Fidelity Management Trust Company, are both members of Fidelity Investments. Fidelity Management Trust Company is also the trustee, custodian and record keeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Purchases and sales and the underlying investments comprising are open market transactions at fair market value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA. Additionally, management fees and operating expenses charged to the Plan for investments in registered investment companies are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Fees paid by the Plan to Fidelity Management Trust Company for record keeping services were approximately $2,700 and $1,100 during the years ended December 31, 2017 and 2016, respectively.

NOTE 6 — TAX STATUS OF THE PLAN:

Effective April 2013, the Plan operates under the provisions of a volume submitter profit sharing employee benefit plan developed by Fidelity Management Trust Company. The Plan administrator has not obtained a specific determination letter from the Internal Revenue Service regarding the Plan's tax status as a qualified employee benefit plan. The Plan has been amended since the Internal Revenue Service issued its determination letter for the volume submitter profit sharing plan. However, the plan administrator, Fidelity Management Trust Company, and the Plan's tax counsel believe that the Plan, as amended, is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has evaluated its tax positions for all open tax years and tax years that subject to examination by the Internal Revenue Service are 2014, 2015 and 2016 tax years. However, the Plan is not currently under audit nor has the Plan been contacted by any jurisdiction. Based on the evaluation of the Plan's tax positions, management believes all tax positions taken would be upheld under an examination. Therefore, no provision for the effect of uncertain tax positions have been recorded for the years ended December 31, 2017 and 2016.

NOTE 7 – SUBSEQUENT EVENTS:

The Company evaluated all events and transactions that occurred from the balance sheet date of December 31, 2017 through August 27, 2018, the date the financial statements were available to be issued. During this period, except as noted in the following paragraphs, there were no events or transactions occurring which require recognition or disclosure in the financial statements.

As of July 31, 2018, the date of the most recent available asset valuation, market value of the Plan's investment assets was approximately $9,228,000.

ACCURATE BACKGROUND 401(K) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

EIN Number: 33-0796904 **Plan Number: 001**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Registered Investment Companies			
*	Fidelity Advisor Freedom 2035	88290.956 shares		$ 1,289,931
*	Fidelity Advisor Freedom 2040	63371.839 shares		994,938
*	Fidelity Advisor Freedom 2030	66134.604 shares		990,035
*	Fidelity Advisor Freedom 2050	58081.694 shares		706,854
*	Fidelity Advisor Freedom 2025	49370.453 shares		683,781
*	Dreyfus S&P 500 Index	11971.819 shares		647,077
*	Fidelity Advisor Freedom 2045	50471.761 shares		614,746
*	Fidelity Advisor Freedom 2055	29651.603 shares		396,738
*	Franklin Small Cap Growth	11956.693 shares		250,971
*	Franklin Dyna Tech	3726.875 shares		237,290
*	Invesco Comstock	5040.549 shares		135,440
*	Victory Established Value	3208.249 shares		128,619
*	Fidelity Advisor Freedom 2020	8803.162 shares		121,396
*	Fidelity Advisor Real Estate	4252.184 shares		92,655
*	Lord Abbett High Yield	11609.574 shares		89,974
*	Oppenheimer Discovery Mid Cap Growth	4660.596 shares		87,013
*	Fidelity Advisor Freedom 2060	4683.741 shares		55,830
*	Oppenheimer International Growth	1286.428 shares		55,445
*	Victory Small Company Opportunity	1202.101 shares		52,868
*	MFS Research	1288.555 shares		52,612
*	MFS International New Discovery	1536.827 shares		51,991
*	Fidelity Advisor Freedom 2015	3331.232 shares		42,107
*	Oppenheimer Developing Markets	963.389 shares		40,347
*	Fidelity Freedom	2458.904 shares		27,269
*	Templeton Foreign	2385.706 shares		18,895
*	JPM Core Bond	1337.189 shares		15,471
*	Fidelity Advisor Freedom 2005	733.404 shares		8,794
*	JH Strategic Income Opportunity	625.092 shares		6,782
*	Fidelity Advisor Freedom 2010	155.968 shares		1,941
	Total registered investment companies			7,897,810
	Other:			
	Money market / cash equivalents	70980.610		70,981
	Notes receivable from participants	4.25 -5.25 percent	-0-	119,818
	Total assets (held at end of year)			$ 8,088,609

See independent auditors' report.