

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2017</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>			
<b>A</b>	This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____		
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>		
<b>D</b>	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)		

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b>	Name of plan <u>ALLIED SAFE &amp; VAULT CO. 401(K) PROFIT SHARING PLAN AND TRUST</u>	<b>1b</b>	Three-digit plan number (PN) ▶ <u>001</u>
		<b>1c</b>	Effective date of plan <u>01/01/1987</u>
<b>2a</b>	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALLIED SAFE &amp; VAULT CO.</u>  <u>425 W. 2ND AVENUE</u> <u>SPOKANE, WA 99201</u>	<b>2b</b>	Employer Identification Number (EIN) <u>91-0599729</u>
		<b>2c</b>	Plan Sponsor's telephone number <u>509-321-8755</u>
		<b>2d</b>	Business code (see instructions) <u>444130</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2018	JAY HUNT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2018	JAY HUNT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)  
v. 170203

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 157
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> 127 <b>6a(2)</b> 83 <b>6b</b> 0 <b>6c</b> 28 <b>6d</b> 111 <b>6e</b> 0 <b>6f</b> 111 <b>6g</b> 76 <b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
<b>A</b> Name of plan ALLIED SAFE & VAULT CO. 401(K) PROFIT SHARING PLAN AND TRUST	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 ALLIED SAFE & VAULT CO.	<b>D</b> Employer Identification Number (EIN) 91-0599729	

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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**(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)

HART CAPITAL MANAGEMENT

601 W RIVERSIDE AVENUE  
SPOKANE, WA 99201

91-1672168

(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	NONE	16130	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SCHOEDEL & SCHOEDEL CPAS, PLLC

422 W. RIVERSIDE AVE STE 1420  
SPOKANE, WA 99201

91-0614823

(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?
10 50	NONE	9950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASCENSUS

200 DRYDEN ROAD  
DRESHER, PA 19025

11-3665754

(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?
10 13 36 37 38 50 64 99	NONE	7094	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

PAYCHEX RETIREMENT SERVICES INC

16404 N. BLACK CANYON HWY, STE 250  
PHOENIX, AZ 85053

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10 13 36 37 38 50 64 99	NONE	6814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.	



**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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2017</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
<b>A</b> Name of plan <u>ALLIED SAFE &amp; VAULT CO. 401(K) PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED SAFE &amp; VAULT CO.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0599729</u>	

Part I Asset and Liability Statement			
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	70	191
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	2937	2534
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	41514	15540
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	3565612	3826339
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	3610133	3844604

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		9950
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		9950

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	3610133	3834654
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	177548	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	191	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		177739
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	1105	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1105
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	149286	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		149286
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		355440
c Other income.....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		683570

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	418703	
(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)		418703
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)	9950	
(2) Contract administrator fees .....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)	16130	
(4) Other .....	2i(4)	14266	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		40346
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		459049

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		224521
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: **SCHOEDEL & SCHOEDEL CPAS, PLLC**

(2) EIN: **91-0614823**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		23425
4b		X	

		Yes	No	Amount
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.) .....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	<b>4e</b>	X		425000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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? .....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	<b>4i</b>	X		
<b>j</b> 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.) .....	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>		X	
<b>n</b> 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. ....	<b>4n</b>		X	

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2017</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

<b>A</b> Name of plan <u>ALLIED SAFE &amp; VAULT CO. 401(K) PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED SAFE &amp; VAULT CO.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0599729</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b>	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>16-1470238</u> <u>45-0404698</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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) .....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2017  
v. 170203

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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



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

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

**ALLIED SAFE & VAULT COMPANY, INC.**  
**401(k) PROFIT SHARING PLAN**  
Spokane, Washington

**FINANCIAL STATEMENTS WITH**  
**INDEPENDENT AUDITOR'S REPORT**  
December 31, 2017 and 2016

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

AUDITED FINANCIAL STATEMENTS  
December 31, 2017 and 2016

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of the  
Allied Safe & Vault Company, Inc. 401(k) Profit Sharing Plan  
Spokane, Washington

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Allied Safe & Vault Company, Inc. 401(k) Profit Sharing Plan (the Plan), which are comprised of the statement of net assets available for benefits as of December 31, 2017 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), and the statement of net assets available for benefits as of December 31, 2016 (ongoing), and the related statement of changes in net assets available for benefits for the year then ended (ongoing), 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Mid-Atlantic Trust Company (Mid-Atlantic) and Frontier Trust Company (Frontier), the current and former trustees of the Plan, respectively, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Mid-Atlantic held the Plan's investment assets and executed investment transactions from July 6, 2017 through December 31, 2017, and that Frontier held the Plan's investment assets and executed investment

## INDEPENDENT AUDITOR'S REPORT (Continued)

transactions as of July 5, 2017, and for the period from January 1, 2016 through July 5, 2017. The plan administrator has obtained certifications 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 trustees 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 Year) and Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

### **Emphasis of Matter**

As described in Note 1 to the financial statements, the trustees of the Plan approved a plan of liquidation on February 1, 2018, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2016 financial statements to the liquidation basis used in presenting the 2017 financial statements. Our opinion is not modified with respect to that matter.

### **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 trustees, 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.



Spokane, Washington  
October 12, 2018

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
As of December 31, 2017 and 2016

	2017 <u>(Liquidation Basis)</u>	2016 <u>(Ongoing Basis)</u>
ASSETS:		
Mutual and exchange traded funds, at fair value	\$ 3,826,339	\$ 3,565,612
Delinquent participant contributions receivable	2,534	2,937
Lost earnings receivable	191	70
Participant loans	<u>15,540</u>	<u>41,514</u>
Total assets	3,844,604	3,610,133
 LIABILITIES	 <u>9,950</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 3,834,654</u>	 <u>\$ 3,610,133</u>

See the accompanying independent auditor's report and notes to these financial statements.

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS

For the years ended December 31, 2017 and 2016

	2017 (Liquidation Basis)	2016 (Ongoing Basis)
ADDITIONS:		
Participant contributions	\$ 177,548	\$ 171,496
Lost earnings	191	-
Appreciation in fair value of mutual and exchange traded funds, net	355,440	112,737
Other investment income, net:		
Mutual and exchange traded funds	149,286	115,619
Participant loans	1,105	2,698
Total additions	<u>683,570</u>	<u>402,550</u>
DEDUCTIONS:		
Benefits and corrective distributions paid to participants	418,703	266,788
Administrative expenses:		
Audit fees	9,950	9,700
Investment advisory and management fees	16,130	12,153
Other administrative fees	14,266	8,499
Total deductions	<u>459,049</u>	<u>297,140</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	224,521	105,410
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year	<u>3,610,133</u>	<u>3,504,723</u>
End of the year	<u>\$ 3,834,654</u>	<u>\$ 3,610,133</u>

See the accompanying independent auditor's report and notes to these financial statements.

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of the Allied Safe & Vault Company, Inc. 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document, summary and other descriptive plan literature for a more complete description of the provisions of the Plan.

General - Effective January 1, 1987, the sponsor, Allied Safe & Vault Company, Inc., adopted a prototype, defined contribution, qualified retirement plan commonly referred to as a “401(k) plan.” The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all subsequent statutory revisions thereto, was created for the benefit of all eligible employees.

Eligibility - The plan is a participant-directed, defined contribution plan covering all full-time employees of Allied Safe & Vault Company, Inc. (Allied Safe & Vault) who have completed 3 months of service, are age twenty-one or older, are not part of a collective bargaining agreement, and are not non-resident aliens. Participants are eligible to receive employer discretionary contributions if they have completed one year and at least 1,000 hours of hours of service during the plan year, and are employed on the last day of the plan year.

Participant Contributions - Each year, eligible employees may contribute to the Plan through an elective deferral of compensation. Participants may elect to contribute up to 100% of their qualified compensation, provided the amount does not exceed limitations set by the Internal Revenue Code.

Employer Contributions - Allied Safe & Vault may elect to make discretionary contributions to the Plan. Such contributions are subject to vesting and additional special tests. For the years ended December 31, 2017 and 2016, no discretionary contributions were made.

Participant Accounts - The administrator of the Plan maintains a separate account for each participant. Participants may direct contributions to any investment option approved by the plan administrator. Each participant account is credited with the participant’s contribution, an allocation of Allied Safe & Vault’s contribution (if any), investment earnings (losses), and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is limited to the benefit that can be provided from the participant’s vested account.

Vesting - Participant contributions and rollover contributions are always fully vested. A participant is 100% vested in employer contributions after six years of service. However, if a participant reaches normal retirement age, dies, or becomes disabled, then the balance of funds will immediately become 100% vested.



ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
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NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

Forfeitures - A participant who has terminated employment will forfeit the non-vested portion of his/her account if the participant receives a total distribution of his/her vested portion of his/her account. Termination of employment alone will not result in forfeiture under the Plan unless the participant does not return to employment before incurring a "forfeiture break in service." A "forfeiture break in service" is a period of five consecutive vesting periods that the participant does not work more than 500 hours in each vesting period comprising the five-year period. During that five-year period, the forfeitures remain in suspense. Forfeitures may be used to defray administrative expenses of the Plan, used to reduce employer contributions, or reallocated to remaining participants. During the years ended December 31, 2017 and 2016, there were no forfeited amounts.

Participant Loans - A participant may borrow from his/her account a minimum of \$1,000, up to a maximum equal to the lesser of 50% of the account balance, or \$50,000 less the current loan balance. A loan term may range up to a maximum of 5 years for a regular loan, or up to 30 years for the purchase of a primary residence. The loan is secured by the balance in the participant's account and bears interest at a rate commensurate with local prevailing rates, as determined by the plan administrator. Principal and interest is paid ratably through level payments, no less frequently than quarterly.

Distribution of Benefits - Participants are eligible to receive lump-sum or equal monthly, quarterly, semi-annual, or annual distributions from the vested portion of their account upon reaching normal retirement age, separation from service, death, or disability. Benefits are recognized when paid.

Administration of the Plan - The Plan is sponsored and administered by Allied Safe & Vault Company, Inc., who has the sole and ultimate responsibility to interpret plan provisions and determine plan benefits. Funds of the Plan are held in trust, and plan benefits are distributed from the trust. The trustee of the Plan was Frontier Trust Company for the period of January 1, 2016 through July 5, 2017 and Mid-Atlantic Trust Company from July 6, 2017 through December 31, 2017. The trustee is responsible for the safe keeping of the Plan investments and also for investing the Plan contributions. To assist the trustee, Plan assets were managed under a recordkeeping service agreement with Ascensus, Inc. from January 1, 2016 through July 5, 2017 and Paychex, Inc. from July 6, 2017 through December 31, 2017. Neither the administrator nor the trustee is responsible for investment advice. Administrative costs of the Plan are either absorbed and paid by the Plan or absorbed and paid by the sponsor of the Plan.

Termination of the Plan - The sponsor of the Plan has the right to amend or terminate the Plan in whole or in part, subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts. Effective February 1, 2018, Allied Safe & Vault resolved to terminate the Plan. As of the report date, the final distribution date of Plan assets had not yet been determined.

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representations of Allied Safe & Vault Company, Inc., who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Presentation - As discussed in Note 1, the decision has been made to terminate the Plan. As a result, in accordance with accounting principles generally accepted in the United States of America, the Plan has presented the 2017 financial statements in the liquidation basis of accounting and the 2016 financial statements in the ongoing basis of accounting.

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

Mutual and Exchange Traded Fund Valuation - The Plan's investments in mutual and exchange traded funds are reported at fair value. For a further discussion of fair value measurements, see Note 5.

Participant Loans - Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Due to the certainty of settlement at the stated terms and the duration to maturity of these loans, the plan administrator believes unpaid principal balance plus unpaid interest to be a reasonable estimate of the fair value of these instruments. Delinquent participant loans are reclassified as distributions based on the terms of the Plan Document.

Participant Contributions and Participant Contributions Receivable - The Plan recognizes participant contributions at the time such contributions are withheld from employees. As of December 31, 2017 and 2016, the employer was liable for any unremitted contributions withheld from participants prior to December 31 of each year. Such contributions have been recorded as receivable. As of December 31, 2017 and 2016, \$2,543 and \$2,937, respectively, was receivable. Participant contributions not remitted timely are subject to reimbursement of lost earnings from the Plan's sponsor. As of December 31, 2017 and 2016, lost earnings receivable totaled \$191 and \$70, respectively.

Investment Income Recognition - Investment transactions are recorded on a trade-date basis. Acquisition costs are included in the cost of investments purchased, and sales are recorded net of selling expenses. Realized gains and losses from security transactions are determined by the average cost method. Realized gains and losses on investments sold during the year, as well as unrealized gains and losses on investments held during the year, are included in net appreciation

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

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

(depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Income from the Plan's investments is included in other net investment income in the Statements of Changes in Net Assets Available for Benefits.

Payment of Participant Distributions - Distributions to or for participants are recognized when paid.

Valuation of Other Financial Instruments - The Plan recognizes other financial instruments at historical cost, which approximates fair value, due to the short maturities of those instruments.

Net Asset Restrictions - All net assets are restricted to provide benefits and related administrative support.

NOTE 3 - INCOME TAX STATUS:

The Plan is intended to be exempt from federal income tax under current provisions of the Internal Revenue Code (IRC). The prototype plan obtained its latest determination letter dated January 21, 2014, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan administrator believes that the Plan and related trust are designed and have been operated through December 31, 2017 in accordance with applicable provisions of the IRC.

NOTE 4 - RISKS AND UNCERTAINTIES:

In determining the fair value of financial instruments, the Plan administrator uses a variety of methods and assumptions that are based on market conditions and risks existing at the date of the Statement of Net Assets Available for Benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

The Plan periodically invests in money market accounts which are not insured by the U.S. Federal Deposit Insurance Corporation. The investments are collateralized by government backed securities. As of December 31, 2017, the Plan did not have an investment in these accounts.

The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with certain types of investments, it is at least reasonably possible that changes in the

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 4 - RISKS AND UNCERTAINTIES (Continued):

values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 5 - FAIR VALUE MEASUREMENTS:

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instruments, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

The three levels of the fair value hierarchy are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include the following: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued):

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

*Mutual and exchange traded funds* - Investments in mutual and exchange traded funds are valued at quoted market prices in active markets, which are derived by the fair values of the underlying assets and liabilities of the specific fund.

As of December 31, 2017, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual and exchange traded funds	\$ 3,826,339	\$ -	\$ -	\$ 3,826,339

As of December 31, 2016, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual and exchange traded funds	\$ 3,565,612	\$ -	\$ -	\$ 3,565,612

During the years ended December 31, 2017 and 2016, there were no transfers between levels within the fair value hierarchy.

NOTE 6 - DELINQUENT PARTICIPANT CONTRIBUTIONS RECEIVABLE:

During the years ended December 31, 2017 and 2016, Allied Safe & Vault, Inc. erroneously failed to timely remit certain participant deferral contributions and participant loan payments totaling \$23,425 and \$10,222, respectively.

During the year ended December 31, 2016, Allied Safe & Vault made corrective contributions totaling \$7,285. As of December 31, 2016, the Plan recognized delinquent participant contributions receivable of \$2,937 plus \$70 of lost earnings receivable.

During the year ended December 31, 2017 Allied Safe & Vault made corrective contributions totaling \$23,739, which included \$70 of lost earnings. As of December 31, 2017, the Plan recognized delinquent participant contributions receivable of \$2,534 plus \$191 of lost earnings receivable.

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 7 - NET APPRECIATION IN FAIR VALUE OF MUTUAL AND EXCHANGE TRADED FUNDS:

During the years ended December 31, 2017 and 2016, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2017</u>	<u>2016</u>
Realized gains (losses) from the sale of mutual and exchange traded funds	\$ 330,359	\$ (10,326)
Unrealized gains from mutual and exchange traded funds during the year	<u>25,081</u>	<u>123,063</u>
	<u>\$ 355,440</u>	<u>\$ 112,737</u>

NOTE 8 - INFORMATION CERTIFIED BY THE TRUSTEES:

As of July 6, 2017, Mid-Atlantic Trust Company (Mid-Atlantic) became the trustee of the assets of the Plan. As such, Mid-Atlantic holds the assets of the Plan and executes investment transactions. Mid-Atlantic has provided information to the Plan administrator regarding the Plan's assets held as of December 31, 2017 and the investment activity of the Plan for the period from July 6, 2017 through December 31, 2017. The Plan administrator has obtained a certification from Mid-Atlantic that such information relevant to that time period is complete and accurate.

Prior to July 6, 2017, Frontier Trust Company (Frontier) was the trustee of the assets of the Plan. As such, Frontier held the assets of the Plan and executed investment transactions. Frontier has provided information to the Plan administrator regarding the Plan's assets held as of July 5, 2017 and the investment activity of the Plan through July 5, 2017, at which time Mid-Atlantic became the trustee. The Plan administrator has obtained a certification from Frontier that such information relevant to that time period is complete and accurate.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

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

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements	\$ 3,834,654	\$ 3,610,133
Other adjustment	<u>-</u>	<u>(59)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 3,834,654</u>	<u>\$ 3,610,074</u>

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued):

The following is a reconciliation of participant and rollover contributions per the accompanying financial statements to the Schedule H of Form 5500 as of December 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Participant contributions per the financial statements	\$ 177,548	\$ 171,496
Other adjustment	<u>-</u>	<u>148</u>
Participant contributions per Schedule H of Form 5500	<u>\$ 177,548</u>	<u>\$ 171,644</u>

The following is a reconciliation of investment earnings per the accompanying financial statements to the Schedule H of Form 5500 as of December 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Investment earnings (losses) per the financial statements	\$ 505,831	\$ 231,054
Lost earnings on delinquent employee contributions	-	(70)
Participant loan interest due at the end of the year	<u>-</u>	<u>(137)</u>
Investment earnings (losses) per Schedule H of Form 5500	<u>\$ 505,831</u>	<u>\$ 230,847</u>

The following is a reconciliation of administrative expenses per the accompanying financial statements to the Schedule H of Form 5500 as of December 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Administrative expenses per the financial statements	\$ 40,346	\$ 30,352
Audit fees accrued	-	9,741
Other adjustment	<u>-</u>	<u>(426)</u>
Administrative expenses per Schedule H of Form 5500	<u>\$ 40,346</u>	<u>\$ 39,667</u>

The Form 5500, which is filed with the Department of Labor, has several items of income that differ from the amounts shown on the accompanying Statements of Changes in Net Assets Available for Benefits. These differences relate to classification only and have no effect upon the net assets available for benefits.

NOTE 10 - FINANCIAL STATEMENT PRESENTATION:

Certain balances and disclosures in the 2016 financial statements have been reclassified to conform to the 2017 presentation. The reclassifications had no effect on the change in plan assets available for benefits or the net assets available for benefits.

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
December 31, 2017 and 2016

NOTE 11 - SUBSEQUENT EVENTS:

Allied Safe & Vault Company, Inc., has evaluated events from December 31, 2017 through October 12, 2018 (the date the financial statements were available to be issued), and has identified no events that, if disclosed, would influence the readers' opinion concerning these financial statements.



## SUPPLEMENTAL INFORMATION

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN

EIN: 91-0599729

Plan Number: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
As of December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b>Mutual Funds:</b>			
	JPMorgan Federal Money Market Fund	37,149.280 Cash mgmt shares	\$ **	\$ 37,149
	American Century Small Company Fund I	1,814.175 Shares	**	28,048
	Baron Growth Fund	2,481.335 Institutional class shares	**	172,578
	Ivy Small Cap Growth Fund	1,023.030 Institutional class shares	**	23,817
	PRIMECAP Odyssey Growth Fund	2,932.462 Shares	**	109,235
	Schwab Fundamental US Lg Co Index Fd	7,206.140 Institutional class shares	**	124,379
	Vanguard REIT Index Fund	28.340 Admiral shares	**	3,332
	Vanguard Selected Value Inv Fd	3,014.856 Shares	**	94,276
	Vanguard Large Cap Index Fund	1,508.852 Admiral shares	**	93,339
	Vanguard Mid-Cap Index Fund	236.283 Admiral shares	**	45,260
	Vanguard Small-Cap Index Fund	1,297.877 Admiral shares	**	91,865
	Parametric International Equity Fund	4,964.322 Institutional class shares	**	68,408
	American Funds EuroPacific Growth Fund	991.644 Class R6 shares	**	55,671
	Vanguard Emerging Markets Stock Index Fd	614.768 Admiral shares	**	23,471
	AB High Income Fund	5,661.407 Class Z shares	**	49,990
	BlackRock Inflation Protected Bond Fund	17,577.159 Institutional class shares	**	188,251
	DoubleLine Core Fixed Income Fund	11,494.928 Shares	**	126,099
	JPMorgan SmartRetirement Income Fund	24,582.208 Class R6 shares	**	458,458
	JPMorgan SmartRetirement 2020	28,042.312 Class R6 shares	**	556,079
	JPMorgan SmartRetirement 2025	13,483.841 Class R6 shares	**	264,283
	JPMorgan SmartRetirement 2030	47,071.338 Class R6 shares	**	1,010,622
	JPMorgan SmartRetirement 2035	458.016 Class R6 shares	**	9,577
	JPMorgan SmartRetirement 2040	8,434.774 Class R6 shares	**	190,963
	JPMorgan SmartRetirement 2045	0.326 Class R6 shares	**	7
	JPMorgan SmartRetirement 2050	0.141 Class R6 shares	**	3
	JPMorgan SmartRetirement 2055	49.212 Class R6 shares	**	1,179
	<b>Total mutual funds</b>			<b>3,826,339</b>
	<b>Participant Loans</b>	5.25%	-	<b>15,540</b>
	<b>Total</b>			<b>\$ 3,841,879</b>

\*\* The cost of participant-directed investments is not required to be disclosed

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN

EIN: 91-0599729

Plan Number: 001

SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
As of December 31, 2017

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>				Total Fully Corrected Under VFCP or PTE 2002-51
(a)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
Participant Contributions Transferred Late to the Plan:				
x	<u>\$ 2,725</u>	<u>\$ 20,732</u>	<u>\$ -</u>	<u>\$ 3,007</u>

(a) - Check if participant loan payments are included

VFCP - Voluntary Fiduciary Correction Program

PTE - Prohibited Transaction Exemption

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN

EIN: 91-0599729

Plan Number: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
As of December 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<b>Mutual Funds:</b>				
JPMorgan Federal Money Market Fund	37,149.280 Cash mgmt shares	\$ **	\$ 37,149	
American Century Small Company Fund I	1,814.175 Shares	**	28,048	
Baron Growth Fund	2,481.335 Institutional class shares	**	172,578	
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Parametric International Equity Fund	4,964.322 Institutional class shares	**	68,408	
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JPMorgan SmartRetirement 2030	47,071.338 Class R6 shares	**	1,010,622	
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JPMorgan SmartRetirement 2050	0.141 Class R6 shares	**	3	
JPMorgan SmartRetirement 2055	49.212 Class R6 shares	**	1,179	
<b>Total mutual funds</b>			<b>3,826,339</b>	
<b>Participant Loans</b>	5.25%	-	<b>15,540</b>	
<b>Total</b>			<b>\$ 3,841,879</b>	

\*\* The cost of participant-directed investments is not required to be disclosed

ALLIED SAFE & VAULT COMPANY, INC.  
401(k) PROFIT SHARING PLAN

EIN: 91-0599729

Plan Number: 001

SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
As of December 31, 2017

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>				Total Fully Corrected Under VFCP or PTE 2002-51
(a)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
<u>Participant Contributions Transferred Late to the Plan:</u>				
x	<u>\$ 2,725</u>	<u>\$ 20,732</u>	<u>\$ -</u>	<u>\$ 3,007</u>

(a) - Check if participant loan payments are included

VFCP - Voluntary Fiduciary Correction Program

PTE - Prohibited Transaction Exemption