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
CONTECH CONTROL SERVICES 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

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)

CONTECH CONTROL SERVICES INC.

2801 SENS ROAD
LAPORTE, TX 77571

2b Employer Identification Number (EIN)
74-2186548

2c Plan Sponsor's telephone number
832-217-2202

2d Business code (see instructions)
541330

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	KEN LAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	KEN LAM
	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**	453
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)**	367
a(2) Total number of active participants at the end of the plan year	**6a(2)**	440
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	180
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	620
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	620
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	465
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	100
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:

2S 2E 3D 2G 2J 2K 2F 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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
CONTECH CONTROL SERVICES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONTECH CONTROL SERVICES INC.

D Employer Identification Number (EIN)
74-2186548

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

THE VANGUARD GROUP, INC

23-1945930

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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 99 37 64 50 52 68	NONE	33800	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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 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
CONTECH CONTROL SERVICES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONTECH CONTROL SERVICES INC.

D Employer Identification Number (EIN)
74-2186548

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10737	13610
(2) Participant contributions	1b(2)	27254	47516
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	109861	75672
(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)	238139	226824
(9) Value of interest in common/collective trusts	1c(9)		
(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)	11444241	14509718
(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	11830232	14873340
	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	11830232	14873340

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)	345300	
	(B) Participants	2a(1)(B)	1173499	
	(C) Others (including rollovers)	2a(1)(C)	215618	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1734417
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	538	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	9490	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10028
	(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)	271127	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		271127
	(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)		
(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)		1834459
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3850031
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	684625	
(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)		684625
f Corrective distributions (see instructions)	2f		88498
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	33800	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33800
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		806923
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3043108
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: BUCKLEY AND ASSOCIATES, P.C. **(2)** EIN: 74-2611776

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
CONTECH CONTROL SERVICES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONTECH CONTROL SERVICES INC.

D Employer Identification Number (EIN)
74-2186548

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): 45-0404698

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):

Contech Control Services, Inc.
401(k) Profit Sharing Plan

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

December 31, 2017 and 2016

Contech Control Services, Inc.
401(k) Profit Sharing Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2017 and 2016

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STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS	EXHIBIT	A
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SUPPLEMENTAL SCHEDULES

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES	SCHEDULE	I

Buckley & Associates, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

101 N. Shoreline Boulevard, Suite 500 Corpus Christi, Texas 78401 Phone: 361-883-1871 Fax: 361-883-8560

INDEPENDENT AUDITORS' REPORT

To The Trustees
Contech Control Services, Inc.
401(k) Profit Sharing Plan
LaPorte, TX

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Contech Control Services, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by State Street Corporation's Global Funding Accounting System and Ascensus Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that State Street Corporation's Global Funding Accounting System held the Plan's investment assets and executed investment transactions from January 1, 2015 to January 31, 2016, and that Ascensus Trust Company held the Plan's investment assets and executed investment transactions as of January 31, 2016, and for the period February 1, 2016, to December 31, 2016. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the 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 the financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Part IV, Line 4i - Schedule of Assets Held For Investment Purposes, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules 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 schedules, 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.

Buckley & Associates, P.C.

Buckley & Associates, PC
Certified Public Accountants

October 2, 2018

EXHIBIT A

Contech Control Services, Inc.
401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2017 and 2016

ASSETS

	2017	2016
Cash:		
Interest-bearing cash	$ 75,672	$ 109,861
Investments:		
Investments in mututal funds	14,509,717	11,444,241
Receivables:		
Participant contributions	47,516	27,254
Employer contributions	13,610	10,737
Notes receivable from participants	226,825	238,139
	287,951	276,130
TOTAL ASSETS	$ 14,873,340	$ 11,830,232

LIABILITIES AND NET ASSETS AVAILABLE FOR PLAN BENEFITS

Liabilities:	$ -	$ -
Net assets available for plan benefits:	14,873,340	11,830,232
TOTAL LIABILITIES AND NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 14,873,340	$ 11,830,232

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

EXHIBIT B

Contech Control Services, Inc.
401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Year Ended December 31, 2017

	2017
Additions in net assets attributed to:	
Contributions:	
Participants	$ 1,173,499
Employer	345,300
Rollovers	215,617
	1,734,416
Investment income:	
Interest income - cash	538
Interest income - loans	9,490
Dividend income	271,127
Other income	508
Realized gains common collective trusts	243,883
Net appreciation in fair value of mutual fund investments	1,590,069
	2,115,615
Total additions	3,850,031
Deductions in net assets attributed to:	
Termination and withdrawal of benefits	684,625
Administrative fees	33,800
Corrective distributions	88,498
Total deductions	806,923
Net increase	3,043,108
Net assets available for plan benefits:	
Beginning of year	11,830,232
End of year	$ 14,873,340

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

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

1. PLAN DESCRIPTION

The following description of the Contech Control Services, Inc. 401(k) Profit Sharing Plan provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General - The Contech Control Services, Inc. 401(k) Profit Sharing Plan (the Plan) provides supplemental retirement income to employees of Contech Control Services, Inc. (the Company). The Company administers the Plan and provides for all necessary facilities, services, and administration. Associated administrative expenses of the Plan are paid by the Company with minimal fees paid by the Plan participants. Effective May 27, 2014, MassMutual Retirement Services (an affiliate of MassMutual Financial Group) was engaged to provide plan services related to the participant directed investments and State Street Bank and Trust Company was charged with holding the plan assets in safekeeping. Effective February 1, 2016, the Plan was changed its custodianship from MassMutual Retirement Services to Ascensus Inc (an affiliate of Vanguard). Ascensus Inc is engaged to provide plan services related to the participant directed investments and Ascensus Trust Company is charged with holding the plan assets in safekeeping.

Plan Sponsor Amendments - Effective February 1, 2016, the Plan was amended and restated as a result from changing its custodianship from MassMutual Retirement Services to Ascensus Inc (an affiliate of Vanguard). An employee now becomes eligible to participate in the plan after they reach 21 years of age and completes 3 months of consecutive service. In addition, if the break in service occurs before an employee satisfies the eligibility requirements, the break in service will not be taken into account and they will need to satisfy the eligibility requirements following the break in service.

Contributions - Participants may elect to contribute up to the amount allowable under the current IRS rules and regulations. Participants direct the investment of their contributions into various investment options (mutual funds) offered by the Plan. Pursuant to the Plan Document, the Company may make a discretionary contribution which will be determined on an annual basis. During 2017 and 2016, the Company matched 50% of the first 6% contributed by the employee for the year. Additional profit sharing amounts may be contributed at the option of the Company and allocated to each eligible participant. The matching contributions are allocated among the investment options identically to participant contributions. Contributions are subject to certain limitations. For the years ended December 31, 2017 and 2016 matching contributions amounted to $345,300 and $311,230, respectively. $13,610 and $10,737 of these matching contributions account for accruals as of December 31, 2017 and 2016, respectively. The Plan is participant directed, and participants may change their contribution rates and investment options at any time. Rollover contributions are permitted only by employees who have satisfied the conditions for participation.

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

1. **PLAN DESCRIPTION** (continued)

Participant Accounts - Each participant's account is credited with the participant's contributions, benefit payments or withdrawals, the employer's contributions, and allocation of the Plan's earnings or losses. Earnings and losses are allocated daily based on the ratio of an individual's account balance to the total account balances of all participants in the same investment. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans - Participants may borrow from their fund accounts up to $50,000 or 50% of their vested account balance, whichever is less. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. The loans are at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through weekly or bi-weekly payroll deductions.

Vesting - Participants are immediately vested in their own contributions and the appreciation or depreciation thereon. If a participant terminates employment prior to normal retirement age for any reason other than death or permanent disability, the participant's interest in the employers' contributions to the Plan for their benefit vests as follows:

Years of Service	Percent Of Non-forfeitable Interest
Less than 2	20%
2	40%
3	60%
4	80%
5 or more	100%

For vesting purposes, a participant must complete 1,000 hours of service in the first 12 months of employment or during any subsequent Plan year to qualify for a year of service.

Forfeitures - On or before each anniversary date, any amounts that become forfeitures since the last anniversary date may be made available to be used to pay administrative expenses of the Plan. The remaining forfeitures, if any, shall be used to reduce employer contributions. At December 31, 2017 and 2016, forfeited non-vested accounts totaled $9,091 and $21,613, respectively.

Plan Termination - Although it has not expressed the intention to do so, the Company has the right under the Plan to discontinue its contributions at anytime and to terminate the Plan subject to the provisions of the ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Presentation - The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and changes in those net assets.

Payment of Benefits - Benefits under the Plan are payable in a lump sum of cash or property allocated to the participants account for any of the following reasons: a) retirement on or after age 59 ½, b) hardship, c) total and permanent disability, d) death, e) termination of employment, or f) required distributions for participants turning 70 ½ years of age. In the event of a hardship withdrawal, the employee is not eligible to contribute to the Plan for a period of six months. Benefits are recorded when paid. Benefit distributions for the years ended December 31, 2017 and 2016 amounted to $684,625 and $1,049,137, respectively. Corrective distributions to certain participants to return excess deferral contributions as required by nondiscrimination provisions of the Plan amounted to $88,498 and $131,639 for the years ended December 31, 2017 and 2016, respectively.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value for shares of mutual and common collective trust funds is the net asset value of those shares or units, as determined by the respective fund.

MassMutual Retirement Services general investment option for defined contribution plans is a Guaranteed Interest Account (GIA) provided through a group annuity contract. The GIA is a stable value investment with a guaranteed rate of return and a guarantee of principal that is backed by the MassMutual general investment account. The guaranteed interest rate is established for a six month period of time and all assets invested in the GIA are credited with that rate. The rate is calculated as the six month average of the five year constant maturity treasury rate as published by the Federal Reserve, less .75%, rounded to the nearest multiple of .05%, and subject to a maximum of three percent and a minimum of one percent. The Fair Value is calculated using a revised market value adjustment formula. Under the terms of the contract, a crediting rate is established for amounts invested in the GIA and participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at Contract Value. Contract Value represents contributions plus credited interest less participant withdrawals and fees. The estimated fair value of the GIA is determined to be the calculated market value of the contract. During 2016, the Plan changed its custodianship from MassMutual Retirement Services to Ascensus Inc. Ascensus Inc does not have a Guaranteed Interest Account option.

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (continued)

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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold during the year as well as those held at year end.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Federal Income Taxes - The Internal Revenue Service has determined and informed the Plan administrator by a letter dated May 24, 1993 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter and the Plan administrator believes the Plan is designed and currently being 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.

The Plan administrator is not aware of any tax positions that would have a significant impact on its financial position. Its federal tax returns for the last three years remain subject to examination.

Administrative Expenses - Certain administrative functions are performed by employees of the Company. No such employees receive compensation from the Plan. Administrative expenses for the record keeper and trustee's fees are paid directly by the Company. For the years ended December 31, 2017 and 2016, administrative expenses paid by the Company amounted to $20,000 and $0, respectively.

3. **INVESTMENTS**

State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions through January 31, 2016 when the Plan's assets were transferred to Ascensus Trust Company. Investment options consisted of shares of registered investment companies (mutual funds). The mutual funds are reported at fair value based on the quoted market price of the fund, which represents the net asset value of the shares held by the fund at year end. Investment purchases and sales transactions are recognized on the trade date (the date the order to buy or sell is executed). Dividends are recorded on the ex-dividend date. Participants may change their investment options daily. Participants in the Plan may choose to invest both the employee's contributions and employer's contributions in the following investment options.

Through December 31, 2017:

AB Global Bond I	Vanguard Inst'l Target Retirement 2010
AB Relative Value Fund I	Vanguard Inst'l Target Retirement 2015
Vanguard Balanced Index Fund Adm	Vanguard Inst'l Target Retirement 2020
Vanguard Emerging Mkt Stock Index Adm	Vanguard Inst'l Target Retirement 2025
Vanguard 500 Index Adm	Vanguard Inst'l Target Retirement 2030
Vanguard Short Term Inv Grade Admiral	Vanguard Inst'l Target Retirement 2035

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

3. **INVESTMENTS** (continued)

Vanguard REIT Index Adm
Vanguard Growth Index Adm
Vanguard Mid Cap Index Adm
Vanguard Small-Cap Growth Index Adm
Vanguard Small-Cap Value Index Adm
Vanguard Small-Cap Index Adm
Vanguard Total Intl Stock Index Adm
Vanguard Inst'l Target Retirement 2040
Vanguard Inst'l Target Retirement 2045
Vanguard Inst'l Target Retirement 2050
Vanguard Inst'l Target Retirement 2055
Vanguard Inst'l Target Retirement 2060
Vanguard Inst'l Target Retirement 2065
Vanguard Inst'l Target Retirement Income

Through December 31, 2016:

AB Global Bond I
AB Relative Value Fund I
Vanguard Balanced Index Fund Adm
Vanguard Emerging Mkt Stock Index Adm
Vanguard 500 Index Adm
Vanguard REIT Index Adm
Vanguard Growth Index Adm
Vanguard Mid Cap Index Adm
Vanguard Small-Cap Growth Index Adm
Vanguard Small-Cap Value Index Adm
Vanguard Small-Cap Index Adm
Vanguard Total Intl Stock Index Adm
Vanguard Small-Cap Index Adm
Vanguard Total Intl Stock Index Adm
Vanguard Inst'l Target Retirement 2010
Vanguard Inst'l Target Retirement 2015
Vanguard Inst'l Target Retirement 2020
Vanguard Inst'l Target Retirement 2025
Vanguard Inst'l Target Retirement 2030
Vanguard Inst'l Target Retirement 2040
Vanguard Inst'l Target Retirement 2045
Vanguard Inst'l Target Retirement 2050
Vanguard Inst'l Target Retirement 2055
Vanguard Inst'l Target Retirement 2060
Vanguard Inst'l Target Retirement Income

The following presents the fair value of the investments in the Plan representing more than 5 percent of the Plan's net assets as of December 31, 2017 and 2016:

	2017
Investments held by Ascensus Trust at fair value:	
Vanguard 500 Index Adm	$ 1,299,335
Vanguard Inst'l Target Retirement 2020	2,004,921
Vanguard Inst'l Target Retirement 2025	1,868,701
Vanguard Inst'l Target Retirement 2030	2,559,992
Vanguard Inst'l Target Retirement 2035	2,009,344
Vanguard Inst'l Target Retirement 2040	1,264,216
	$11,006,509

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

3. **INVESTMENTS** (continued)

	2016
Investments held by Ascensus Trust at fair value:	
Vanguard 500 Index Adm	936,552
Vanguard Inst'l Target Retirement 2015	1,128,181
Vanguard Inst'l Target Retirement 2020	1,181,391
Vanguard Inst'l Target Retirement 2025	1,552,510
Vanguard Inst'l Target Retirement 2030	2,087,915
Vanguard Inst'l Target Retirement 2035	1,586,563
Vanguard Inst'l Target Retirement 2040	888,057
	$9,361,169

4. **PROHIBITED TRANSACTIONS**

According to Department of Labor Regulation 2510.3-102, all participant contributions are considered to be employee contributions under ERISA and generally constitute plan assets that should be credited to participant accounts as soon as practicable, but in no event more than the 15th business day following the end of the month in which amounts are contributed by employees or withheld from their wages. If contributions are made untimely, it is considered a non-exempt, prohibited transaction. As of December 31, 2017 and 2016, there were no instances of non-exempt transactions.

5. **FAIR VALUE MEASUREMENTS**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1: Unadjusted quoted prices in active markets for identical assets and have the highest priority;
Level 2: Observable inputs other that quoted prices for identical assets; or
Level 3: Unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 and Level 2 inputs were not available.

The following is a description of the valuation methodologies used for assets measured at fair value.

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

5. **FAIR VALUE MEASUREMENTS** (continued)

Level 1 Fair Value Measurements: The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual fund held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The Mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements: The fair value of participant loans are valued based on annual amortization schedules calculated based on varying rates due in bi-weekly installments for varying periods.

Level 3 Fair Value Measurements: Guaranteed Interest Accounts are valued based on a calculated market value adjustment formula that approximates fair value. (See Note 2).

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016:

	2017 Fair Value Measurements Using		
	Level 1	Level 2	Level 3
AB Global Bond I	$ 1,386	$ -	$ -
AB Relative Value Fund I	191,387	-	-
Vanguard Balanced Index Fund Adm	16,778	-	-
Vanguard Emerging Mkt Stock Index Adm	91,778	-	-
Vanguard 500 Index Adm	1,299,335	-	-
Vanguard Short Term Inv Grade Admiral	15,806	-	-
Vanguard Real Estate Index Fund Adm	27,990	-	-
Vanguard Growth Index Adm	171,052	-	-
Vanguard Mid Cap Index Adm	217,258	-	-
Vanguard Small-Cap Growth Index Adm	190,968	-	-
Vanguard Small-Cap Value Index Adm	163,390	-	-
Vanguard Small-Cap Index Adm	52,122	-	-
Vanguard Total Intl Stock Index Adm	71,024	-	-
Vanguard Inst'l Target Retirement 2015	630,134	-	-
Vanguard Inst'l Target Retirement 2020	2,004,921	-	-
Vanguard Inst'l Target Retirement 2025	1,868,701	-	-
Vanguard Inst'l Target Retirement 2030	2,559,992	-	-
Vanguard Inst'l Target Retirement 2035	2,009,344	-	-
Vanguard Inst'l Target Retirement 2040	1,264,216	-	-
Vanguard Inst'l Target Retirement 2045	705,231	-	-
Vanguard Inst'l Target Retirement 2055	594,077	-	-
Vanguard Inst'l Target Retirement 2050	222,042	-	-
Vanguard Inst'l Target Retirement 2060	43,616	-	-
Vanguard Inst'l Target Retirement 2065	863		
Vanguard Inst'l Target Retirement Income	96,306	-	-
Participant Loans	-	226,825	-
	$14,509,718	$226,825	$ -

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

5. **FAIR VALUE MEASUREMENTS** (continued)

	2016 Fair Value Measurements Using		
	Level 1	Level 2	Level 3
AB Global Bond I	$ 526	$ -	$ -
AB Relative Value Fund I	172,544	-	-
Vanguard Balanced Index Fund Adm	3,857	-	-
Vanguard Emerging Mkt Stock Index Adm	15,661	-	-
Vanguard 500 Index Adm	936,552	-	-
Vanguard Short Term Inv Grade Admiral	6,246	-	-
Vanguard REIT Index Adm	18,567	-	-
Vanguard Growth Index Adm	63,006	-	-
Vanguard Mid Cap Index Adm	177,671	-	-
Vanguard Small-Cap Growth Index Adm	122,816	-	-
Vanguard Small-Cap Value Index Adm	134,054	-	-
Vanguard Small-Cap Index Adm	28,595	-	-
Vanguard Total Intl Stock Index Adm	50,194	-	-
Vanguard Inst'l Target Retirement 2010	283,628	-	-
Vanguard Inst'l Target Retirement 2015	1,128,181	-	-
Vanguard Inst'l Target Retirement 2020	1,181,391	-	-
Vanguard Inst'l Target Retirement 2025	1,552,510	-	-
Vanguard Inst'l Target Retirement 2030	2,087,915	-	-
Vanguard Inst'l Target Retirement 2035	1,586,563	-	-
Vanguard Inst'l Target Retirement 2040	888,057	-	-
Vanguard Inst'l Target Retirement 2045	459,818	-	-
Vanguard Inst'l Target Retirement 2055	397,367	-	-
Vanguard Inst'l Target Retirement 2050	104,817	-	-
Vanguard Inst'l Target Retirement 2060	21,680	-	-
Vanguard Inst'l Target Retirement Income	22,025	-	-
Participant Loans	-	238,139	-
	$11,444,241	$238,139	$ -

6. **INFORMATION PREPARED AND CERTIFIED BY TRUSTEE**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustees. State Street Bank and Trust Company was trustee through January 31, 2016. Effective February 1, 2016, the Plan changed its trustee to Ascensus Trust Company.

Investments, at fair value for the years ended December 31, 2017 and 2016:

	2017	2016
Registered Investment Companies	$ 14,509,717	$11,444,241
Guaranteed Interest Accounts	-	-
Total Investments at Fair Value	$ 14,509,717	$11,444,241

Contech Control Services, Inc.
401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

7. DATE OF TRUSTEES' REVIEW OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date of the Independent Auditors' Report, which the financial statements were available to be issued.

8. 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

9. PARTIES-IN-INTEREST

Plan investments were managed by MassMutual Retirement Services (an affiliate of MassMutual Financial Group) and State Street Bank and Trust through January 31, 2016, then plan investments were managed by Ascensus Inc (an affiliate of Vanguard) and Ascensus Trust Company through December 31, 2016 and for the entire year ended December 31, 2017. Certain fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party-in-interest transactions.

Contech Control Services, Inc.
401(k) Profit Sharing Plan
Plan Number: 226566
EIN - 74-2186548

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2017

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
	AB	Global Bond I	$ 1,386
	AB	Relative Value Fund I	191,387
	Vanguard	Balanced Index Fund Adm	16,778
	Vanguard	Emerging Mkt Stock Index Adm	91,778
	Vanguard	500 Index Adm	1,299,335
	Vanguard	Short Term Inv Grade Admiral	15,806
	Vanguard	Real Estate Index Fund Adm	27,990
	Vanguard	Growth Index Adm	171,052
	Vanguard	Mid Cap Index Adm	217,258
	Vanguard	Small-Cap Growth Index Adm	190,968
	Vanguard	Small-Cap Value Index Adm	163,390
	Vanguard	Small-Cap Index Adm	52,122
	Vanguard	Total Intl Stock Index Adm	71,024
	Vanguard	Inst'l Target Retirement 2015	630,134
	Vanguard	Inst'l Target Retirement 2020	2,004,921
	Vanguard	Inst'l Target Retirement 2025	1,868,701
	Vanguard	Inst'l Target Retirement 2030	2,559,992
	Vanguard	Inst'l Target Retirement 2035	2,009,344
	Vanguard	Inst'l Target Retirement 2040	1,264,216
	Vanguard	Inst'l Target Retirement 2045	705,231
	Vanguard	Inst'l Target Retirement 2050	594,077
	Vanguard	Inst'l Target Retirement 2055	222,042
	Vanguard	Inst'l Target Retirement 2060	43,616
	Vanguard	Inst'l Target Retirement 2065	863
	Vanguard	Inst'l Target Retirement Income	96,306
	Total Investments		$ 14,509,717
	Participant Loans	Loans to participants at varying rates between 4.25% and 5.25%, due in bi-weekly installments for varying periods, secured by the participant's interest in the plan.	226,825
	Total Schedule H, Part IV, Line 4i - Schedule of Assets Held for Investment Purposes		$ 14,736,542

Contech Control Services, Inc.
401(k) Profit Sharing Plan
Plan Number: 226566
EIN - 74-2186548

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2017

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Part	(c) Description of Investment	(e) Current Value
	AB	Global Bond I	$ 526
	AB	Relative Value Fund I	172,544
	Vanguard	Balanced Index Fund Adm	3,857
	Vanguard	Emerging Mkt Stock Index Adm	15,661
	Vanguard	500 Index Adm	936,552
	Vanguard	Short Term Inv Grade Admiral	6,246
	Vanguard	REIT Index Adm	18,567
	Vanguard	Growth Index Adm	63,006
	Vanguard	Mid Cap Index Adm	177,671
	Vanguard	Small-Cap Growth Index Adm	122,816
	Vanguard	Small-Cap Value Index Adm	134,054
	Vanguard	Small-Cap Index Adm	28,595
	Vanguard	Total Intl Stock Index Adm	50,194
	Vanguard	Inst'l Target Retirement 2010	283,628
	Vanguard	Inst'l Target Retirement 2015	1,128,181
	Vanguard	Inst'l Target Retirement 2020	1,181,391
	Vanguard	Inst'l Target Retirement 2025	1,552,510
	Vanguard	Inst'l Target Retirement 2030	2,087,915
	Vanguard	Inst'l Target Retirement 2035	1,586,563
	Vanguard	Inst'l Target Retirement 2040	888,057
	Vanguard	Inst'l Target Retirement 2045	459,818
	Vanguard	Inst'l Target Retirement 2050	397,367
	Vanguard	Inst'l Target Retirement 2055	104,817
	Vanguard	Inst'l Target Retirement 2060	21,680
	Vanguard	Inst'l Target Retirement Income	22,025
	Total Investments		$ 11,444,241
	Participant Loans	Loans to participants at varying rates between 4.25% and 5.25%, due in bi-weekly installments for varying periods, secured by the participant's interest in the plan.	238,139
	Total Schedule H, Part IV, Line 4i - Schedule of Assets Held for Investment Purposes		$ 11,682,380

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 and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

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		
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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(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**		
	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**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**		

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)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(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)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		
	(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)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(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)**		
	(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)**		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
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)** ☐ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: **(2)** EIN:

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			
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			

			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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.)

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONTECH CONTROL SERVICES 401K PLAN **EIN:** 74-2186548
Plan Sponsor's Name CONTECH CONTROL SERVICES INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Instl Target Retirement 2065	0	863
	Vanguard	Vanguard Instl Target Retirement 2060	0	43,616
	Vanguard	Vanguard Instl Target Retirement 2055	0	222,042
	Vanguard	Vanguard Instl Target Retirement 2050	0	594,077
	Vanguard	Vanguard Instl Target Retirement 2045	0	705,231
	Vanguard	Vanguard Instl Target Retirement 2040	0	1,264,216
	Vanguard	Vanguard Instl Target Retirement 2035	0	2,009,345

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONTECH CONTROL SERVICES 401K PLAN **EIN:** 74-2186548
Plan Sponsor's Name CONTECH CONTROL SERVICES INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Instl Target Retirement 2030	0	2,559,992
	Vanguard	Vanguard Instl Target Retirement 2025	0	1,868,701
	Vanguard	Vanguard Instl Target Retirement 2020	0	2,004,921
	Vanguard	Vanguard Instl Target Retirement 2015	0	630,134
	Vanguard	Vanguard Instl Target Retirement Income	0	96,306
	Alliance Bernstein	AB Relative Value Fund I	0	191,387
	Vanguard	Vanguard 500 Index Adm	0	1,299,336

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONTECH CONTROL SERVICES 401K PLAN **EIN:** 74-2186548

Plan Sponsor's Name CONTECH CONTROL SERVICES INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Growth Index Adm	0	171,052
	Vanguard	Vanguard Mid Cap Index Adm	0	217,258
	Vanguard	Vanguard Small-Cap Value Index Adm	0	163,390
	Vanguard	Vanguard Small Cap Index Adm	0	52,122
	Vanguard	Vanguard Small-Cap Growth Index Adm	0	190,968
	Vanguard	Vanguard Balanced Index Fund Adm	0	16,778
	Vanguard	Vanguard Total Intl Stock Index Adm	0	71,024

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CONTECH CONTROL SERVICES 401K PLAN **EIN:** 74-2186548
Plan Sponsor's Name CONTECH CONTROL SERVICES INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Emerging Mkt Stk Index Adm	0	91,778
	Vanguard	Vanguard Real Estate Index Admiral	0	27,990
	Vanguard	Vanguard Federal Money Market Inv	0	75,303
	Alliance Bernstein	AB Global Bond I	0	1,386
	Vanguard	Vanguard St-Trm Inv Grade Admiral	0	15,805
	Participants Loan Account	Various Rates and Maturities	0	226,824
	Ascensus Trust Company	Contribution Account	0	369