

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>FIELD AEROSPACE RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/2015</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/01/2015</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>05/01/2015</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FIELD AVIATION, INC.</u> <u>8044 MONTGOMERY ROAD #400</u> <u>CINCINNATI, OH 45236</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>98-0511513</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-429-4270</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>98-0511513</u>	2c Plan Sponsor's telephone number <u>513-429-4270</u>	2d Business code (see instructions) <u>336410</u>	
2b Employer Identification Number (EIN) <u>98-0511513</u>					
2c Plan Sponsor's telephone number <u>513-429-4270</u>					
2d Business code (see instructions) <u>336410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	PATTY NASH
	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 234
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) 222
a(2) Total number of active participants at the end of the plan year	6a(2) 179
b Retired or separated participants receiving benefits	6b 1
c Other retired or separated participants entitled to future benefits	6c 28
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 208
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 208
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 157
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan FIELD AEROSPACE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FIELD AVIATION, INC.	D Employer Identification Number (EIN) 98-0511513	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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	11999	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CHARTER ADVISORY CORP

230 EAST 96TH STREET
SUITE 200
INDIANAPOLIS, IN 46240

(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?
27	ADVISOR	11348	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 ☐

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.	
BAIRD CORE PLUS INST - US BANCORP 39-0281260	0.02%	
(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.	
CS COMMOD RETURN IS - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	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.	
DH SMALL MID CAP I - DIAMOND HILL 325 JOHN H. MCCONNELL BOULEVARD, SUITE 200 COLUMBUS, OH 43215	0.10%	

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.	
MFS INTL VALUE R4 - MFS SERVICE CE 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 VALUE R4 - MFS SERVICE CENTER 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.	
STATE ST TR INC I - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2015 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2020 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2025 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2030 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2035 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2040 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2045 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2050 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2055 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
STATE ST TR 2060 I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	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.
WF SM CO GROWTH IS - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2017 This Form is Open to Public Inspection.	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan FIELD AEROSPACE RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIELD AVIATION, INC.				D Employer Identification Number (EIN) 98-0511513	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MELLON STABLE VALUE					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 11-3152987-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900243	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>FIELD AEROSPACE RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIELD AVIATION, INC.</u>	D Employer Identification Number (EIN) <u>98-0511513</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14569	33107
(2) Participant contributions	1b(2)	0	30085
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	380253	340650
(9) Value of interest in common/collective trusts.....	1c(9)	107001	900243
(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)	9328435	12855455
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	1101277	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	10931535	14159540

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	44716
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	44716

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10931535	14114824
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Part II Income and Expense Statement

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

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	660056	
(B) Participants	2a(1)(B)	1051364	
(C) Others (including rollovers)	2a(1)(C)	1406782	
(2) Noncash contributions	2a(2)	0	3118202
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	16203	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16203
(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)	330222	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		330222
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16068
(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)		1590061
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		5070756

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1807169	
(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)		1807169
f Corrective distributions (see instructions)	2f		55078
g Certain deemed distributions of participant loans (see instructions).....	2g		1867
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)	23353	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		23353
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1887467

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3183289
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) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: LOCEY, MITCHELL & ASSOCIATES LTD.

(2) EIN: 31-1683754

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
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.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>FIELD AEROSPACE RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIELD AVIATION, INC.</u>	D Employer Identification Number (EIN) <u>98-0511513</u>

Part I	Distributions
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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): <u>04-6568107</u>		
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.)
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**FIELD AEROSPACE
RETIREMENT SAVINGS PLAN**

**Financial Statements for the
Years ended December 31, 2017 and 2016
And Independent Auditors' Report**

**FIELD AEROSPACE
RETIREMENT SAVINGS PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of The Field Aerospace
Retirement Savings Plan
Cincinnati, Ohio

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of the Field Aerospace Retirement Savings Plan (a 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 ended December 31, 2017 and 2016, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITORS' 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 6, which was certified by the

Fidelity Management Trust Company, the 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

DISCLAIMER OF OPINION

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

OTHER MATTER

The supplemental schedule of Assets Held for Investment Purposes at End of Year for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 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.

Locey, Mitchell & Associates, Ltd.
Certified Public Accountants
Cincinnati, Ohio
October 3, 2018

FIELD AEROSPACE RETIREMENT SAVINGS PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

	2017	2016
ASSETS		
Investments at fair value	\$ 13,755,698	\$ 10,536,713
Receivables:		
Participants' contributions	30,085	-
Employer contributions	33,107	14,569
Notes receivable from participants (no allowance for doubtful accounts necessary)	340,650	380,253
Total receivables	403,842	394,822
Total Assets	14,159,540	10,931,535
LIABILITIES		
Excess contributions refundable to participants	44,716	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 14,114,824	\$ 10,931,535

See notes to financial statements and independent auditors' report.

FIELD AEROSPACE RETIREMENT SAVINGS PLAN

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016**

	<u>2017</u>	<u>2016</u>
ADDITIONS:		
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 1,311,966	\$ 423,329
Realized gain	277,190	26,917
Interest and dividends	347,195	179,765
Interest income on participants' notes	16,203	17,258
Total additions in net assets attributed to investment income	1,952,554	647,269
Contributions:		
Participants' contributions	1,051,364	989,573
Employer contributions	660,056	648,340
Rollover contributions	1,364,795	575,766
Total contributions	3,076,215	2,213,679
Total additions	5,028,769	2,860,948
DEDUCTIONS:		
Benefits paid to participants	1,809,036	697,607
Administration expenses	23,353	21,598
Excess contributions refundable to participants	55,078	-
Total deductions	1,887,467	719,205
OTHER CHANGES:		
Rollover loans	41,987	-
Total other changes	41,987	-
NET INCREASE	3,183,289	2,141,743
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	10,931,535	8,789,792
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 14,114,824</u>	<u>\$ 10,931,535</u>

See notes to financial statements and independent auditors' report.

**FIELD AEROSPACE
RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016**

1. DESCRIPTION OF PLAN

The following description of the Field Aviation, Inc. ("Company") Field Aerospace Retirement Savings Plan ("Plan") effective May 1, 2015, provides only general information. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a Custodial Account Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Company did not pursue a specific IRS ruling on the Plan but used a standard pre-approved IRS plan provided by the Plan Administrator.

General - The Plan is a defined contribution plan covering most employees of the Company. In order to be eligible for the plan, an employee must be at least twenty-one years of age and worked for at least three months during a twelve consecutive month period. Excluded employees include employees who are a resident of Puerto Rico, covered by a collective bargaining agreement unless the agreement requires the employees to be included in the Plan, leased employees, nonresident aliens, and any student employed as a student intern, participating in a cooperative education or similar program.

Investment Options - The plan offers various investment options to the employees. The investment options are selected by the plan sponsor. Participants may change their investment options electronically.

Participant Loans - Upon approval by the Plan administrator, the Plan allows active employees to borrow from their fund accounts a minimum of \$1,000 up to the maximum of the lesser of \$50,000 or 50% of the Participant's vested account balance. All loans bear interest at a fixed rate over a term not more than five years or ten years if the purpose of the loan is for the purchase of a principal residence. Interest rates are charged at market rates at the inception of the loan and commensurate with the rate of interest charged on similar commercial loans by persons or institutions in the business of lending money in the same geographic area. Generally, payments of principal and interest are made through payroll deductions. A participant cannot have more than two loans outstanding at any time. Fees are charged to the participant when the loan is made and annually for maintenance of the loan account. Prepayment on the loans is permitted without penalty.

Loans that existed for employees under a previous plan were rolled to the new plan as of May 1, 2015 and recorded to the statement of changes in net assets available for benefits as Rollover Loans. The amount of such loans at May 1, 2015, inception, was \$303,336.

The plan was amended as of April 16, 2018, to allow participants only have one loan at a time. Participant with two existing loans at April 16, 2018 can keep both loans, but any future loans will be limited to only one outstanding loan at a time.

Contributions - Each year, participants may voluntarily contribute up to 90% of their eligible compensation. However, an annually adjusted Internal Revenue Service dollar limit also applies. For the years ended December 31, 2017 and 2016, the contribution limits are \$18,000 plus \$6,000 in catch up contributions for participants 50 years or older at the end of the year. Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans for pre-tax contributions only. Participants direct the investment of their contributions into various investment options offered by the Plan. Participant contributions are matched by employer contributions of up to 6% of their eligible compensation, within IRS participant contribution limits as listed above.

Participants are eligible to participate in employer matching and non-elective contributions as long as the participant is a current employee. The non-elective contributions include participants employed by the Company as of the last day of the contribution period and earned at least 1,000 hours of service during the plan year. This non-elective contribution was not made for the years ended December 31, 2017 and 2016.

For all employees hired prior to May 1, 2015, all discretionary matches and profit sharing contributions are 100% vested at the Plan inception date of May 1, 2015.

For employees hired on May 1, 2015 and later, the Plan has the following vesting schedule for those eligible Plan participants making elective deferrals to the Plan.

Years of Vesting Service	Applicable Vesting Schedule
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Excess Contributions Payable - Significant amounts payable to participants for contributions in excess of amounts allowed by the

IRS based on the Actual Contribution Percentage (ACP) and Actual D Percentage (ADP) are to be recorded as a liability with a corresponding reduction in contributions. The plan distributed the 2017 excess contributions to the applicable participants on March 5, 2018. No liability was recorded in the financial statements as of December 31, 2016. As of December 31, 2017, the excess contributions were recorded as a liability as Excess participant contributions

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's contribution, an allocation of Plan earnings, and is charged with an allocation of administration expenses. Allocations are based on participant earnings or account balances, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their elective contributions and their rollover contributions, plus actual earnings thereon. Employer contributions to the Plan, plus any earnings they generate, are fully and immediately vested for employees hired prior to May 1, 2015. Employees hired after May 1, 2015 are vested in employer contributions based on the graded vesting schedule discussed in the contributions section previously.

Forfeitures - Employer match contributions are forfeited by terminated employees to the extent that the employee is not fully vested in employer contributions. Forfeited amounts will be used to reduce future employer match payments. There were forfeited amounts of \$10,266 and \$0 for the years ended December 31, 2017 and 2016, respectively.

Payment of Benefits - On termination of employment due to death, disability, retirement or any other event, a participant may elect to receive either a lump-sum payment of the full amount or partial payment of the amount equal to the value of the participant's vested interest in his or her account. Employees may also elect to directly rollover their account to another employer's eligible plan or to an IRA account without immediate tax consequences. For participants with vested account balances of \$1,000 or less upon termination, the vested account balance will be distributed in a lump-sum distribution.

In conditions of "financial hardship," a participant may apply to the Plan administrator for approval to withdraw that portion of their account balance necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuations policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurement.

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are recognized when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016.

Loan are considered to be in default if the participant ceases making payments on the loan. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. Benefits payments of \$110,491 and \$0 for the years ended December 31, 2017 and 2016, respectively, for loans that went into default.

Payment of Benefits - Benefits are recorded when paid.

Expenses - As provided by the Plan document, the Plan's administrative expenses are paid by either the Plan or the Company. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

3. FAIR VALUE MEASUREMENTS

The Plan applies FASB ASC 820. FASB 820 provides the frameworks for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and lowest to priority unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies the Plan used for assets measured at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value

(NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust and Stable Value Fund: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value (NAV) of units of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. There are no redemption restrictions upon which the participant may redeem investments in the fund.

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

Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Common/collective trusts*	\$ -	\$ -	\$ -	\$ 900,243
Mutual Funds	13,755,698	-	-	13,755,698
Stable value*	-	-	-	-
Total assets at fair value	<u>\$ 13,755,698</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,655,941</u>

Assets at Fair Value as of December 31, 2016

	Level 1	Level 2	Level 3	Total
Common/collective trusts*	\$ -	\$ -	\$ -	\$ 107,001
Mutual Funds	10,536,713	-	-	10,536,713
Stable value*	-	-	-	1,208,278
Total assets at fair value	<u>\$ 10,536,713</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,851,992</u>

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

4. PARTY IN INTEREST TRANSACTIONS

Party-in-interest transactions are defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others.

Certain Plan investments are managed by Fidelity Management Trust Company, the Custodian of the Plan. The services provided qualified

as a party-in-interest transactions for the years ended December 31, 2017 and 2016. Fees for the services are shown net of the fair value investment income (unrealized gains and losses) in the accompanying financial statements.

Plan investments are mutual funds with recordkeeping, compliance services, and advisory services managed by Fidelity Management Trust Company, a third party Administrator of the Plan. Fees for services provided qualified as a party-in-interest transactions for the years ended December 31, 2017 and 2016. The Plan paid \$23,353 and \$21,598 for the years ended December 31, 2017 and 2016, respectively, for recordkeeping, administrative services and participant transaction fees to Fidelity.

The Plan sponsor pays directly any other expenses associated with the Plan including audit fees and other third party administrative fees for the years ended December 31, 2017 and 2016. Accordingly, such expenses are not reported in the Plan's statement of changes in net assets.

Notes receivable from participants as discussed in note 2 above, are party-in-interest transactions.

5. PARTIAL PLAN TERMINATION

In January 2017, the Plan sponsor announce a reduction in force. The Plan sponsor has determined that a partial plan termination occurred in 2017. All affected participants were 100% vested in their accounts.

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

	<u>2017</u>	<u>2016</u>
Investments at Fair Value	\$13,755,698	\$10, 536,713

7. TAX STATUS

The Plan is designed as a pre-approved tax exempt IRS retirement plan in accordance with applicable sections of the Internal Revenue Code (IRC). Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would

not be sustained upon examination by the IRS. The Plan has no uncertain tax positions.

8. RISKS AND UNCERTAINTIES

The Plan invests in investment securities. Investment securities are exposed to market risk. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. DATE OF MANAGEMENT'S REVIEW

The financial statements and related disclosures include evaluation of events up through and including October 3, 2018 which is the date the financial statements were available to be issued.

**ADDITIONAL INFORMATION
REQUIRED BY ERISA
AND THE
DEPARTMENT OF LABOR**

FIELD AEROSPACE RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
YEAR ENDED DECEMBER 31, 2017

PLAN SPONSOR EIN: 98-0511513
PLAN NUMBER 002

Schedule H, line 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) Identity of issue, borrower, lessor,	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of	(d) Cost	(e) Current value
	Fidelity Real Estate Invs	Mutual Fund	N/A	\$ 15,450
	Fidelity Blue Chip Growth Fund	Mutual Fund	N/A	1,249,794
	Fidelity Emerging Markets	Mutual Fund	N/A	137,453
	Fidelity Diversified International Fund	Mutual Fund	N/A	127,962
	Fidelity Mid Cap Stock Fund	Mutual Fund	N/A	235,199
	Fidelity Strategic Real Return Fund	Mutual Fund	N/A	5,365
	Fidelity Extended Market Index Advantage	Mutual Fund	N/A	398,047
	Mellon Stable Value Fund	Collective Trust Fund	N/A	900,243
	MFS International Value Fund Class R4	Mutual Fund	N/A	474,785
	Wells Fargo Small Company Growth	Mutual Fund	N/A	745,206
	Col Balanced 13	Mutual Fund	N/A	33,159
	Baird Core Plus Inst	Mutual Fund	N/A	130,235
	MFS Value Fund Class R4	Mutual Fund	N/A	359,881
	Vanguard 500 Index Admiral Fund	Mutual Fund	N/A	1,011,846
	Vanguard Total Bond Market Admiral Fund	Mutual Fund	N/A	224,284
	CS Commod Return IS	Mutual Fund	N/A	17,493
	Diamond Hill Small-Mid Cap Fund Class I	Mutual Fund	N/A	509,551
	EV Inc Fund Boston R6	Mutual Fund	N/A	33,242
	State Street Target Income Fund	Mutual Fund	N/A	138,579
	State Street Target 2015 Retirement	Mutual Fund	N/A	176,589
	State Street Target 2020 Retirement	Mutual Fund	N/A	645,630
	State Street Target 2025 Retirement	Mutual Fund	N/A	2,176,546
	State Street Target 2030 Retirement	Mutual Fund	N/A	1,625,878
	State Street Target 2035 Retirement	Mutual Fund	N/A	357,709
	State Street Target 2040 Retirement	Mutual Fund	N/A	839,075
	State Street Target 2045 Retirement	Mutual Fund	N/A	718,287
	State Street Target 2050 Retirement	Mutual Fund	N/A	228,017
	State Street Target 2055 Retirement	Mutual Fund	N/A	62,875
	State Street Target 2060 Retirement	Mutual Fund	N/A	4,229
	Vanguard FTSE All World Index Admiral Fund	Mutual Fund	N/A	173,089
*	Notes receivable to active participants in the Plan. These loans are collateralized by the participant's remaining vested balance in their account. Loan transactions are treated as a transfer to (from) the investment funds to the participant loans. All loans bear interest at a fixed rate (4.25%-5.25%) based on market rates at the inception of the loan over a term not more than five years.	Participant Loans	-0-	340,650

* Denotes party-in-interest

See notes to financial statements and independent auditors' report.

**FIELD AEROSPACE
RETIREMENT SAVINGS PLAN**

**Financial Statements for the
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RETIREMENT SAVINGS PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of The Field Aerospace
Retirement Savings Plan
Cincinnati, Ohio

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of the Field Aerospace Retirement Savings Plan (a 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 ended December 31, 2017 and 2016, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITORS' 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 6, which was certified by the

Fidelity Management Trust Company, the 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

DISCLAIMER OF OPINION

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

OTHER MATTER

The supplemental schedule of Assets Held for Investment Purposes at End of Year for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 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.

Locey, Mitchell & Associates, Ltd.
Certified Public Accountants
Cincinnati, Ohio
October 3, 2018

FIELD AEROSPACE RETIREMENT SAVINGS PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

	2017	2016
ASSETS		
Investments at fair value	\$ 13,755,698	\$ 10,536,713
Receivables:		
Participants' contributions	30,085	-
Employer contributions	33,107	14,569
Notes receivable from participants (no allowance for doubtful accounts necessary)	340,650	380,253
Total receivables	403,842	394,822
Total Assets	14,159,540	10,931,535
LIABILITIES		
Excess contributions refundable to participants	44,716	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 14,114,824	\$ 10,931,535

See notes to financial statements and independent auditors' report.

FIELD AEROSPACE RETIREMENT SAVINGS PLAN

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016**

	<u>2017</u>	<u>2016</u>
ADDITIONS:		
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 1,311,966	\$ 423,329
Realized gain	277,190	26,917
Interest and dividends	347,195	179,765
Interest income on participants' notes	16,203	17,258
Total additions in net assets attributed to investment income	1,952,554	647,269
Contributions:		
Participants' contributions	1,051,364	989,573
Employer contributions	660,056	648,340
Rollover contributions	1,364,795	575,766
Total contributions	3,076,215	2,213,679
Total additions	5,028,769	2,860,948
DEDUCTIONS:		
Benefits paid to participants	1,809,036	697,607
Administration expenses	23,353	21,598
Excess contributions refundable to participants	55,078	-
Total deductions	1,887,467	719,205
OTHER CHANGES:		
Rollover loans	41,987	-
Total other changes	41,987	-
NET INCREASE	3,183,289	2,141,743
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	10,931,535	8,789,792
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 14,114,824</u>	<u>\$ 10,931,535</u>

See notes to financial statements and independent auditors' report.

**FIELD AEROSPACE
RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016**

1. DESCRIPTION OF PLAN

The following description of the Field Aviation, Inc. ("Company") Field Aerospace Retirement Savings Plan ("Plan") effective May 1, 2015, provides only general information. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a Custodial Account Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Company did not pursue a specific IRS ruling on the Plan but used a standard pre-approved IRS plan provided by the Plan Administrator.

General - The Plan is a defined contribution plan covering most employees of the Company. In order to be eligible for the plan, an employee must be at least twenty-one years of age and worked for at least three months during a twelve consecutive month period. Excluded employees include employees who are a resident of Puerto Rico, covered by a collective bargaining agreement unless the agreement requires the employees to be included in the Plan, leased employees, nonresident aliens, and any student employed as a student intern, participating in a cooperative education or similar program.

Investment Options - The plan offers various investment options to the employees. The investment options are selected by the plan sponsor. Participants may change their investment options electronically.

Participant Loans - Upon approval by the Plan administrator, the Plan allows active employees to borrow from their fund accounts a minimum of \$1,000 up to the maximum of the lesser of \$50,000 or 50% of the Participant's vested account balance. All loans bear interest at a fixed rate over a term not more than five years or ten years if the purpose of the loan is for the purchase of a principal residence. Interest rates are charged at market rates at the inception of the loan and commensurate with the rate of interest charged on similar commercial loans by persons or institutions in the business of lending money in the same geographic area. Generally, payments of principal and interest are made through payroll deductions. A participant cannot have more than two loans outstanding at any time. Fees are charged to the participant when the loan is made and annually for maintenance of the loan account. Prepayment on the loans is permitted without penalty.

Loans that existed for employees under a previous plan were rolled to the new plan as of May 1, 2015 and recorded to the statement of changes in net assets available for benefits as Rollover Loans. The amount of such loans at May 1, 2015, inception, was \$303,336.

The plan was amended as of April 16, 2018, to allow participants only have one loan at a time. Participant with two existing loans at April 16, 2018 can keep both loans, but any future loans will be limited to only one outstanding loan at a time.

Contributions - Each year, participants may voluntarily contribute up to 90% of their eligible compensation. However, an annually adjusted Internal Revenue Service dollar limit also applies. For the years ended December 31, 2017 and 2016, the contribution limits are \$18,000 plus \$6,000 in catch up contributions for participants 50 years or older at the end of the year. Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans for pre-tax contributions only. Participants direct the investment of their contributions into various investment options offered by the Plan. Participant contributions are matched by employer contributions of up to 6% of their eligible compensation, within IRS participant contribution limits as listed above.

Participants are eligible to participate in employer matching and non-elective contributions as long as the participant is a current employee. The non-elective contributions include participants employed by the Company as of the last day of the contribution period and earned at least 1,000 hours of service during the plan year. This non-elective contribution was not made for the years ended December 31, 2017 and 2016.

For all employees hired prior to May 1, 2015, all discretionary matches and profit sharing contributions are 100% vested at the Plan inception date of May 1, 2015.

For employees hired on May 1, 2015 and later, the Plan has the following vesting schedule for those eligible Plan participants making elective deferrals to the Plan.

Years of Vesting Service	Applicable Vesting Schedule
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Excess Contributions Payable - Significant amounts payable to participants for contributions in excess of amounts allowed by the

IRS based on the Actual Contribution Percentage (ACP) and Actual D Percentage (ADP) are to be recorded as a liability with a corresponding reduction in contributions. The plan distributed the 2017 excess contributions to the applicable participants on March 5, 2018. No liability was recorded in the financial statements as of December 31, 2016. As of December 31, 2017, the excess contributions were recorded as a liability as Excess participant contributions

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's contribution, an allocation of Plan earnings, and is charged with an allocation of administration expenses. Allocations are based on participant earnings or account balances, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their elective contributions and their rollover contributions, plus actual earnings thereon. Employer contributions to the Plan, plus any earnings they generate, are fully and immediately vested for employees hired prior to May 1, 2015. Employees hired after May 1, 2015 are vested in employer contributions based on the graded vesting schedule discussed in the contributions section previously.

Forfeitures - Employer match contributions are forfeited by terminated employees to the extent that the employee is not fully vested in employer contributions. Forfeited amounts will be used to reduce future employer match payments. There were forfeited amounts of \$10,266 and \$0 for the years ended December 31, 2017 and 2016, respectively.

Payment of Benefits - On termination of employment due to death, disability, retirement or any other event, a participant may elect to receive either a lump-sum payment of the full amount or partial payment of the amount equal to the value of the participant's vested interest in his or her account. Employees may also elect to directly rollover their account to another employer's eligible plan or to an IRA account without immediate tax consequences. For participants with vested account balances of \$1,000 or less upon termination, the vested account balance will be distributed in a lump-sum distribution.

In conditions of "financial hardship," a participant may apply to the Plan administrator for approval to withdraw that portion of their account balance necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuations policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurement.

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are recognized when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016.

Loan are considered to be in default if the participant ceases making payments on the loan. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. Benefits payments of \$110,491 and \$0 for the years ended December 31, 2017 and 2016, respectively, for loans that went into default.

Payment of Benefits - Benefits are recorded when paid.

Expenses - As provided by the Plan document, the Plan's administrative expenses are paid by either the Plan or the Company. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

3. FAIR VALUE MEASUREMENTS

The Plan applies FASB ASC 820. FASB 820 provides the frameworks for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and lowest to priority unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies the Plan used for assets measured at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value

(NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust and Stable Value Fund: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value (NAV) of units of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. There are no redemption restrictions upon which the participant may redeem investments in the fund.

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

Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Common/collective trusts*	\$ -	\$ -	\$ -	\$ 900,243
Mutual Funds	13,755,698	-	-	13,755,698
Stable value*	-	-	-	-
Total assets at fair value	<u>\$ 13,755,698</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,655,941</u>

Assets at Fair Value as of December 31, 2016

	Level 1	Level 2	Level 3	Total
Common/collective trusts*	\$ -	\$ -	\$ -	\$ 107,001
Mutual Funds	10,536,713	-	-	10,536,713
Stable value*	-	-	-	1,208,278
Total assets at fair value	<u>\$ 10,536,713</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,851,992</u>

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

4. PARTY IN INTEREST TRANSACTIONS

Party-in-interest transactions are defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others.

Certain Plan investments are managed by Fidelity Management Trust Company, the Custodian of the Plan. The services provided qualified

as a party-in-interest transactions for the years ended December 31, 2017 and 2016. Fees for the services are shown net of the fair value investment income (unrealized gains and losses) in the accompanying financial statements.

Plan investments are mutual funds with recordkeeping, compliance services, and advisory services managed by Fidelity Management Trust Company, a third party Administrator of the Plan. Fees for services provided qualified as a party-in-interest transactions for the years ended December 31, 2017 and 2016. The Plan paid \$23,353 and \$21,598 for the years ended December 31, 2017 and 2016, respectively, for recordkeeping, administrative services and participant transaction fees to Fidelity.

The Plan sponsor pays directly any other expenses associated with the Plan including audit fees and other third party administrative fees for the years ended December 31, 2017 and 2016. Accordingly, such expenses are not reported in the Plan's statement of changes in net assets.

Notes receivable from participants as discussed in note 2 above, are party-in-interest transactions.

5. PARTIAL PLAN TERMINATION

In January 2017, the Plan sponsor announce a reduction in force. The Plan sponsor has determined that a partial plan termination occurred in 2017. All affected participants were 100% vested in their accounts.

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

	<u>2017</u>	<u>2016</u>
Investments at Fair Value	\$13,755,698	\$10, 536,713

7. TAX STATUS

The Plan is designed as a pre-approved tax exempt IRS retirement plan in accordance with applicable sections of the Internal Revenue Code (IRC). Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would

not be sustained upon examination by the IRS. The Plan has no uncertain tax positions.

8. RISKS AND UNCERTAINTIES

The Plan invests in investment securities. Investment securities are exposed to market risk. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. DATE OF MANAGEMENT'S REVIEW

The financial statements and related disclosures include evaluation of events up through and including October 3, 2018 which is the date the financial statements were available to be issued.

**ADDITIONAL INFORMATION
REQUIRED BY ERISA
AND THE
DEPARTMENT OF LABOR**

FIELD AEROSPACE RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
YEAR ENDED DECEMBER 31, 2017

PLAN SPONSOR EIN: 98-0511513
PLAN NUMBER 002

Schedule H, line 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) Identity of issue, borrower, lessor,	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of	(d) Cost	(e) Current value
	Fidelity Real Estate Invs	Mutual Fund	N/A	\$ 15,450
	Fidelity Blue Chip Growth Fund	Mutual Fund	N/A	1,249,794
	Fidelity Emerging Markets	Mutual Fund	N/A	137,453
	Fidelity Diversified International Fund	Mutual Fund	N/A	127,962
	Fidelity Mid Cap Stock Fund	Mutual Fund	N/A	235,199
	Fidelity Strategic Real Return Fund	Mutual Fund	N/A	5,365
	Fidelity Extended Market Index Advantage	Mutual Fund	N/A	398,047
	Mellon Stable Value Fund	Collective Trust Fund	N/A	900,243
	MFS International Value Fund Class R4	Mutual Fund	N/A	474,785
	Wells Fargo Small Company Growth	Mutual Fund	N/A	745,206
	Col Balanced 13	Mutual Fund	N/A	33,159
	Baird Core Plus Inst	Mutual Fund	N/A	130,235
	MFS Value Fund Class R4	Mutual Fund	N/A	359,881
	Vanguard 500 Index Admiral Fund	Mutual Fund	N/A	1,011,846
	Vanguard Total Bond Market Admiral Fund	Mutual Fund	N/A	224,284
	CS Commod Return IS	Mutual Fund	N/A	17,493
	Diamond Hill Small-Mid Cap Fund Class I	Mutual Fund	N/A	509,551
	EV Inc Fund Boston R6	Mutual Fund	N/A	33,242
	State Street Target Income Fund	Mutual Fund	N/A	138,579
	State Street Target 2015 Retirement	Mutual Fund	N/A	176,589
	State Street Target 2020 Retirement	Mutual Fund	N/A	645,630
	State Street Target 2025 Retirement	Mutual Fund	N/A	2,176,546
	State Street Target 2030 Retirement	Mutual Fund	N/A	1,625,878
	State Street Target 2035 Retirement	Mutual Fund	N/A	357,709
	State Street Target 2040 Retirement	Mutual Fund	N/A	839,075
	State Street Target 2045 Retirement	Mutual Fund	N/A	718,287
	State Street Target 2050 Retirement	Mutual Fund	N/A	228,017
	State Street Target 2055 Retirement	Mutual Fund	N/A	62,875
	State Street Target 2060 Retirement	Mutual Fund	N/A	4,229
	Vanguard FTSE All World Index Admiral Fund	Mutual Fund	N/A	173,089
*	Notes receivable to active participants in the Plan. These loans are collateralized by the participant's remaining vested balance in their account. Loan transactions are treated as a transfer to (from) the investment funds to the participant loans. All loans bear interest at a fixed rate (4.25%-5.25%) based on market rates at the inception of the loan over a term not more than five years.	Participant Loans	-0-	340,650

* Denotes party-in-interest

See notes to financial statements and independent auditors' report.