Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FITESA 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2012

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)
FITESA SIMPSONVILLE, INC.

840 SE MAIN ST
SIMPSONVILLE, SC 29681

2b Employer Identification Number (EIN)
27-0535327

2c Plan Sponsor's telephone number
864-967-5637

2d Business code (see instructions)
339900

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	CAMILLA HAIGLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	CAMILLA HAIGLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	247
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)**	209
a(2) Total number of active participants at the end of the plan year	**6a(2)**	264
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	48
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	312
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	312
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	308
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
FITESA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-0535327

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN FUNDS

95-1411037

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

DODGE AND COX

94-1441976

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

T ROWE PRICE

52-2264646

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

AMERICAN BEACON

75-2401150

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

BARON CAPITAL GROUP

13-3122938

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

VANGUARD

23-1945930

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

MFS

04-2747644

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

JPMORGAN

13-2624428

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

AMERICAN CENTURY

44-6006315

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

HARDING LOEVNER

27-0684167

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

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

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

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

WELLS FARGO

94-1347393

(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?
15 21 37 50 62 63 64	SERVICE PROVIDER	82794	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIME TRUST ADVISORS

20-5346692

(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 50 52 70	SERVICE PROVIDER	12000	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
FITESA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FITESA SIMPSONVILLE, INC.

D Employer Identification Number (EIN)
27-0535327

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: WELLS FARGO STABLE RETURN N

b Name of sponsor of entity listed in (a): WELLS FARGO

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)
41-6202499-001	P	1774963

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)

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

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b Name of plan sponsor	**c** EIN-PN

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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 01/01/2017 and ending 12/31/2017

A Name of plan
FITESA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-0535327

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	771401	727127
(9) Value of interest in common/collective trusts	1c(9)	1422175	1774963
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18476335	22154826
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	20669911	24656916
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20669911	24656916

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1088358	
	(B) Participants	2a(1)(B)	1050603	
	(C) Others (including rollovers)	2a(1)(C)	333641	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2472602
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	31741	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31741
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	332681	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		332681
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		29950
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3274805
c Other income	2c		25712
d Total income. Add all **income** amounts in column (b) and enter total	2d		6167491
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2085813	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2085813
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	82673	
(3) Investment advisory and management fees	2i(3)	12000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		94673
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2180486
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3987005
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: JOSEPH P HANDY CPA PLC (2) EIN: 05-0572300

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
FITESA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-0535327

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FITESA 401(k) RETIREMENT SAVINGS PLAN

Financial Statements

For the Years Ended December 31, 2017 and 2016

Fitesa 401(k) Retirement Savings Plan

Financial Statements

For the Years Ended December 31, 2017 and 2016

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** Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*

JOSEPH P. HANDY, CPA, PLC.
CERTIFIED PUBLIC ACCOUNTANT
12000 Biscayne Boulevard, Suite 405
NORTH MIAMI, FLORIDA 33181-2725

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE: (305) 895-9939

Independent Auditor's Report

To the Board of Directors
Fitesa 401(k) Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fitesa 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 4*, which was certified by the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Wells Fargo Bank, N.A. as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

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

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

Joseph P. Handy, CPA, PLC.
North Miami, FL

September 24, 2018

FITESA 401(k) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets:		
Investments, at fair value	**$ 23,929,789**	$ 19,898,510
Receivables:		
Employer contribution receivable	**90,284**	56,773
Employee contribution receivable	**39,250**	25,762
Notes receivable from participants	**727,127**	771,401
Total assets	**24,786,450**	20,752,446
Net Assets Available For Benefits	**$ 24,786,450**	$ 20,752,446

See Independent Auditor's Report and Notes to the Financial Statements

FITESA 401(k) RETIREMENT SAVINGS PLAN

Statement of Change in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions:	
Investment income:	
Net appreciation in fair value of investments:	
Mutual funds	$ 3,274,805
Common/collective trust	29,950
Dividends	332,681
Revenue sharing	25,712
Interest income on participant notes receivable	31,741
Contributions:	
Participant deferrals	1,064,091
Participant rollover	333,641
Employer contributions	1,121,869
Total additions	6,214,490
Deductions:	
Benefits paid to participants	2,085,813
Administrative fees	94,673
Total deductions	2,180,486
Net increase	$ 4,034,004
Net Assets Available For Benefits:	
Beginning of plan year	20,752,446
End of plan year	$ 24,786,450

See Independent Auditor's Report and Notes to the Financial Statements

Notes to Financial Statements
December 31, 2017

Note 1. Description of the Plan

The following description of Fitesa 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan was established on March 1, 2012 by the Plan Sponsor, Fitesa Simpsonville, Inc. (the "Company"). The plan is intended to encourage and assist employees in adopting a regular savings program and to help provide additional security for their retirement.

The Plan is a defined contribution plan covering eligible employees of the employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investments offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Plan Amendments
Effective January 1, 2016, the Plan has adopted a Wells Fargo Master Safe Harbor Protype plan. The most notable change is the definition of "compensation" and the corresponding changes to the definition of "statutory compensation". Compensation does not include taxable moving expense reimbursements, tax equalization payments, housing differential reimbursements and rent reimbursements. Statutory compensation does not include amounts paid to a nonresident alien.

Participant accounts
Each participant has an individual account established and maintained under the Plan that is credited with the participant's contributions and withdrawals, company matching contributions and plan earnings or losses. Plan earnings or losses are allocated among the participants' account balances in the proportion that each participant account balance bears to the aggregate of all participant account balances. Transactions fees charged for participant loans and distributions are allocated directly to that participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions
Upon employment, employees of the employer may begin participation on the first day of each month following the day of employment. Each participant may contribute on a pretax basis 1% to 85% of his or her compensation to the Plan, as defined by the plan document subject to the limitations in the Internal Revenue Code (IRC). For 2017 and 2016, participant deferrals could not exceed $18,000 unless the participant has reached age 50 before the end of the Plan year, therefore making them eligible for an additional catch-up contribution up to $6,000.

Note 1. Description of the Plan *(Continued)*

Contributions *(continued)*
If the participant does not complete a salary deferral agreement, make investment elections, or decline to participate within thirty (30) days of eligibility, the employer automatically enrolls the employee into the Plan and withholds four percent (4%) of the eligible earnings from the participant's paycheck each payroll period. The automatic contributions to the Plan will be invested in a default investment fund selected by the Company unless the participant makes an investment election.

The safe harbor matching contribution will be determined on an annual basis; however, on a pay period basis, the Company makes a matching contribution on behalf of each eligible participant equal to 100% of the first 4% of the participant's compensation contributed to the Plan. Participants are eligible for matching immediately following their date of hire. Contributions are limited by Section 401(k) on the Internal Revenue Code (IRC). The Plan permits rollover contributions from other qualified plans; however, rollover contributions are not eligible for the Company matching contributions. In addition, the Company is required to make a nonelective contribution of 3% of a participant's eligible compensation.

Vesting
Participants are immediately 100% vested in their voluntary contributions, the employer match on pretax contributions, employer profit sharing contributions and actual earnings thereon.

Notes receivable from participants
Participants may borrow from a minimum of $1,000 up to a maximum of 50% of their vested account balance, not to exceed $50,000. The interest rate applied to the note is prime plus one percent as published in the Wall Street Journal on the day the loan is initiated. Most notes must be repaid within five years, with the exception of a notes established for the purchase of a principal residence, which can be repaid over a period of not more than ten years.

Interest rates range from 4.25% to 5.50% as of December 31, 2017 and 2016. A participant may only have two loans outstanding at any given time. An outstanding note receivable becomes due upon termination, or when a required loan payment is not made. Any unpaid balance becomes a deemed distribution. Principal and interest are paid ratably through bi-weekly payroll deductions.

Forfeited accounts
Upon termination, participants are fully vested in their participant deferrals, employer match and any nonelective contributions made by the employer. Therefore, forfeitures are not applicable to this plan.

Note 1. Description of the Plan *(Continued)*

Payment of benefits

Upon retirement, disability, death or termination, participants (or their beneficiaries) may elect to receive the value of their account by any one or more methods of payment authorized by the Plan, which includes a lump-sum amount or a series of installment payments over a specified time defined by the Plan. Participants may also choose to have their account balances transferred directly to another qualified plan or individual retirement account. Participants, who terminate employment with an account balance of less than $1,000, or who requests distributions of less than $1,000, automatically receive lump-sum distributions.

Participants may request withdrawals from their accounts based upon financial hardship as defined in U.S. Treasury regulations, subject to the approval of the Saving Plan Committee. In the event such a withdrawal is made, the distribution is subject to 20% federal withholding and a 10% excise tax if the participant has not attained the age 59½. Participant distributions may not be deferred past April 1 of the calendar year in which the participant attains age 70 ½.

NOTE 2. Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported changes in net assets available for benefits during the reporting year and period. Actual results could differ from those estimates.

Investment valuation and income recognition

Except for the common collective trust described below, the Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

One of the investment options offered by the Plan, the Wells Fargo Stable Return Fund N (the "Stable Return Fund"), is a common collective trust that is fully invested in Wells Fargo Stable Return Fund G, which holds investments in general insurance contracts and security-backed contracts which are deemed to be fully benefit-responsive. The Plan reports its investment in the Stable Return Fund at fair value using the net asset value (NAV) of the units held by the fund at year-end as a practical expedient. This practical expedient would not be used if it is determined

Note 2. Summary of Significant Accounting Policies *(Continued)*

Investment valuation and income recognition *(continued)*
to be probable that the fund will sell the investment for an amount different from the reported NAV. The Stable Return Fund does not invest directly in fully benefit-responsive contracts, and therefore the Plan is not required to include in the financial statements the disclosure requirements for investments in fully benefit-responsive contracts or stable value funds.

There were no changes in the valuation methodologies used at December 31, 2017 and 2016 compared to prior year. See *Note 5* for further discussion of the fair value investments.

Plan administration
Participant and employer contributions are remitted to the trustee, who invests the cash received as directed by the participants. The trustee accounts for contributions, interest and dividend earnings, termination benefits, and unrealized gains and losses daily. Administrative expenses of the Plan for the years ended December 31, 2017 and 2016 were $94,673 and $74,726, respectively. Investment related expenses are included in the net appreciation (depreciation) of the fair value of the investments.

Certain administrative functions of the Plan are performed by employees of the Company. The Company employees do not receive compensation from the Plan. All administrative fees are paid by the Plan.

Fair value measurements
The fair value hierarchy established by the standard on fair value measurements includes three levels which are based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument. In accordance with the standard on fair value, the Plan's financial assets and liabilities that are recorded on the Statements of Net Assets Available for Benefits are categorized based on the inputs to the valuation techniques as follows:

Level 1. Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that we have the ability to access.

Level 2. Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset or liability.

Level 3. Financial assets and liabilities whose values are based on model inputs that are unobservable.

Note 2. Summary of Significant Accounting Policies *(Continued)*

Fair value measurements *(continued)*
The following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy:

Mutual funds – Valued at the net asset value (NAV) of shares held by the plan at year end and classified with Level 1 in the fair value hierarchy table in *Note 5.*

Collective investment trust – The investment includes stable return fund. The fair values of the participant units held in the stable return fund are based on NAV to reflect all fund investments at fair value, including direct and indirect interests in the fully benefit-responsive contracts. The stable return fund generally permits redemption daily. If the fund experiences periods of insufficient liquidity, then the stable return fund may defer honoring any payment request until liquidity is sufficient. The Plan is permitted to redeem investment units at NAV on the measurement date.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Sponsor believes it valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Payment of benefits
Benefits are recorded when they are paid.

Notes receivable from participants
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Management reviews the notes receivable activity regularly to determine if outstanding balances are uncollectible or impaired. Management deems any loan with payments over 60 days past due to be uncollectible. It is unlikely a note receivable principal balance will be impaired because the note is secured by the participant's vested balance. When a participant's loan is defaulted it is reported on the Form 5500 as a deemed distributed loan and the note receivable balance is removed from the Statement of Net Assets reported on the Form 5500.

Dates of management's review
Subsequent events were evaluated through the independent auditor's report date, which is the date the financial statements were available to be issued.

Note 3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the accompanying statement of net assets available for benefits

Note 4. Information Prepared and Certified by Trustee (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule as of and for the years ending December 31, 2017 and 2016 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A. Accordingly, the trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments at fair value and notes receivable from participants, as shown on the statement of net assets available for benefits as of December 31, 2017 and 2016.
- Investments at contract value, as shown on the statement of net assets available for benefits as of December 31, 2017 and 2016.
- Interest and dividend income, net loss from investment activity and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2017.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements

Note 5. Fair Value Investments

The following tables set forth the fair value hierarchy for those assets measured at fair value on a recurring basis.

	Fair Value Measurement Using:			
As of December 31, 2017	Level 1	Level 2 or Level 3	Assets Measured at NAV (b)	Total
Mutal funds	$ 22,154,826	$ -	$ -	$ 22,154,826
Collective trust fund *	-	-	1,774,963	1,774,963
	$ 22,154,826	$ -	$ 1,774,963	$ 23,929,789

	Fair Value Measurement Using:			
As of December 31, 2016	Level 1	Level 2 or Level 3	Assets Measured at NAV (b)	Total
Mutal funds	$ 18,476,335	$ -	$ -	$ 18,476,335
Collective trust fund *	-	-	1,422,175	1,422,175
	$ 18,476,335	$ -	$ 1,422,175	$ 19,898,510

* The fair values of the Collective Trust Fund reflected in the tables above have been determined using the net asset value (NAV) per share (or its equivalent) practical expedient and, as such, have not been categorized with the fair value hierarchy. The fair values represented in the tables are intended to permit reconciliation of the fair value hierarchy table to amounts presented in the Statements of Net Assets Available for Plan Benefits. At December 31, 2017 and 2016, the use of NAV as fair value is deemed appropriate as the Collective Trust Funds do not have finite lives, unfunded commitments relating to these type of investments, or significant restrictions on redemptions at the participant level. However, at the Plan Sponsor level, a 12 month notice period is required if the investment is going to be removed from the Plan investment line-up. Net asset value of the funds is calculated daily.

Wells Fargo Stable Return Fund N (the "Stable Return Fund"), is 100% invested in Wells Fargo Stable Return Fund G, which invests in contracts. The contract issuer specifies specific events which may trigger a market value adjustment. At this time, the Stable Return Fund does not believe that the occurrence of any such market value event, which would limit the Stable Return Fund's ability to transact at contact value with participants, is probable.

Note 6. Plan Termination

While the Company has not expressed any intent to do so, they reserve the right to terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, participants would become 100% vested in their employer contributions.

Note 7. Tax Status

The Plan operated under the prototype standardized profit-sharing plan provisions established by Wells Fargo Trust Company. The Internal Revenue Service (IRS) has issued a determination letter dated March 31, 2014 accepting the form of the prototype plan. The IRS considers employers who adopt and adhere to the terms and provisions of the prototype plan as meeting the requirements for qualifications in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's trustee and the Plan Administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management has evaluated the tax positions taken by the plan and if a tax liability (or asset) exists for uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2017, there were no uncertain position taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Party-In-Interest Transactions

Certain Plan investments are managed by Wells Fargo Bank, N.A. ("Wells"). Wells Fargo Bank, N.A. Institutional Retirement and Trust is the trustee and recordkeeper for the Plan.

Wells provides certain administrative services to the Plan pursuant to a Master Plan Service Agreement ("MSA") between the Company and Wells Fargo N.A. Institutional Retirement and Trust. Wells receives compensation from certain mutual fund service providers for services Wells provides to those funds. These transactions are classified as party-in-interest transactions as defined by ERISA, which exempts the parties from the prohibited transaction rules.

This compensation is commonly referred to as "revenue sharing" and is used to offset certain amounts owed to Wells for its administrative services to the Plan.

Note 8. Party-In-Interest Transactions *(Continued)*

If the compensation received by Wells from such mutual fund service providers exceeds the amount owed under the MSA, Wells credits the excess compensation to the Plan's trust and allocates those credits to the participant accounts which are invested in those certain mutual funds. Such amounts may be applied to pay Plan administrative expenses.

Notes receivable from participants also qualifies for party-in interest transactions but are exempt from the prohibited transaction rules of ERISA.

Note 9. Reconciliation of Financial Statements to Schedule H of Form 5500

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

	2017	2016
Net assets available for benefits per the financial statements	$24,786,450	$20,752,446
Subtract: Contributions receivable per the financial statements	(129,534)	(82,535)
Net assets available for benefits per Form 5500	$24,656,916	$20,669,911

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

Net increase in net assets available for benefits per the financial statements		$ 4,034,004
Subtract:	Contributions receivable per the financial statements	(129,534)
Add:	2016 contributions received in 2017	82,535
	Net income per Form 5500	$ 3,987,005

FITESA 401(k) RETIRMENT SAVINGS PLAN

Supplemental Schedule

For the Year Ended December 31, 2017

FITESA 401(k) RETIREMENT SAVINGS PLAN

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Item 4i
December 31, 2017

Plan No. 001
EIN: 27-0535327

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Vanguard Index 500 (Admiral)	Mutual fund	**	$ 3,134,525
	T. Rowe Price Mid Cap Growth	Mutual fund	**	2,070,738
*	Wells Fargo Stable Return Fund N	Common Collective Trust	**	1,774,963
	MFS Lifetime 2030	Mutual fund	**	1,623,538
	American Fds Fundamtl Inv R6	Mutual fund	**	1,528,519
	T. Rowe Price New Horizons Fund	Mutual fund	**	1,464,367
	MFS Mass Inv Growth STK-R6	Mutual fund	**	1,374,480
	American Beacon Small Cap Value	Mutual fund	**	1,254,251
	Dodge & Cox Income Fund	Mutual fund	**	1,235,257
	MFS Mid Cap Value Fund R6	Mutual fund	**	1,232,653
	Harding Loevner Intl Eqty Port	Mutual fund	**	1,003,837
	MFS Lifetime 2040	Mutual fund	**	978,617
	American Funds EuroPac Growth R6	Mutual fund	**	971,305
	JP Morgan Equity Income R6	Mutual fund	**	945,313
	MFS Lifetime 2035	Mutual fund	**	747,956
	MFS Lifetime 2050	Mutual fund	**	657,172
	MFS Lifetime 2025	Mutual fund	**	524,992
	Amer Cent Govt Bond FD-INS	Mutual fund	**	414,984
	MFS Lifetime2045	Mutual fund	**	307,673
	MFS Lifetime Ret Income R6	Mutual fund	**	236,326
	MFS Lifetime 2020	Mutual fund	**	206,459
	MFS Lifetime 2055	Mutual fund	**	167,322
	MFS Lifetime 2060	Mutual fund	**	74,534
	Baron Growth Instituional	Mutual fund	**	5
	Dodge & Cox Intl Stock Fund	Mutual fund	**	1
	Amer Fundmental Investors R5	Mutual fund	**	1
	American EuroPacific Growth R5	Mutual fund	**	1
*	Note receivable from participants	interest rates from 4.25-5.50%		727,127
				$ 24,656,916

* A party-in interest as defined by ERISA

** Cost omitted for participant-directed investments.

Certified as Complete and Accurate by the Plan Trustee

FITESA 401(k) RETIREMENT SAVINGS PLAN

Financial Statements

For the Years Ended December 31, 2017 and 2016

Fitesa 401(k) Retirement Savings Plan

Financial Statements

For the Years Ended December 31, 2017 and 2016

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** Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*

JOSEPH P. HANDY, CPA, PLC.
CERTIFIED PUBLIC ACCOUNTANT
12000 Biscayne Boulevard, Suite 405
NORTH MIAMI, FLORIDA 33181-2725

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE: (305) 895-9939

Independent Auditor's Report

To the Board of Directors
Fitesa 401(k) Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fitesa 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 4*, which was certified by the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Wells Fargo Bank, N.A. as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

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

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

Joseph P. Handy, CPA, PLC.
North Miami, FL

September 24, 2018

FITESA 401(k) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets:		
Investments, at fair value	**$ 23,929,789**	$ 19,898,510
Receivables:		
Employer contribution receivable	**90,284**	56,773
Employee contribution receivable	**39,250**	25,762
Notes receivable from participants	**727,127**	771,401
Total assets	**24,786,450**	20,752,446
Net Assets Available For Benefits	**$ 24,786,450**	$ 20,752,446

See Independent Auditor's Report and Notes to the Financial Statements

FITESA 401(k) RETIREMENT SAVINGS PLAN

Statement of Change in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions:	
Investment income:	
Net appreciation in fair value of investments:	
Mutual funds	$ 3,274,805
Common/collective trust	29,950
Dividends	332,681
Revenue sharing	25,712
Interest income on participant notes receivable	31,741
Contributions:	
Participant deferrals	1,064,091
Participant rollover	333,641
Employer contributions	1,121,869
Total additions	6,214,490
Deductions:	
Benefits paid to participants	2,085,813
Administrative fees	94,673
Total deductions	2,180,486
Net increase	$ 4,034,004
Net Assets Available For Benefits:	
Beginning of plan year	20,752,446
End of plan year	$ 24,786,450

See Independent Auditor's Report and Notes to the Financial Statements

Notes to Financial Statements
December 31, 2017

Note 1. Description of the Plan

The following description of Fitesa 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan was established on March 1, 2012 by the Plan Sponsor, Fitesa Simpsonville, Inc. (the "Company"). The plan is intended to encourage and assist employees in adopting a regular savings program and to help provide additional security for their retirement.

The Plan is a defined contribution plan covering eligible employees of the employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investments offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Plan Amendments
Effective January 1, 2016, the Plan has adopted a Wells Fargo Master Safe Harbor Protype plan. The most notable change is the definition of "compensation" and the corresponding changes to the definition of "statutory compensation". Compensation does not include taxable moving expense reimbursements, tax equalization payments, housing differential reimbursements and rent reimbursements. Statutory compensation does not include amounts paid to a nonresident alien.

Participant accounts
Each participant has an individual account established and maintained under the Plan that is credited with the participant's contributions and withdrawals, company matching contributions and plan earnings or losses. Plan earnings or losses are allocated among the participants' account balances in the proportion that each participant account balance bears to the aggregate of all participant account balances. Transactions fees charged for participant loans and distributions are allocated directly to that participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions
Upon employment, employees of the employer may begin participation on the first day of each month following the day of employment. Each participant may contribute on a pretax basis 1% to 85% of his or her compensation to the Plan, as defined by the plan document subject to the limitations in the Internal Revenue Code (IRC). For 2017 and 2016, participant deferrals could not exceed $18,000 unless the participant has reached age 50 before the end of the Plan year, therefore making them eligible for an additional catch-up contribution up to $6,000.

Note 1. Description of the Plan *(Continued)*

Contributions *(continued)*
If the participant does not complete a salary deferral agreement, make investment elections, or decline to participate within thirty (30) days of eligibility, the employer automatically enrolls the employee into the Plan and withholds four percent (4%) of the eligible earnings from the participant's paycheck each payroll period. The automatic contributions to the Plan will be invested in a default investment fund selected by the Company unless the participant makes an investment election.

The safe harbor matching contribution will be determined on an annual basis; however, on a pay period basis, the Company makes a matching contribution on behalf of each eligible participant equal to 100% of the first 4% of the participant's compensation contributed to the Plan. Participants are eligible for matching immediately following their date of hire. Contributions are limited by Section 401(k) on the Internal Revenue Code (IRC). The Plan permits rollover contributions from other qualified plans; however, rollover contributions are not eligible for the Company matching contributions. In addition, the Company is required to make a nonelective contribution of 3% of a participant's eligible compensation.

Vesting
Participants are immediately 100% vested in their voluntary contributions, the employer match on pretax contributions, employer profit sharing contributions and actual earnings thereon.

Notes receivable from participants
Participants may borrow from a minimum of $1,000 up to a maximum of 50% of their vested account balance, not to exceed $50,000. The interest rate applied to the note is prime plus one percent as published in the Wall Street Journal on the day the loan is initiated. Most notes must be repaid within five years, with the exception of a notes established for the purchase of a principal residence, which can be repaid over a period of not more than ten years.

Interest rates range from 4.25% to 5.50% as of December 31, 2017 and 2016. A participant may only have two loans outstanding at any given time. An outstanding note receivable becomes due upon termination, or when a required loan payment is not made. Any unpaid balance becomes a deemed distribution. Principal and interest are paid ratably through bi-weekly payroll deductions.

Forfeited accounts
Upon termination, participants are fully vested in their participant deferrals, employer match and any nonelective contributions made by the employer. Therefore, forfeitures are not applicable to this plan.

Note 1. Description of the Plan *(Continued)*

Payment of benefits

Upon retirement, disability, death or termination, participants (or their beneficiaries) may elect to receive the value of their account by any one or more methods of payment authorized by the Plan, which includes a lump-sum amount or a series of installment payments over a specified time defined by the Plan. Participants may also choose to have their account balances transferred directly to another qualified plan or individual retirement account. Participants, who terminate employment with an account balance of less than $1,000, or who requests distributions of less than $1,000, automatically receive lump-sum distributions.

Participants may request withdrawals from their accounts based upon financial hardship as defined in U.S. Treasury regulations, subject to the approval of the Saving Plan Committee. In the event such a withdrawal is made, the distribution is subject to 20% federal withholding and a 10% excise tax if the participant has not attained the age 59½. Participant distributions may not be deferred past April 1 of the calendar year in which the participant attains age 70 ½.

NOTE 2. Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported changes in net assets available for benefits during the reporting year and period. Actual results could differ from those estimates.

Investment valuation and income recognition

Except for the common collective trust described below, the Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

One of the investment options offered by the Plan, the Wells Fargo Stable Return Fund N (the "Stable Return Fund"), is a common collective trust that is fully invested in Wells Fargo Stable Return Fund G, which holds investments in general insurance contracts and security-backed contracts which are deemed to be fully benefit-responsive. The Plan reports its investment in the Stable Return Fund at fair value using the net asset value (NAV) of the units held by the fund at year-end as a practical expedient. This practical expedient would not be used if it is determined

Note 2. Summary of Significant Accounting Policies *(Continued)*

Investment valuation and income recognition *(continued)*
to be probable that the fund will sell the investment for an amount different from the reported NAV. The Stable Return Fund does not invest directly in fully benefit-responsive contracts, and therefore the Plan is not required to include in the financial statements the disclosure requirements for investments in fully benefit-responsive contracts or stable value funds.

There were no changes in the valuation methodologies used at December 31, 2017 and 2016 compared to prior year. See *Note 5* for further discussion of the fair value investments.

Plan administration
Participant and employer contributions are remitted to the trustee, who invests the cash received as directed by the participants. The trustee accounts for contributions, interest and dividend earnings, termination benefits, and unrealized gains and losses daily. Administrative expenses of the Plan for the years ended December 31, 2017 and 2016 were $94,673 and $74,726, respectively. Investment related expenses are included in the net appreciation (depreciation) of the fair value of the investments.

Certain administrative functions of the Plan are performed by employees of the Company. The Company employees do not receive compensation from the Plan. All administrative fees are paid by the Plan.

Fair value measurements
The fair value hierarchy established by the standard on fair value measurements includes three levels which are based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument. In accordance with the standard on fair value, the Plan's financial assets and liabilities that are recorded on the Statements of Net Assets Available for Benefits are categorized based on the inputs to the valuation techniques as follows:

Level 1. Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that we have the ability to access.

Level 2. Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset or liability.

Level 3. Financial assets and liabilities whose values are based on model inputs that are unobservable.

Note 2. Summary of Significant Accounting Policies *(Continued)*

Fair value measurements *(continued)*
The following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy:

Mutual funds – Valued at the net asset value (NAV) of shares held by the plan at year end and classified with Level 1 in the fair value hierarchy table in *Note 5.*

Collective investment trust – The investment includes stable return fund. The fair values of the participant units held in the stable return fund are based on NAV to reflect all fund investments at fair value, including direct and indirect interests in the fully benefit-responsive contracts. The stable return fund generally permits redemption daily. If the fund experiences periods of insufficient liquidity, then the stable return fund may defer honoring any payment request until liquidity is sufficient. The Plan is permitted to redeem investment units at NAV on the measurement date.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Sponsor believes it valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Payment of benefits
Benefits are recorded when they are paid.

Notes receivable from participants
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Management reviews the notes receivable activity regularly to determine if outstanding balances are uncollectible or impaired. Management deems any loan with payments over 60 days past due to be uncollectible. It is unlikely a note receivable principal balance will be impaired because the note is secured by the participant's vested balance. When a participant's loan is defaulted it is reported on the Form 5500 as a deemed distributed loan and the note receivable balance is removed from the Statement of Net Assets reported on the Form 5500.

Dates of management's review
Subsequent events were evaluated through the independent auditor's report date, which is the date the financial statements were available to be issued.

Note 3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the accompanying statement of net assets available for benefits

Note 4. Information Prepared and Certified by Trustee (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule as of and for the years ending December 31, 2017 and 2016 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A. Accordingly, the trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments at fair value and notes receivable from participants, as shown on the statement of net assets available for benefits as of December 31, 2017 and 2016.
- Investments at contract value, as shown on the statement of net assets available for benefits as of December 31, 2017 and 2016.
- Interest and dividend income, net loss from investment activity and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2017.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements

Note 5. Fair Value Investments

The following tables set forth the fair value hierarchy for those assets measured at fair value on a recurring basis.

	Fair Value Measurement Using:			
As of December 31, 2017	Level 1	Level 2 or Level 3	Assets Measured at NAV (b)	Total
Mutal funds	$ 22,154,826	$ -	$ -	$ 22,154,826
Collective trust fund *	-	-	1,774,963	1,774,963
	$ 22,154,826	$ -	$ 1,774,963	$ 23,929,789

	Fair Value Measurement Using:			
As of December 31, 2016	Level 1	Level 2 or Level 3	Assets Measured at NAV (b)	Total
Mutal funds	$ 18,476,335	$ -	$ -	$ 18,476,335
Collective trust fund *	-	-	1,422,175	1,422,175
	$ 18,476,335	$ -	$ 1,422,175	$ 19,898,510

* The fair values of the Collective Trust Fund reflected in the tables above have been determined using the net asset value (NAV) per share (or its equivalent) practical expedient and, as such, have not been categorized with the fair value hierarchy. The fair values represented in the tables are intended to permit reconciliation of the fair value hierarchy table to amounts presented in the Statements of Net Assets Available for Plan Benefits. At December 31, 2017 and 2016, the use of NAV as fair value is deemed appropriate as the Collective Trust Funds do not have finite lives, unfunded commitments relating to these type of investments, or significant restrictions on redemptions at the participant level. However, at the Plan Sponsor level, a 12 month notice period is required if the investment is going to be removed from the Plan investment line-up. Net asset value of the funds is calculated daily.

Wells Fargo Stable Return Fund N (the "Stable Return Fund"), is 100% invested in Wells Fargo Stable Return Fund G, which invests in contracts. The contract issuer specifies specific events which may trigger a market value adjustment. At this time, the Stable Return Fund does not believe that the occurrence of any such market value event, which would limit the Stable Return Fund's ability to transact at contact value with participants, is probable.

Note 6. Plan Termination

While the Company has not expressed any intent to do so, they reserve the right to terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, participants would become 100% vested in their employer contributions.

Note 7. Tax Status

The Plan operated under the prototype standardized profit-sharing plan provisions established by Wells Fargo Trust Company. The Internal Revenue Service (IRS) has issued a determination letter dated March 31, 2014 accepting the form of the prototype plan. The IRS considers employers who adopt and adhere to the terms and provisions of the prototype plan as meeting the requirements for qualifications in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's trustee and the Plan Administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management has evaluated the tax positions taken by the plan and if a tax liability (or asset) exists for uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2017, there were no uncertain position taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Party-In-Interest Transactions

Certain Plan investments are managed by Wells Fargo Bank, N.A. ("Wells"). Wells Fargo Bank, N.A. Institutional Retirement and Trust is the trustee and recordkeeper for the Plan.

Wells provides certain administrative services to the Plan pursuant to a Master Plan Service Agreement ("MSA") between the Company and Wells Fargo N.A. Institutional Retirement and Trust. Wells receives compensation from certain mutual fund service providers for services Wells provides to those funds. These transactions are classified as party-in-interest transactions as defined by ERISA, which exempts the parties from the prohibited transaction rules.

This compensation is commonly referred to as "revenue sharing" and is used to offset certain amounts owed to Wells for its administrative services to the Plan.

Note 8. Party-In-Interest Transactions *(Continued)*

If the compensation received by Wells from such mutual fund service providers exceeds the amount owed under the MSA, Wells credits the excess compensation to the Plan's trust and allocates those credits to the participant accounts which are invested in those certain mutual funds. Such amounts may be applied to pay Plan administrative expenses.

Notes receivable from participants also qualifies for party-in interest transactions but are exempt from the prohibited transaction rules of ERISA.

Note 9. Reconciliation of Financial Statements to Schedule H of Form 5500

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

	2017	2016
Net assets available for benefits per the financial statements	$24,786,450	$20,752,446
Subtract: Contributions receivable per the financial statements	(129,534)	(82,535)
Net assets available for benefits per Form 5500	$24,656,916	$20,669,911

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

Net increase in net assets available for benefits per the financial statements		$ 4,034,004
Subtract:	Contributions receivable per the financial statements	(129,534)
Add:	2016 contributions received in 2017	82,535
	Net income per Form 5500	$ 3,987,005

FITESA 401(k) RETIRMENT SAVINGS PLAN

Supplemental Schedule

For the Year Ended December 31, 2017

FITESA 401(k) RETIREMENT SAVINGS PLAN

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Item 4i
December 31, 2017

Plan No. 001
EIN: 27-0535327

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Vanguard Index 500 (Admiral)	Mutual fund	**	$ 3,134,525
	T. Rowe Price Mid Cap Growth	Mutual fund	**	2,070,738
*	Wells Fargo Stable Return Fund N	Common Collective Trust	**	1,774,963
	MFS Lifetime 2030	Mutual fund	**	1,623,538
	American Fds Fundamtl Inv R6	Mutual fund	**	1,528,519
	T. Rowe Price New Horizons Fund	Mutual fund	**	1,464,367
	MFS Mass Inv Growth STK-R6	Mutual fund	**	1,374,480
	American Beacon Small Cap Value	Mutual fund	**	1,254,251
	Dodge & Cox Income Fund	Mutual fund	**	1,235,257
	MFS Mid Cap Value Fund R6	Mutual fund	**	1,232,653
	Harding Loevner Intl Eqty Port	Mutual fund	**	1,003,837
	MFS Lifetime 2040	Mutual fund	**	978,617
	American Funds EuroPac Growth R6	Mutual fund	**	971,305
	JP Morgan Equity Income R6	Mutual fund	**	945,313
	MFS Lifetime 2035	Mutual fund	**	747,956
	MFS Lifetime 2050	Mutual fund	**	657,172
	MFS Lifetime 2025	Mutual fund	**	524,992
	Amer Cent Govt Bond FD-INS	Mutual fund	**	414,984
	MFS Lifetime2045	Mutual fund	**	307,673
	MFS Lifetime Ret Income R6	Mutual fund	**	236,326
	MFS Lifetime 2020	Mutual fund	**	206,459
	MFS Lifetime 2055	Mutual fund	**	167,322
	MFS Lifetime 2060	Mutual fund	**	74,534
	Baron Growth Instituional	Mutual fund	**	5
	Dodge & Cox Intl Stock Fund	Mutual fund	**	1
	Amer Fundmental Investors R5	Mutual fund	**	1
	American EuroPacific Growth R5	Mutual fund	**	1
*	Note receivable from participants	interest rates from 4.25-5.50%		727,127
				$ 24,656,916

* A party-in interest as defined by ERISA

** Cost omitted for participant-directed investments.

Certified as Complete and Accurate by the Plan Trustee

FITESA 401(k) RETIREMENT SAVINGS PLAN

Financial Statements

For the Years Ended December 31, 2017 and 2016

Fitesa 401(k) Retirement Savings Plan

Financial Statements

For the Years Ended December 31, 2017 and 2016

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** Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*

JOSEPH P. HANDY, CPA, PLC.
CERTIFIED PUBLIC ACCOUNTANT
12000 Biscayne Boulevard, Suite 405
NORTH MIAMI, FLORIDA 33181-2725

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE: (305) 895-9939

Independent Auditor's Report

To the Board of Directors
Fitesa 401(k) Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fitesa 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 4*, which was certified by the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Wells Fargo Bank, N.A. as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

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

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

Joseph P. Handy, CPA, PLC.
North Miami, FL

September 24, 2018

FITESA 401(k) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets:		
Investments, at fair value	**$ 23,929,789**	$ 19,898,510
Receivables:		
Employer contribution receivable	**90,284**	56,773
Employee contribution receivable	**39,250**	25,762
Notes receivable from participants	**727,127**	771,401
Total assets	**24,786,450**	20,752,446
Net Assets Available For Benefits	**$ 24,786,450**	$ 20,752,446

See Independent Auditor's Report and Notes to the Financial Statements

FITESA 401(k) RETIREMENT SAVINGS PLAN

Statement of Change in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions:	
Investment income:	
Net appreciation in fair value of investments:	
Mutual funds	$ 3,274,805
Common/collective trust	29,950
Dividends	332,681
Revenue sharing	25,712
Interest income on participant notes receivable	31,741
Contributions:	
Participant deferrals	1,064,091
Participant rollover	333,641
Employer contributions	1,121,869
Total additions	6,214,490
Deductions:	
Benefits paid to participants	2,085,813
Administrative fees	94,673
Total deductions	2,180,486
Net increase	$ 4,034,004
Net Assets Available For Benefits:	
Beginning of plan year	20,752,446
End of plan year	$ 24,786,450

See Independent Auditor's Report and Notes to the Financial Statements

Notes to Financial Statements
December 31, 2017

Note 1. Description of the Plan

The following description of Fitesa 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan was established on March 1, 2012 by the Plan Sponsor, Fitesa Simpsonville, Inc. (the "Company"). The plan is intended to encourage and assist employees in adopting a regular savings program and to help provide additional security for their retirement.

The Plan is a defined contribution plan covering eligible employees of the employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investments offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Plan Amendments
Effective January 1, 2016, the Plan has adopted a Wells Fargo Master Safe Harbor Protype plan. The most notable change is the definition of "compensation" and the corresponding changes to the definition of "statutory compensation". Compensation does not include taxable moving expense reimbursements, tax equalization payments, housing differential reimbursements and rent reimbursements. Statutory compensation does not include amounts paid to a nonresident alien.

Participant accounts
Each participant has an individual account established and maintained under the Plan that is credited with the participant's contributions and withdrawals, company matching contributions and plan earnings or losses. Plan earnings or losses are allocated among the participants' account balances in the proportion that each participant account balance bears to the aggregate of all participant account balances. Transactions fees charged for participant loans and distributions are allocated directly to that participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions
Upon employment, employees of the employer may begin participation on the first day of each month following the day of employment. Each participant may contribute on a pretax basis 1% to 85% of his or her compensation to the Plan, as defined by the plan document subject to the limitations in the Internal Revenue Code (IRC). For 2017 and 2016, participant deferrals could not exceed $18,000 unless the participant has reached age 50 before the end of the Plan year, therefore making them eligible for an additional catch-up contribution up to $6,000.

Note 1. Description of the Plan *(Continued)*

Contributions *(continued)*
If the participant does not complete a salary deferral agreement, make investment elections, or decline to participate within thirty (30) days of eligibility, the employer automatically enrolls the employee into the Plan and withholds four percent (4%) of the eligible earnings from the participant's paycheck each payroll period. The automatic contributions to the Plan will be invested in a default investment fund selected by the Company unless the participant makes an investment election.

The safe harbor matching contribution will be determined on an annual basis; however, on a pay period basis, the Company makes a matching contribution on behalf of each eligible participant equal to 100% of the first 4% of the participant's compensation contributed to the Plan. Participants are eligible for matching immediately following their date of hire. Contributions are limited by Section 401(k) on the Internal Revenue Code (IRC). The Plan permits rollover contributions from other qualified plans; however, rollover contributions are not eligible for the Company matching contributions. In addition, the Company is required to make a nonelective contribution of 3% of a participant's eligible compensation.

Vesting
Participants are immediately 100% vested in their voluntary contributions, the employer match on pretax contributions, employer profit sharing contributions and actual earnings thereon.

Notes receivable from participants
Participants may borrow from a minimum of $1,000 up to a maximum of 50% of their vested account balance, not to exceed $50,000. The interest rate applied to the note is prime plus one percent as published in the Wall Street Journal on the day the loan is initiated. Most notes must be repaid within five years, with the exception of a notes established for the purchase of a principal residence, which can be repaid over a period of not more than ten years.

Interest rates range from 4.25% to 5.50% as of December 31, 2017 and 2016. A participant may only have two loans outstanding at any given time. An outstanding note receivable becomes due upon termination, or when a required loan payment is not made. Any unpaid balance becomes a deemed distribution. Principal and interest are paid ratably through bi-weekly payroll deductions.

Forfeited accounts
Upon termination, participants are fully vested in their participant deferrals, employer match and any nonelective contributions made by the employer. Therefore, forfeitures are not applicable to this plan.

Note 1. Description of the Plan *(Continued)*

Payment of benefits

Upon retirement, disability, death or termination, participants (or their beneficiaries) may elect to receive the value of their account by any one or more methods of payment authorized by the Plan, which includes a lump-sum amount or a series of installment payments over a specified time defined by the Plan. Participants may also choose to have their account balances transferred directly to another qualified plan or individual retirement account. Participants, who terminate employment with an account balance of less than $1,000, or who requests distributions of less than $1,000, automatically receive lump-sum distributions.

Participants may request withdrawals from their accounts based upon financial hardship as defined in U.S. Treasury regulations, subject to the approval of the Saving Plan Committee. In the event such a withdrawal is made, the distribution is subject to 20% federal withholding and a 10% excise tax if the participant has not attained the age 59½. Participant distributions may not be deferred past April 1 of the calendar year in which the participant attains age 70 ½.

NOTE 2. Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported changes in net assets available for benefits during the reporting year and period. Actual results could differ from those estimates.

Investment valuation and income recognition

Except for the common collective trust described below, the Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

One of the investment options offered by the Plan, the Wells Fargo Stable Return Fund N (the "Stable Return Fund"), is a common collective trust that is fully invested in Wells Fargo Stable Return Fund G, which holds investments in general insurance contracts and security-backed contracts which are deemed to be fully benefit-responsive. The Plan reports its investment in the Stable Return Fund at fair value using the net asset value (NAV) of the units held by the fund at year-end as a practical expedient. This practical expedient would not be used if it is determined

Note 2. Summary of Significant Accounting Policies *(Continued)*

Investment valuation and income recognition *(continued)*
to be probable that the fund will sell the investment for an amount different from the reported NAV. The Stable Return Fund does not invest directly in fully benefit-responsive contracts, and therefore the Plan is not required to include in the financial statements the disclosure requirements for investments in fully benefit-responsive contracts or stable value funds.

There were no changes in the valuation methodologies used at December 31, 2017 and 2016 compared to prior year. See *Note 5* for further discussion of the fair value investments.

Plan administration
Participant and employer contributions are remitted to the trustee, who invests the cash received as directed by the participants. The trustee accounts for contributions, interest and dividend earnings, termination benefits, and unrealized gains and losses daily. Administrative expenses of the Plan for the years ended December 31, 2017 and 2016 were $94,673 and $74,726, respectively. Investment related expenses are included in the net appreciation (depreciation) of the fair value of the investments.

Certain administrative functions of the Plan are performed by employees of the Company. The Company employees do not receive compensation from the Plan. All administrative fees are paid by the Plan.

Fair value measurements
The fair value hierarchy established by the standard on fair value measurements includes three levels which are based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument. In accordance with the standard on fair value, the Plan's financial assets and liabilities that are recorded on the Statements of Net Assets Available for Benefits are categorized based on the inputs to the valuation techniques as follows:

Level 1. Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that we have the ability to access.

Level 2. Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset or liability.

Level 3. Financial assets and liabilities whose values are based on model inputs that are unobservable.

Note 2. Summary of Significant Accounting Policies *(Continued)*

Fair value measurements *(continued)*
The following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy:

Mutual funds – Valued at the net asset value (NAV) of shares held by the plan at year end and classified with Level 1 in the fair value hierarchy table in *Note 5.*

Collective investment trust – The investment includes stable return fund. The fair values of the participant units held in the stable return fund are based on NAV to reflect all fund investments at fair value, including direct and indirect interests in the fully benefit-responsive contracts. The stable return fund generally permits redemption daily. If the fund experiences periods of insufficient liquidity, then the stable return fund may defer honoring any payment request until liquidity is sufficient. The Plan is permitted to redeem investment units at NAV on the measurement date.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Sponsor believes it valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Payment of benefits
Benefits are recorded when they are paid.

Notes receivable from participants
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Management reviews the notes receivable activity regularly to determine if outstanding balances are uncollectible or impaired. Management deems any loan with payments over 60 days past due to be uncollectible. It is unlikely a note receivable principal balance will be impaired because the note is secured by the participant's vested balance. When a participant's loan is defaulted it is reported on the Form 5500 as a deemed distributed loan and the note receivable balance is removed from the Statement of Net Assets reported on the Form 5500.

Dates of management's review
Subsequent events were evaluated through the independent auditor's report date, which is the date the financial statements were available to be issued.

Note 3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the accompanying statement of net assets available for benefits

Note 4. Information Prepared and Certified by Trustee (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule as of and for the years ending December 31, 2017 and 2016 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A. Accordingly, the trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments at fair value and notes receivable from participants, as shown on the statement of net assets available for benefits as of December 31, 2017 and 2016.
- Investments at contract value, as shown on the statement of net assets available for benefits as of December 31, 2017 and 2016.
- Interest and dividend income, net loss from investment activity and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2017.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements

Note 5. Fair Value Investments

The following tables set forth the fair value hierarchy for those assets measured at fair value on a recurring basis.

	Fair Value Measurement Using:			
As of December 31, 2017	Level 1	Level 2 or Level 3	Assets Measured at NAV (b)	Total
Mutal funds	$ 22,154,826	$ -	$ -	$ 22,154,826
Collective trust fund *	-	-	1,774,963	1,774,963
	$ 22,154,826	$ -	$ 1,774,963	$ 23,929,789

	Fair Value Measurement Using:			
As of December 31, 2016	Level 1	Level 2 or Level 3	Assets Measured at NAV (b)	Total
Mutal funds	$ 18,476,335	$ -	$ -	$ 18,476,335
Collective trust fund *	-	-	1,422,175	1,422,175
	$ 18,476,335	$ -	$ 1,422,175	$ 19,898,510

* The fair values of the Collective Trust Fund reflected in the tables above have been determined using the net asset value (NAV) per share (or its equivalent) practical expedient and, as such, have not been categorized with the fair value hierarchy. The fair values represented in the tables are intended to permit reconciliation of the fair value hierarchy table to amounts presented in the Statements of Net Assets Available for Plan Benefits. At December 31, 2017 and 2016, the use of NAV as fair value is deemed appropriate as the Collective Trust Funds do not have finite lives, unfunded commitments relating to these type of investments, or significant restrictions on redemptions at the participant level. However, at the Plan Sponsor level, a 12 month notice period is required if the investment is going to be removed from the Plan investment line-up. Net asset value of the funds is calculated daily.

Wells Fargo Stable Return Fund N (the "Stable Return Fund"), is 100% invested in Wells Fargo Stable Return Fund G, which invests in contracts. The contract issuer specifies specific events which may trigger a market value adjustment. At this time, the Stable Return Fund does not believe that the occurrence of any such market value event, which would limit the Stable Return Fund's ability to transact at contact value with participants, is probable.

Note 6. Plan Termination

While the Company has not expressed any intent to do so, they reserve the right to terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, participants would become 100% vested in their employer contributions.

Note 7. Tax Status

The Plan operated under the prototype standardized profit-sharing plan provisions established by Wells Fargo Trust Company. The Internal Revenue Service (IRS) has issued a determination letter dated March 31, 2014 accepting the form of the prototype plan. The IRS considers employers who adopt and adhere to the terms and provisions of the prototype plan as meeting the requirements for qualifications in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's trustee and the Plan Administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management has evaluated the tax positions taken by the plan and if a tax liability (or asset) exists for uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2017, there were no uncertain position taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Party-In-Interest Transactions

Certain Plan investments are managed by Wells Fargo Bank, N.A. ("Wells"). Wells Fargo Bank, N.A. Institutional Retirement and Trust is the trustee and recordkeeper for the Plan.

Wells provides certain administrative services to the Plan pursuant to a Master Plan Service Agreement ("MSA") between the Company and Wells Fargo N.A. Institutional Retirement and Trust. Wells receives compensation from certain mutual fund service providers for services Wells provides to those funds. These transactions are classified as party-in-interest transactions as defined by ERISA, which exempts the parties from the prohibited transaction rules.

This compensation is commonly referred to as "revenue sharing" and is used to offset certain amounts owed to Wells for its administrative services to the Plan.

Note 8. Party-In-Interest Transactions *(Continued)*

If the compensation received by Wells from such mutual fund service providers exceeds the amount owed under the MSA, Wells credits the excess compensation to the Plan's trust and allocates those credits to the participant accounts which are invested in those certain mutual funds. Such amounts may be applied to pay Plan administrative expenses.

Notes receivable from participants also qualifies for party-in interest transactions but are exempt from the prohibited transaction rules of ERISA.

Note 9. Reconciliation of Financial Statements to Schedule H of Form 5500

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

	2017	2016
Net assets available for benefits per the financial statements	$24,786,450	$20,752,446
Subtract: Contributions receivable per the financial statements	(129,534)	(82,535)
Net assets available for benefits per Form 5500	$24,656,916	$20,669,911

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

Net increase in net assets available for benefits per the financial statements		$ 4,034,004
Subtract:	Contributions receivable per the financial statements	(129,534)
Add:	2016 contributions received in 2017	82,535
	Net income per Form 5500	$ 3,987,005

FITESA 401(k) RETIRMENT SAVINGS PLAN

Supplemental Schedule

For the Year Ended December 31, 2017

FITESA 401(k) RETIREMENT SAVINGS PLAN

Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Item 4i
December 31, 2017

Plan No. 001
EIN: 27-0535327

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Vanguard Index 500 (Admiral)	Mutual fund	**	$ 3,134,525
	T. Rowe Price Mid Cap Growth	Mutual fund	**	2,070,738
*	Wells Fargo Stable Return Fund N	Common Collective Trust	**	1,774,963
	MFS Lifetime 2030	Mutual fund	**	1,623,538
	American Fds Fundamtl Inv R6	Mutual fund	**	1,528,519
	T. Rowe Price New Horizons Fund	Mutual fund	**	1,464,367
	MFS Mass Inv Growth STK-R6	Mutual fund	**	1,374,480
	American Beacon Small Cap Value	Mutual fund	**	1,254,251
	Dodge & Cox Income Fund	Mutual fund	**	1,235,257
	MFS Mid Cap Value Fund R6	Mutual fund	**	1,232,653
	Harding Loevner Intl Eqty Port	Mutual fund	**	1,003,837
	MFS Lifetime 2040	Mutual fund	**	978,617
	American Funds EuroPac Growth R6	Mutual fund	**	971,305
	JP Morgan Equity Income R6	Mutual fund	**	945,313
	MFS Lifetime 2035	Mutual fund	**	747,956
	MFS Lifetime 2050	Mutual fund	**	657,172
	MFS Lifetime 2025	Mutual fund	**	524,992
	Amer Cent Govt Bond FD-INS	Mutual fund	**	414,984
	MFS Lifetime2045	Mutual fund	**	307,673
	MFS Lifetime Ret Income R6	Mutual fund	**	236,326
	MFS Lifetime 2020	Mutual fund	**	206,459
	MFS Lifetime 2055	Mutual fund	**	167,322
	MFS Lifetime 2060	Mutual fund	**	74,534
	Baron Growth Instituional	Mutual fund	**	5
	Dodge & Cox Intl Stock Fund	Mutual fund	**	1
	Amer Fundmental Investors R5	Mutual fund	**	1
	American EuroPacific Growth R5	Mutual fund	**	1
*	Note receivable from participants	interest rates from 4.25-5.50%		727,127
				$ 24,656,916

* A party-in interest as defined by ERISA

** Cost omitted for participant-directed investments.

Certified as Complete and Accurate by the Plan Trustee