2017 Deparent state Depar	_	m 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
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C Check box if filing under: Part II Basic Plan Information—enter all requested information DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number IA Name of plan Mailing addition 1b Three-digit plan number 002 22a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EN) 2c Part II DFVC program WEDUS, LLC DEFINED BENEFIT PENSION PLAN 1c Effective adue of plan Mailing adues 2c DFVC program OO2 WEDUS LLC 2d DFVC program DO2 2d DDEVC program OO2 DO2 DO2 DEVC program DO2 DO2 DEVC program 	D This retu	im/report is	the first return/report	the final return/report			
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SIGN HERE		Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator
HERE	SIGN					<u> </u>	•
		Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

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	Were all of the plan's assets during the plan year invested in eligib		,	
b	Are you claiming a waiver of the annual examination and report of a			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann			
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
U	If "Yes" is checked, enter the My PAA confirmation number from the			
		er bac p		. (See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	165572	345068
b	Total plan liabilities	7b		
c	Net plan assets (subtract line 7b from line 7a)	7c	165572	345068
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)	165948	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	13548	
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		179496
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
	Certain deemed and/or corrective distributions (see instructions)	8e		
 f	Administrative service providers (salaries, fees, commissions)	8f		
	Other expenses			
		8g 8h		0
;	Total expenses (add lines 8d, 8e, 8f, and 8g)	-		, in the second se
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i		179496
J	Transfers to (from) the plan (see instructions)	8j		
	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	teature co	des from the List of Plan Characteris	tic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteristi	c Codes in the instructions:
5	in the plan provides wellate benefits, enter the applicable wellate in			

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		x	
С	Was the plan covered by a fidelity bond?		х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 100		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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Page 3- 1

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Scho	edule S	зB	×	Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectior	n 302 o	f		Yes	X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter Day		of the lett _ Year		ng
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the] [Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)

	801		Oire elle Erre				- f :	Diam		OMB N	No. 1210-0110	
	-	EDULE SB	Single-Em		rial Inform			Plan				
	•	Drm 5500) ment of the Treasury	A	Lluai		ιατιστι	1			2	2017	
	Intern	al Revenue Service	This schedule is req									
		partment of Labor nefits Security Administration	Retirement Income S		Act of 1974 (ERI evenue Code (th			n 6059 of t	he		is Open to Public spection	
	Pension Ber	nefit Guaranty Corporation			chment to Form	,		SF.		1113	spection	
Fo	or calendar p	lan year 2017 or fiscal pla		/01/2017				and ending	g 12/3	31/2017		
		amounts to nearest doll										
		penalty of \$1,000 will be	assessed for late filing of	this repo	ort unless reasor	hable caus						
A	Name of pla MEDUS, LL	IN .C DEFINED BENEFIT PE	NSION PLAN				В	Three-dig plan num	•		002	
	,							plan num) 🖡	002	
_												
С	Plan sponso	or's name as shown on line	e 2a of Form 5500 or 5500)-SF			D	Employer		ation Number (E	EIN)	
	MEDOO EE	0							27-172	21919		
Е	Type of plan	: X Single Multiple-	A Multiple-B		F Prior year pla	an size: 🗴	100	or fewer	101-	500 More th	nan 500	
	Part I	Basic Information										
1		valuation date:	Month 01 Da	ay <u>01</u>	Year _20)17						
2	Assets:											
	a Market	value							2a		165572	
		al value							2b		165572	
3	Funding	arget/participant count bre	eakdown			()	Numb rticipa		. ,	sted Funding Target	(3) Total Funding Target	J
	a For ret	red participants and bene	ficiaries receiving paymen	t		· · ·		0		0		0
	b For ter	minated vested participant	ts					0		0		0
	C For act	ive participants						2	148755			755
	d Total							2		148755	1487	'55
4	If the plai	n is in at-risk status, check	the box and complete line	əs (a) ar	nd (b)							
	a Fundin	g target disregarding pres	cribed at-risk assumptions	\$					4a			
		g target reflecting at-risk a status for fewer than five o							4b			
5		interest rate		egarum	ig loading lactor .						5.29	%
6	Target no	ormal cost							6		148755	
Sta	-	Enrolled Actuary										
	accordance wit	my knowledge, the information sup h applicable law and regulations. In ffer my best estimate of anticipated	n my opinion, each other assumption									
	SIGN HERE									10/03/201	8	
		l S	ignature of actuary				_			Date	0	
	MATTHEW									17-07574	4	
		Туре с	or print name of actuary						Most ı	ecent enrollme	nt number	
	M2B RETIRI	EMENT CONSULTING, LI	_C				_			412-688-64	127	
	101 BRADFO WEXFORD,	ORD ROAD, SUITE 200 PA 15090	Firm name					Te	lephone	number (includ	ling area code)	
			Address of the firm				_					_
	ne actuary ha tructions	is not fully reflected any re	gulation or ruling promulg	ated un	der the statute in	n completi	ing thi	s schedule	, check	the box and se	e 🗌	
Fo	or Paperwor	k Reduction Act Notice,	see the Instructions for	Form 5	500 or 5500-SF.					Schedule S	B (Form 5500) 201 v. 17020	

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alaı	nces							
								(a) C	arryover balan	ce	(b)	Prefundi	ng balan	ce
7					able adjustments (line 13 fro					0				0
8				,	nding requirement (line 35 f					0				0
9	Amount	remaining	g (line 7 minus line	e 8)						0				0
10	Interest	on line 9 ι	using prior year's	actual retui	n of <u>0.00</u> %					0				0
11	Prior yea	ar's exces	s contributions to	be added t	o prefunding balance:									
	a Presei	nt value o	f excess contribut	ions (line 3	8a from prior year)								47	'11
					over line 38b from prior ye interest rate of <u>5.37</u>								2	253
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual														
														0
	Clotala	valiable a	t beginning of curre	ent plan yea	r to add to prefunding baland	ce							49	64
	d Portio	n of (c) to	be added to pref	unding bala	ance									0
12	Other re	ductions i	n balances due to	elections	or deemed elections					0				0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)0										0				
P	Part III Funding Percentages													
14	Funding	target att	ainment percenta	ge								14	111	1.30%
15	Adjusted	funding t	arget attainment	percentage								15	111	1.30%
	Prior yea	ar's fundin	g percentage for	purposes c	of determining whether carr	yove	r/prefundir	ng balance	s may be used	to rec	luce current	16	100	0.00%
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	fund	ling target	, enter suc	h percentage			17		%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18			•	. ,	ar by employer(s) and emp	loyee								
()	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Da (MM-DD-)		(b) Amount paid by employer(s)			(c) Amount paid by employees		
0	8/17/2018	3		51421	0									
0	8/30/2018	3		100	0									
0	8/31/2018	3		51266	0									
0	8/31/2018	3		63161	0									
						-		10(1)						
							otals 🕨	18(b)			5948 18(c)		0
19			-		uctions for small plan with a					<u> </u>				
				•	num required contributions					198				0
				•	usted to valuation date					19k				0
					red contribution for current ye	ear a	djusted to v	valuation da	ate	190	;		152	408
20			tions and liquidity											7
		•	Ũ		e prior year?								Yes 🗡	No
	b If line	20a is "Ye	es," were required	l quarterly i	installments for the current	year	made in a	a timely ma	anner?				Yes	No
	C If line	20a is "Ye	es," see instruction	ns and con	nplete the following table as									
	Liquidity shortfall as of end of quarter of this plan year						(4) 4th							
(1) 1st (2) 2nd (3) 3rd (4) 4									(4) 4(f	1				

Page 3

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount	rate:								
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %			N/A, full	yield curve	used
	b Applica	able month (er	nter code)			21b			4	
22	Weighteo	d average retire	ement age			22			67	
23	Mortality	table(s) (see i	instructions) X Pres	scribed - combined Presc	ribed - separate	Subs	titute			
Pa	art VI	Miscellane	ous Items							
24		-	•	arial assumptions for the current pl	•					X No
25	Has a me	ethod change b	been made for the current plar	n year? If "Yes," see instructions re	garding required attach	ment			Yes	X No
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	ittachm	ent		Yes	X No
27	7 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding 27									
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
28	Unpaid m	ninimum requir	ed contributions for all prior ye		28				0	
29			ontributions allocated toward u		29				0	
30	Remainir	ng amount of u	npaid minimum required conti		30				0	
Pa	art VIII	Minimum	Required Contribution	n For Current Year						
31	Target n	ormal cost and	excess assets (see instruction	ons):						
	a Target	normal cost (lii	ne 6)			31a			148	755
	b Excess	s assets, if app	licable, but not greater than lir	ne 31a		31b			16	817
	32 Amortization installments: Outstanding Balance Installment									
32	Amortiza	tion installmen	ts:		Outstanding Bala	nce		Ins	stallment	
32					Outstanding Bala	nce 0		Ins	stallment	0
32	a Net she	ortfall amortiza	tion installment		Outstanding Bala			Ins	stallment	0
32	a Net she b Waiver If a waive	ortfall amortiza amortization i er has been ap	tion installment installment proved for this plan year, ente		ng the approval	0		Ins	tallment	-
33	a Net sho b Waiver If a waive (Month _	ortfall amortiza amortization i er has been ap D	tion installment nstallment proved for this plan year, ente ay Year	er the date of the ruling letter granti	ng the approval	0		Ins	tallment	0
33	a Net sho b Waiver If a waive (Month _	ortfall amortiza amortization i er has been ap D	tion installment nstallment proved for this plan year, ente ay Year	er the date of the ruling letter granti) and the waived amount	ng the approval	0 0 33 34				0
33 34	a Net sho b Waiver If a waive (Month Total func- Balances	ortfall amortiza amortization i er has been ap D ding requireme s elected for us	tion installment nstallment proved for this plan year, ente ay Year	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3	ng the approval 1b + 32a + 32b - 33)	0 0 33 34			131	0
33 34	a Net she b Waiver If a waive (Month	ortfall amortiza amortization i er has been ap D ding requireme elected for us ent	tion installment Installment proved for this plan year, enter ay Year ent before reflecting carryover. se to offset funding	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance	ng the approval 1b + 32a + 32b - 33) Prefunding balar	0 0 33 34 Ice			131	0 938 0
33 34 35	a Net sho b Waiver If a waive (Month Total fund Balances requirem Additional	ortfall amortiza amortization i ar has been ap break ding requirement s elected for us ent al cash requirement ions allocated	tion installment installment proved for this plan year, enter ay Year ent before reflecting carryover, te to offset funding ment (line 34 minus line 35) toward minimum required cor	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line	0 0 33 34 ice 0			131 al balance	0 938 0 938
33 34 35 36	a Net she b Waiver If a waive (Month	ortfall amortiza amortization i ar has been ap D ding requirements a elected for us ent al cash require ions allocated	tion installment installment proved for this plan year, enter ay Year ent before reflecting carryover, te to offset funding ment (line 34 minus line 35) toward minimum required cor	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line	0 0 33 34 Ice 0 36			131 al balance 131	0 938 0 938
33 34 35 36 37	a Net she b Waiver If a waiver (Month	ortfall amortiza amortization i er has been ap ding requireme s elected for us ent	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover, te to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current yea	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line	0 0 33 34 Ice 0 36			131: Il balance 131: 152:	0 938 0 938
33 34 35 36 37	a Net she b Waiver (Month Total fund Balances requirem Additiona Contribut 19c) Present v a Total (e	ar amortization i er has been ap D ding requireme elected for us ent al cash require ions allocated value of excess excess, if any,	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current yea of line 37 over line 36)	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions)	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line	0 0 33 34 ice 0 36 37			131: Il balance 131: 152:	0 938 0 938 408
33 34 35 36 37	a Net she b Waiver (Month Total fund Balances requirem Additiona Contribut 19c) Present v a Total (e b Portion	ortfall amortiza amortization i ar has been ap D ding requireme s elected for us ent al cash requirement ions allocated value of excess excess, if any, i included in lir	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover. the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) the 38a attributable to use of pr	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted in r (see instructions)	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line nyover balances	0 0 33 34 .ce 0 36 37 38a			131: Il balance 131: 152:	0 938 0 938 408 470
33 34 35 36 37 38	a Net she b Waiver (Month	ortfall amortiza amortization i er has been ap D ding requireme elected for us ent al cash requirement ions allocated value of excess excess, if any, i included in lir hinimum requir	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) the 38a attributable to use of pri- red contribution for current year	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions)	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line ryover balances e 37)	0 0 33 34 cce 0 36 37 38a 38b			131: Il balance 131: 152:	0 938 0 938 408 470 0
33 34 35 36 37 38 38 39 40	a Net she b Waiver (Month	ortfall amortiza amortization i er has been ap D ding requireme s elected for us ent al cash require ions allocated value of excess excess, if any, included in lir ninimum requir	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) ne 38a attributable to use of pr red contribution for current year red contributions for all years	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over lin	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line ryover balances e 37)	0 0 33 34 cce 0 36 37 38a 38b 39 40			131: Il balance 131: 152:	0 938 0 938 408 470 0 0
33 34 35 36 37 38 39 40 Pa	a Net she b Waiver (Month	ortfall amortiza amortization i ar has been ap D ding requirement e elected for us ent al cash requirent ions allocated value of excess excess, if any, included in lirent ninimum requirent inimum requir	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) ne 38a attributable to use of pr red contribution for current year red contributions for all years	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over lin Pension Relief Act of 2010	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line ryover balances e 37)	0 0 33 34 cce 0 36 37 38a 38b 39 40			131: Il balance 131: 152:	0 938 0 938 408 470 0 0
33 34 35 36 37 38 39 40 Pa	a Net she b Waiver (Month	ortfall amortiza amortization i ar has been ap D ding requireme s elected for us ent al cash requirement ions allocated walue of excess excess, if any, i included in liminimum requir inimum requir inimum requir inimum requir inimum requir	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current year of line 37 over line 36) the 38a attributable to use of pr red contribution for current year ed contributions for all years Funding Relief Under I to use PRA 2010 funding reli	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over lin Pension Relief Act of 2010	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line ryover balances e 37) (See Instructions	0 0 33 34 cce 0 36 37 38a 38b 39 40			1311 al balance 1311 1524 204	0 938 0 938 408 470 0 0 0
33 34 35 36 37 38 39 40 Pa	a Net she b Waiver (Month	ortfall amortiza amortization i ar has been ap D ding requirement s elected for us ent al cash requirent ions allocated value of excess excess, if any, i included in lir ninimum requirent inimum requir	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover, the to offset funding ment (line 34 minus line 35) toward minimum required cor s contributions for current yea of line 37 over line 36) the 38a attributable to use of pr red contribution for current yea ed contributions for all years Funding Relief Under I to use PRA 2010 funding reli	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted r (see instructions) refunding and funding standard car ar (excess, if any, of line 36 over lin Pension Relief Act of 2010 ef for this plan:	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line ryover balances e 37) (See Instructions	0 0 33 34 0ce 0 36 37 38a 38b 39 40		Tota	131: al balance 131: 152: 20: 5 15 ye	0 938 0 938 408 470 0 0 0
33 34 35 36 37 38 38 39 40 Pa 41	a Net she b Waiver (Month	ortfall amortiza amortization i ar has been ap D ding requiremed s elected for us ent al cash requiremed ions allocated value of excess excess, if any, i included in lim ninimum requir ninimum requir pension l tion was made ule elected a plan year(s) f	tion installment nstallment proved for this plan year, enter ay Year ent before reflecting carryover. the to offset funding ment (line 34 minus line 35) toward minimum required correst s contributions for current year of line 37 over line 36) the 38a attributable to use of pr red contribution for current year ted contributions for all years Funding Relief Under I to use PRA 2010 funding reli- or which the election in line 47	er the date of the ruling letter granti) and the waived amount /prefunding balances (lines 31a - 3 Carryover balance 0 ntribution for current year adjusted for this plan:	ng the approval 1b + 32a + 32b - 33) Prefunding balan o valuation date (line ryover balances e 37) (See Instructions	0 0 33 34 0ce 0 36 37 38a 38b 39 40		Tota	131: al balance 131: 152: 20: 5 15 ye	0 938 0 938 408 470 0 0 0 0

Valuation D)ate
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January 1, 2017

Funding Segment Rates 1st Segment (Future Years 0 - 5) 2nd Segment (Future Years 5-20) 3rd Segment (Future Years 20+)	<u>Minimum Funding</u> 4.16% 5.72% 6.48%	Maximum Deductible 1.52% 3.80% 4.79%							
Other Assumed Rates Salary Scale	0.00%								
	Assumed Plan-Related Expenses Paid From Plan AssetsApproximately equal to Prior Year actual Expenses:\$0								
Assumed Form of Distribution Lump Sum									
Funding Mortality AssumptionsPre-RetirementNonePost-Retirement2017 IRS Prescribed Small Plan Mortality Table, Combined for Annuitants and Non-Annuitants									
Disability Assumptions None									
Withdrawal Assumptions None									
Assumed Retirement Age Participants are assumed to retire o	n the later of their NRD or end of the	e current Plan Year							
Actuarial Value of Assets Method Equal to Market Value of Assets, a Code 430(g)(4)	Equal to Market Value of Assets, as adjusted for applicable discounted contributions under Internal Revenue								
IRS-Prescribed Changes in Assumpt The Funding Segment Rates and F		updated each year in accordance with							

The Funding Segment Rates and Funding Mortality Assumptions are updated each year in accordance with federal law

Non-Prescribed Changes in Assumptions Since Last Valuation

None

SCHEDULE SB	Single-Employer	Define	d Ber	nefit Plan		OMB	No. 1210-0110
(Form 5500) Department of the Treasury Internal Revenue Service	Actuaria	l Inforn	natior	1			2017
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act o Internal Rever	of 1974 (ER nue Code (tl	ISA) and she Code).	section 6059 of th	ne		is Open to Public spection
For calendar plan year 2017 or fiscal pla			1 3300 01	and ending		12/31/20	017
Round off amounts to nearest dolla				and onlang		12/01/20	017
Caution: A penalty of \$1,000 will be a	assessed for late filing of this report ur	nless reaso	nable cau	se is established			
A Name of plan MedUS, LLC Defined Ben				B Three-dig	it)	002
C Plan sponsor's name as shown on line Medus LLC	2a of Form 5500 or 5500-SF			D Employer lo		ation Number (E	EIN)
E Type of plan: X Single Multiple-A	A Multiple-B	Prior year pla	an size: 🛛	100 or fewer	101-	500 More th	nan 500
Part I Basic Information	01 01		2.0.1.7			Y	
Enter the valuation date: Assets:	Month01 Day01	_ Year	2017				
				г			
					2a		165,572
			1		2b		165,572
	akdown ciaries receiving payment		par	lumber of ticipants		sted Funding Target	(3) Total Funding Target
	s			0		. 0	(
				2		148,755	
				2		148,755	148,755
	the box and complete lines (a) and (b)	and the second se	۱	<u></u>		140,755	140,750
	ribed at-risk assumptions]	4a		
b Funding target reflecting at-risk as	sumptions, but disregarding transition tive years and disregarding loading fa	rule for pla	ins that ha	ve been in at-ris			
					5		5.29%
					6		148,755
Statement by Enrolled Actuary To the best of my knowledge, the information suppl accordance with applicable law and regulations. In combination, offer my best estimate of anticipated e	iny opinion, each other assumption is reasonable i	, statements an (taking into acc	d attachment ount the expe	s, if any, is complete a prience of the plan and	nd accur reasonal	ate. Each prescribed ble expectations) and	
SIGN HERE						10/03/203	18
Sig	nature of actuary			7		Date	
2	print name of actuary					1707574	
42B Retirement Consulting,						ecent enrollmen 412-688-64	
.01 Bradford Road, Suite 2	Firm name			Tele	phone	number (includi	ng area code)
Vexford PA 150 Ad	ddress of the firm						
the actuary has not fully reflected any reg	ulation or ruling promulgated under th	e statute in	completin	g this schedule,	check t	he box and see	

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

Schedule SB (Form 5500) 2017

MedUS, LLC Defined Benefit Pension Plan Schedule SB, Line 22 - Description of Weighted Average Retirement Age For the January 1, 2017 - December 31, 2017 Plan Year EIN / PN: 27-1721919 / 002

(A) Retirement Age*	(B) Active Participants	(C) Weighted Age**			
62	0	0			
63	0	0			
64	0	0			
65	0	0			
66	0	0			
67	2	67			
68	0	0			
69	0	0			
70	0	0			
71	0	0			
72	0	0			
73	0	0			
74	0	0			
75	0	0			
76	0	0			
77	0	0			
78	0	0			
79	0	0			
80	0	0			
81	0	0			
82	0	0			
83	0	0			
84	0	0			
85	0	0			
Sum:	2	67			
Weighted Average	Weighted Average Retirement Age, Rounded:				

*All Participants are assumed to retire at their Normal Retirement Age.

**Weighted Age is determined by calculating (A) x (B) at each Retirement Age divided by the total number of Active Participants. The sum of all of these calculations, after rounding the nearest age, is the Weighted Average Retirement Age.

MedUS, LLC Defined Benefit Pension Plan Schedule SB, Line 19 - Discounted Employer Contributions For the January 1, 2017 - December 31, 2017 Plan Year EIN / PN: 27-1721919 / 002

Date	Amount		Year	Rate	Days	est-Adjusted atribution
8/17/2018	\$	51,421	2017	5.29%	593	\$ 47,290
8/30/2018	\$	100	2017	5.29%	606	\$ 92
8/31/2018	\$	51,266	2017	5.29%	607	\$ 47,054
8/31/2018	\$	63,161	2017	5.29%	607	\$ 57,972

MedUS, LLC Defined Benefit Pension Plan Schedule SB, Part V - Summary of Plan Provisions For the January 1, 2017 - December 31, 2017 Plan Year EIN / PN: 27-1721919 / 002

Employer and Plan Information Plan Sponsor Employer ID Number Plan Number Plan Effective Date	MedUS, LLC 27-1721919 002 January 1, 2016
Eligibility Requirements Eligibility Age Eligibility Service Entry Dates Excluded Groups	21 1000 Hours of Service January 1 and July 1 Individuals not classified by the Employer as Eligible Employees
Retirement Normal Retirement Age (NRA) Normal Retirement Date (NRD) Early Retirement	Age 65 First of the month following or coincident with NRA None provided
Benefit Formula Description	Each Participant receives an accrual upon meeting the Benefit Service requirement for a Plan Year. The accrual is payable as a monthly annuity at Normal Retirement.
Benefit Service	1000 Hours of Service in a Plan Year
Accrual Amount	A Participant's amount is determined based on a) which Plan document classification group the Participant belongs to and b) how that group's amount is defined in the Plan document.
Vesting Vesting Service Vesting Schedule Vesting Service Exclusions	1000 Hours of Service in a Plan Year 100% Vesting after 3 Years of Vesting Service or attaining Normal Retireme Service before the Effective Date of the Plan
Actuarial Equivalence Interest Rate Post-Retirement Mortality Table	Pre-Retirement: 5.00% Post-Retirement: 5.00% 1994 GAR Projected to 2002, Scale AA (Unisex)
Top Heavy Minimum If required, provided under a defined contribution plan	
Changes in Plan Provisions Since Last Valuation	

None