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
VOCATIONAL GUIDANCE SERVICES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1979

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)
VOCATIONAL GUIDANCE SERVICES

2239 EAST 55TH STREET
CLEVELAND, OH 44103-4451

2b Employer Identification Number (EIN)
34-0714650

2c Plan Sponsor's telephone number
216-431-7800

2d Business code (see instructions)
611000

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.	10/15/2018	SUSIE BARRAGATE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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**	136
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)**	34
a(2) Total number of active participants at the end of the plan year	**6a(2)**	26
b Retired or separated participants receiving benefits	**6b**	37
c Other retired or separated participants entitled to future benefits	**6c**	68
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f Total. Add lines **6d** and **6e**.	**6f**	136
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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)	[X]	**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)	[ ]	0	**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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
VOCATIONAL GUIDANCE SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
VOCATIONAL GUIDANCE SERVICES

D Employer Identification Number (EIN)
34-0714650

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	4437791
b Actuarial value	**2b**	4615137

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	33	1388701	1388701
b For terminated vested participants	69	903034	903034
c For active participants	34	3789960	3803149
d Total	136	6081695	6094884

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.78 %
6 Target normal cost	**6**	118490

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/25/2018
Date

PAUL J. GIBBONS
Type or print name of actuary

17-06478
Most recent enrollment number

FINDLEY, INC.
Firm name

216-875-1900
Telephone number (including area code)

1660 WEST SECOND STREET
SUITE 900
CLEVELAND, OH 44113
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.99 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		19
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.00%		1
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		20
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	75.72%
15	Adjusted funding target attainment percentage	15	75.72%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2017	117964	0			
07/13/2017	117964	0			
10/12/2017	89458	0			
01/12/2018	108617	0			
09/13/2018	70487	0			
			Totals ► 18(b)	504490	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	482846

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	118490
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1479747	364250
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	482740

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	482740
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	482846

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	106
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

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
VOCATIONAL GUIDANCE SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VOCATIONAL GUIDANCE SERVICES

D Employer Identification Number (EIN)
34-0714650

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).. . . . . ☐ 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

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

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

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

FINDLEY DAVIES, INC.

34-1213174

(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?
11 50	NONE	43727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAP FINANCIAL, LLC

SIX FORKS ROAD
RALEIGH, NC 27609

(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	27853	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC

1900 E. 9TH STREET
CLEVELAND, OH 44114

(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?
21 50 59 60 62 63 68	TRUSTEE	10686	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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:	SAMUEL, KELLOG & CO., INC.	**b** EIN: 34-1651498
c	Position:	AUDITOR	
d	Address:	1529 ST. CLAIR AVENUE CLEVELAND, OH 44114	**e** Telephone: 216-687-0220

Explanation: THE PRIOR ACCOUNTANT INFORMED THE PLAN SPONSOR OF ITS DECISION TO NO LONGER PERFORM EMPLOYEE BENEFIT PLAN AUDITS.

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
VOCATIONAL GUIDANCE SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VOCATIONAL GUIDANCE SERVICES

D Employer Identification Number (EIN)
34-0714650

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)	224129	179104
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9044	11875
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69950	32206
(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)	4140172	4529827
(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	4443295	4753012
	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	4443295	4753012

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)	504490	
	(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)		504490
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	942	
	(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)		942
	(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)	98783	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		98783
	(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)		348536
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		952751
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	481072	
(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)		481072
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)	54413	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	27853	
(4) Other	2i(4)	79696	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		161962
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		643034
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		309717
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: MALONEY & NOVOTNY LLC **(2)** EIN: 34-0677006

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 4061514. (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
VOCATIONAL GUIDANCE SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VOCATIONAL GUIDANCE SERVICES

D Employer Identification Number (EIN)
34-0714650

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): 34-6656201

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** 0

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):

VOCATIONAL GUIDANCE SERVICES
PENSION PLAN

FINANCIAL REPORT

DECEMBER 31, 2017 and 2016

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

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* Refers to Section of Form 5500 (Annual Return/Report of Employee Benefit Plan) for the Plan year ended December 31, 2017, which material is incorporated herein by reference.

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maloney
maloney + novotny LLC

Independent Auditors' Report

Plan Administrator
Vocational Guidance Services Pension Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Vocational Guidance Services Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our 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 5, which was certified by PNC Bank, the Trustee of the Plan, except for comparing such information with the related information included in the 2017 financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2017, 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 on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements.

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2017, and the schedules of reportable transactions for the year ended December 31, 2017, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") 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, we do not express an opinion on these supplemental schedules.

Other Matter - 2016 Financial Statement

The financial statements of the Plan as of and for the year ended December 31, 2016 were audited by predecessor auditors. 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 ("ERISA"), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report dated August 17, 2017 indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations - 2017

The form and content of the information included in the 2017 financial statements and the 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.

Cleveland, Ohio
October 10, 2018

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	2017	2016
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Money market fund	$ 32,206	$ 69,950
Registered investment companies	4,529,827	4,140,172
Total investments, at fair value	4,562,033	4,210,122
RECEIVABLES		
Employer contribution	179,104	224,129
Accrued income	11,875	9,044
Total receivables	190,979	233,173
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,753,012	$ 4,443,295

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

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	$ 294,419	$ 111,607
Interest and dividends	153,842	121,666
	448,261	233,273
Less: investment expenses	(27,853)	(27,931)
Total investment income	420,408	205,342
Employer contributions	504,490	498,076
Total additions	924,898	703,418
DEDUCTIONS		
Benefits paid directly to participants	481,072	1,108,054
Administrative expenses	134,109	108,695
Total deductions	615,181	1,216,749
NET INCREASE (DECREASE)	309,717	(513,331)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	4,443,295	4,956,626
END OF YEAR	$ 4,753,012	$ 4,443,295

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

Note 1. Description of Plan

The following brief description of the Vocational Guidance Services Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General – The Plan is a defined benefit pension plan covering substantially all salaried employees of Vocational Guidance Services, Inc. ("Agency"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

During 2010, the Plan was amended to reflect the following changes in coverage and benefits:

- Effective March 19, 2010, the Plan was frozen to new participants;
- With respect to highly compensated employees only, all benefit accruals ceased as of January 1, 2010. Benefit accruals for all other participants ceased December 31, 2010;
- With respect to highly compensated employees only, average monthly compensation shall take into account monthly compensation earned through the earlier of the participant's termination of employment, or December 31, 2009.

Participants are generally eligible for normal retirement benefit payments upon reaching age 65. The amount of individual pension benefits is based upon one or more factors including compensation, years of service, age, and Social Security pension amount, as defined by the Plan. The Plan also provides for the payment of early retirement and deferred vested retirement benefits as well as the optional payment of benefits to the surviving spouse or beneficiary of a participant.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

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 (see Note 4). The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers and the Trustee.

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

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Plan Administration – Certain administrative functions are performed by officers or employees of the Agency. No such officers or employees receive compensation from the Plan. All administrative expenses relating to the operations of the Plan are paid by the Plan or the Agency at the Agency's discretion.

Subsequent Events – Subsequent events were evaluated through October 10, 2018, which is the date the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during the highest 3-year average of credited service. The accumulated plan benefits for active employees are based on their highest 3-year average of credited service. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the date benefit accruals were frozen.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Findley Davies, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2017 and 2016 were:

(a) Life expectancy of participants:	RP-2000 static, non-generational projected using Scale AA to between 7 and 15 years with combined rates for annuitants and non-annuitants (RP-2014 Total Dataset Mortality adjusted backwards to 2006 with scale MP-2014 and projected with Scale MP-2015 was used in 2016).
(b) Normal retirement age:	Normal retirement age is 65.
(c) Form of benefit:	90% of employees are assumed to elect a lump-sum distribution. All others and all officers are assumed to elect a life annuity. (Officers were not considered separately in 2016).
(d) Interest rates:	24-month segment rates reflecting the provisions of MAP-21/HATFA First 5 years: 4.16% (4.43% in 2016) Years 5 - 20: 5.72% (5.91% in 2016) After 20 years: 6.48% (6.65% in 2016)

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

	Based on calculations as of: January 1, 2017	January 1, 2016
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	$ 1,396,378	$ 1,393,405
Other vested benefits	4,684,351	4,888,319
Total vested benefits	6,080,729	6,281,724
Nonvested benefits	14,155	14,842
Total actuarial present value of accumulated plan benefits	$ 6,094,884	$ 6,296,566

	January 1, 2017
Total actuarial present value of accumulated plan benefits at January 1, 2016	$ 6,296,566
Increase (decrease) during the year attributable to:	
Benefits accumulated (including gains and losses)	(62,326)
Interest	345,037
Benefits paid	(1,108,054)
Changes in actuarial assumptions	623,661
Total actuarial present value of accumulated plan benefits at January 1, 2017	$ 6,094,884

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 4. Funding Policy

Contributions are made by the Agency in amounts not less than the minimum amounts required under the applicable sections of ERISA and in accordance with the Internal Revenue Code ("IRC"). The determination of such amounts by the independent actuary is based on certain assumptions as described in Note 2. The Plan has met the minimum funding requirements of ERISA for 2017 and 2016.

Note 5. Fair Value of Financial Instruments

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

Note 5. Fair Value of Financial Instruments (Continued)

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

- Shares of money market funds and registered investment companies are valued based on their quoted closing market prices in active markets for identical investments, and are classified as Level 1.

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

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 32,206	$ -	$ -	$ 32,206
Registered investment companies	4,529,827	-	-	4,529,827
	$ 4,562,033	$ -	$ -	$ 4,562,033

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 69,950	$ -	$ -	$ 69,950
Registered investment companies	4,140,172	-	-	4,140,172
Total	$ 4,210,122	$ -	$ -	$ 4,210,122

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2016 to 2017. Furthermore, while the Plan 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.

Note 6. Unaudited Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, PNC Bank, the Trustee, has certified to the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at December 31, 2017 and 2016, the schedule of assets (held at end of year) at December 31, 2017, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016, the schedules of reportable transactions for the year ended December 31, 2017, and investment related information in the accompanying notes to the financial statements. This information has not been audited by independent accountants.

Note 7. Plan Termination

The Agency has the right to amend or terminate the Plan. In the event that the Plan is terminated, the assets of the Plan would be distributed in accordance with the priorities specified by ERISA. The Agency remits premiums to the Pension Benefit Guaranty Corporation ("PBGC") to ensure payment of benefits, up to specified limitations as described in ERISA, which otherwise may not be payable in the event of the Plan's termination. Should this Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 8. Tax Status

The Internal Revenue Service has determined and informed the Agency by a letter dated May 15, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Therefore, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 9. Related Party and Party-in-Interest Transactions

Certain plan investments are shares of a money market fund managed by PNC Institutional Asset Management, the Custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to PNC Institutional Asset Management amounted to $10,686 and $10,750 for the years ended December 31, 2017 and 2016, respectively.

Note 10. 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 that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTAL SCHEDULES

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

EMPLOYER NO. 34-0714650
PLAN NO. 001

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

December 31, 2017

(a)	Identity of (b) Party	(c) Description of Investment	(d) Cost	Current (e) Value
		Money market fund		
*	PNC Inst. Asset Mgmt.	Government Money Market Fund	$ 32,206	$ 32,206
		Registered investment companies		
	Blackrock	Total Return Bond Fund	1,281,865	1,265,860
	Credit Suisse	Commodity Return Strategy Fund	304,066	221,556
	American Funds	Europacific Growth Fund R6	229,336	313,042
	Fidelity	500 Index Fund Premium	602,569	683,105
	Fidelity	Extended Market Index Premium	319,802	346,854
	Harbor Funds	International Fund	264,939	303,233
	Metropolitan West	Total Return Bond Fund	806,665	807,890
	Neuberger Berman	High Income Bond Fund	189,342	184,976
	Principal Investors Fund	Real Estate Securities Fund	189,417	238,290
	Vanguard	Inflation Protected Securities Fund Adm	176,126	165,021
			4,364,127	4,529,827
			$ 4,396,333	$ 4,562,033

* Represents a party-in-interest

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j

Employer No. 34-0714650

Plan No. 001

5% Report by Asset - Aggregate Transactions

Year Ended December 31, 2017

(b) Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
EATON VANCE ATLANTA CAPITAL SMID	SAL	03/28/17	11,054.536	$320,360.45	$0.00	$0.00	$209,853.67	$307,868.83	$110,506.78
	0 PURCHASES FOR			**$0.00**	**TOTAL ISSUE AGGREGATE**			**$320,360.45**	
	1 SALES FOR			**$320,360.45**					
FIDELITY 500 INDEX FUND PREMIUM	PUR	03/28/17	7,445.646	$613,000.00	$0.00	$0.00	$613,000.00	$613,000.00	$0.00
CLASS	PUR	04/10/17	10.480	863.60	0.00	0.00	863.60	863.60	0.00
	PUR	04/10/17	1.356	111.78	0.00	0.00	111.78	111.78	0.00
	PUR	04/10/17	32.251	2,657.50	0.00	0.00	2,657.50	2,657.50	0.00
	PUR	07/10/17	36.414	3,089.74	0.00	0.00	3,089.74	3,089.74	0.00
	SAL	07/25/17	289.218	25,000.00	0.00	0.00	23,814.97	23,814.97	1,185.03
	PUR	10/10/17	36.050	3,215.01	0.00	0.00	3,215.01	3,215.01	0.00
	PUR	12/19/17	35.150	3,285.86	0.00	0.00	3,285.86	3,285.86	0.00
	PUR	12/19/17	1.556	145.46	0.00	0.00	145.46	145.46	0.00
	PUR	12/19/17	0.155	14.55	0.00	0.00	14.55	14.55	0.00
	9 PURCHASES FOR			**$626,383.50**	**TOTAL ISSUE AGGREGATE**			**$651,383.50**	
	1 SALES FOR			**$25,000.00**					
FIDELITY EXT MKT INDEX PREMIUM	PUR	03/28/17	5,366.538	$306,000.00	$0.00	$0.00	$306,000.00	$306,000.00	$0.00
CLASS FD #607	PUR	04/13/17	55.048	3,117.96	0.00	0.00	3,117.96	3,117.96	0.00
	PUR	04/13/17	9.932	562.57	0.00	0.00	562.57	562.57	0.00
	SAL	07/25/17	83.319	5,000.00	0.00	0.00	4,750.47	4,750.47	249.53
	PUR	12/19/17	2.086	128.36	0.00	0.00	128.36	128.36	0.00
	PUR	12/19/17	179.838	11,065.43	0.00	0.00	11,065.43	11,065.43	0.00
	PUR	12/19/17	59.781	3,678.33	0.00	0.00	3,678.33	3,678.33	0.00
	6 PURCHASES FOR			**$324,552.65**	**TOTAL ISSUE AGGREGATE**			**$329,552.65**	
	1 SALES FOR			**$5,000.00**					
FIDELITY CONTRAFUND INC	PUR	02/13/17	0.477	$49.90	$0.00	$0.00	$49.90	$49.90	$0.00
FD #0022	PUR	02/13/17	19.679	2,058.50	0.00	0.00	2,058.50	2,058.50	0.00
	SAL	03/28/17	3,139.098	334,784.80	0.00	0.00	248,769.07	309,199.43	86,015.73

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j

Employer No. 34-0714650

Plan No. 001

5% Report by Asset - Aggregate Transactions

Year Ended December 31, 2017

(b) Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
	2 PURCHASES FOR			**$2,108.40**	**TOTAL ISSUE AGGREGATE**			**$336,893.20**	
	1 SALES FOR			**$334,784.80**					
JOHN HANCOCK FUNDS III-	PUR	01/04/17	204.261	$3,997.39	$0.00	$0.00	$3,997.39	$3,997.39	$0.00
DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	0.00	251,241.06	332,046.37	89,505.96
	1 PURCHASES FOR			**$3,997.39**	**TOTAL ISSUE AGGREGATE**			**$344,744.41**	
	1 SALES FOR			**$340,747.02**					
PNC GOVT.	PUR	01/31/17	74,661.870	$74,661.87	$0.00	$0.00	$74,661.87	$74,661.87	$0.00
MONEY MARKET	SAL	02/28/17	10,346.960	10,346.96	0.00	0.00	10,346.96	10,346.96	0.00
FUND #405	SAL	03/31/17	53,367.180	53,367.18	0.00	0.00	53,367.18	53,367.18	0.00
	PUR	04/30/17	102,784.570	102,784.57	0.00	0.00	102,784.57	102,784.57	0.00
	SAL	05/31/17	21,702.320	21,702.32	0.00	0.00	21,702.32	21,702.32	0.00
	SAL	06/30/17	43,501.210	43,501.21	0.00	0.00	43,501.21	43,501.21	0.00
	SAL	07/31/17	17,334.810	17,334.81	0.00	0.00	17,334.81	17,334.81	0.00
	SAL	08/31/17	16,135.890	16,135.89	0.00	0.00	16,135.89	16,135.89	0.00
	PUR	09/30/17	106,078.090	106,078.09	0.00	0.00	106,078.09	106,078.09	0.00
	SAL	10/31/17	9,231.570	9,231.57	0.00	0.00	9,231.57	9,231.57	0.00
	SAL	11/30/17	32,126.310	32,126.31	0.00	0.00	32,126.31	32,126.31	0.00
	SAL	12/29/17	117,522.700	117,522.70	0.00	0.00	117,522.70	117,522.70	0.00
	3 PURCHASES FOR			**$283,524.53**	**TOTAL ISSUE AGGREGATE**			**$604,793.48**	
	9 SALES FOR			**$321,268.95**					

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j

Employer No. 34-0714650

Plan No. 001

5% Report by Asset - Single Transactions

Year Ended December 31, 2017

(b) Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
EATON VANCE ATLANTA CAPITAL SMID CAP FUND INVESTOR CLASS	SAL	03/28/17	11,054.536	$320,360.45	$0.00	$0.00	$209,853.67	$307,868.83	$110,506.78
FIDELITY 500 INDEX FUND PREMIUM CLASS	PUR	03/28/17	7,445.646	613,000.00	0.00	0.00	613,000.00	613,000.00	$0.00
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	PUR	03/28/17	5,366.538	306,000.00	0.00	0.00	306,000.00	306,000.00	$0.00
FIDELITY CONTRAFUND INC FD #0022	SAL	03/28/17	3,139.098	334,784.80	0.00	0.00	248,769.07	309,199.43	$86,015.73
JOHN HANCOCK FUNDS III-DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	0.00	251,241.06	332,046.37	$89,505.96

VOCATIONAL GUIDANCE SERVICES PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j

Employer No. 34-0714650

Plan No. 001

5% Report by Broker - Securities

Year Ended December 31, 2017

(a)(b) Broker/party Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
MUTUAL FUND AGENT									
BLACKROCK TOTAL RETURN BOND FUND BLACKROCK CLASS FUND #442	PUR	03/28/17	4,729.149	$55,000.00	$0.00	$0.00	$55,000.00	$55,000.00	$0.00
EATON VANCE ATLANTA CAPITAL SMID CAP FUND INVESTOR CLASS	SAL	03/28/17	11,054.536	320,360.45	0.00	0.00	209,853.67	307,868.83	110,506.78
AMERICAN EUROPACIFIC GROWTH FUND CLASS-R6	SAL	07/25/17	650.679	35,000.00	0.00	0.00	26,476.79	29,402.17	8,523.21
FIDELITY 500 INDEX FUND PREMIUM CLASS	PUR	03/28/17	7,445.646	613,000.00	0.00	0.00	613,000.00	613,000.00	0.00
FIDELITY 500 INDEX FUND PREMIUM CLASS	SAL	07/25/17	289.218	25,000.00	0.00	0.00	23,814.97	23,814.97	1,185.03
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	PUR	03/28/17	5,366.538	306,000.00	0.00	0.00	306,000.00	306,000.00	0.00
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	SAL	07/25/17	83.319	5,000.00	0.00	0.00	4,750.47	4,750.47	249.53
FIDELITY CONTRAFUND INC FD #0022	SAL	03/28/17	3,139.098	334,784.80	0.00	0.00	248,769.07	309,199.43	86,015.73
HARBOR INTERNATIONAL FUND CLASS INS FD # 2011	SAL	07/25/17	362.687	25,000.00	0.00	0.00	21,209.91	21,184.55	3,790.09
JOHN HANCOCK FUNDS III-DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	0.00	251,241.06	332,046.37	89,505.96
METROPOLITAN WEST TOTAL RETURN BOND FUND	PUR	03/28/17	3,718.593	37,000.00	0.00	0.00	37,000.00	37,000.00	0.00
PRINCIPAL INVESTORS FUND INC REAL ESTATE SECURITIES FUND CL PR	PUR	03/28/17	918.274	20,000.00	0.00	0.00	20,000.00	20,000.00	0.00

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j

Employer No. 34-0714650

Plan No. 001

5% Report by Broker - Non-securities

Year Ended December 31, 2017

(a)(b) Broker/party asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
MUTUAL FUND AGENT									
BLACKROCK TOTAL RETURN BOND FUND BLACKROCK CLASS FUND #442	PUR	03/28/17	4,729.149	$55,000.00	$0.00	$.000.00	$55,000.00	$55,000.00	$0.00
EATON VANCE ATLANTA CAPITAL SMID CAP FUND INVESTOR CLASS	SAL	03/28/17	11,054.536	320,360.45	0.00	.000.00	209,853.67	307,868.83	110,506.78
AMERICAN EUROPACIFIC GROWTH FUND CLASS-R6	SAL	07/25/17	650.679	35,000.00	0.00	.000.00	26,476.79	29,402.17	8,523.21
FIDELITY 500 INDEX FUND PREMIUM CLASS	PUR	03/28/17	7,445.646	613,000.00	0.00	.000.00	613,000.00	613,000.00	0.00
FIDELITY 500 INDEX FUND PREMIUM CLASS	SAL	07/25/17	289.218	25,000.00	0.00	.000.00	23,814.97	23,814.97	1,185.03
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	PUR	03/28/17	5,366.538	306,000.00	0.00	.000.00	306,000.00	306,000.00	0.00
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	SAL	07/25/17	83.319	5,000.00	0.00	.000.00	4,750.47	4,750.47	249.53
FIDELITY CONTRAFUND INC FD #0022	SAL	03/28/17	3,139.098	334,784.80	0.00	.000.00	248,769.07	309,199.43	86,015.73
HARBOR INTERNATIONAL FUND CLASS INS FD # 2011	SAL	07/25/17	362.687	25,000.00	0.00	.000.00	21,209.91	21,184.55	3,790.09
JOHN HANCOCK FUNDS III-DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	.000.00	251,241.06	332,046.37	89,505.96
METROPOLITAN WEST TOTAL RETURN BOND FUND	PUR	03/28/17	3,718.593	37,000.00	0.00	.000.00	37,000.00	37,000.00	0.00
PRINCIPAL INVESTORS FUND INC REAL ESTATE SECURITIES FUND CL PR	PUR	03/28/17	918.274	20,000.00	0.00	.000.00	20,000.00	20,000.00	0.00

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2017 Valuation
Vocational Guidance Services Pension Plan
(EIN: 34-0714650 ; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	1 (*)	-	-	-	-	-	-	-	-
35 to 39	-	2 (*)	1 (*)	1 (*)	-	-	-	-	-	-
40 to 44	-	-	-	4 (*)	-	-	-	-	-	-
45 to 49	-	-	-	2 (*)	-	-	-	-	-	-
50 to 54	-	1 (*)	1 (*)	4 (*)	-	-	-	-	-	-
55 to 59	-	-	1 (*)	-	-	-	-	-	-	-
60 to 64	-	2 (*)	2 (*)	3 (*)	2 (*)	-	-	-	-	-
65 to 69	-	1 (*)	1 (*)	-	2 (*)	2 (*)	1 (*)	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Appendix B

Statement of Actuarial Assumptions and Methods

Interest Rates

24-month segment rates averaged through the end of August 2016 and published in September 2016:

		Pre MAP-21/ HATFA	Reflecting MAP-21/ HATFA
a.	First Rate, Years 1-5	1.52%	4.16%
b.	Second Rate, Years 5-20	3.80%	5.72%
c.	Third Rate, Years 20+	4.79%	6.48%
d.	Effective Interest Rate using the above rates	3.94%	5.78%
e.	Interest rate for developing expected value of assets, (before applying statutory cap of 6.65%)		8.00%

Salary Scale

N/A

Mortality

RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with combined rates for annuitants and nonannuitants.

Rates of Retirement

All participants are assumed to retire at age 65.

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

None assumed.

Rates of Turnover

Based on age sample rates follow:

	Completed Years of Service					
Age	0	1	2	3	4	5+
25	46.00%	39.10%	20.70%	17.00%	17.00%	17.00%
30	48.00	40.80	21.60	16.80	12.25	12.25
35	48.00	40.80	21.60	16.80	12.00	7.50
40	45.00	38.25	20.25	15.75	11.25	7.50
45	42.00	35.70	18.90	14.70	10.50	7.50
50	35.00	29.75	15.75	12.25	8.75	7.50

Appendix B (Continued)

Assumptions Made In Valuing Spouse's Benefit	Eighty percent of the employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.
Optional Form Election	90% of employees are assumed to elect a lump sum distribution and 10% of employees are assumed to elect the life annuity benefit. All officers are assumed to elect the life annuity.
Annual Increases to Maximum Benefits and Plan Compensation Limits	N/A
Annual Increases to Social Security	N/A
Provision for Expenses	The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year were included in the Target Normal Cost for minimum contribution purposes.
Fiscal Year	The 12-month period ending each December 31.
Standing Elections	The sponsor has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.
Asset Method	Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

Appendix B (Continued)

Selection of Assumptions	Information used in the analysis of selecting assumptions include: expected return on assets – review of historical and expected returns on various asset categories held by the plan as well as information provided by the plan's investment advisor. The segment rates and mortality table used to determine minimum funding and funded ratios were based on methodology mandated by Internal Revenue Code and rates published by the Internal Revenue Service to affect it. A complete review of non-economic assumptions, to satisfy ASOP 35, has not been done since the plan was frozen, but we monitor the gains and losses annually to ensure the assumptions are still reasonable.
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The segmented interest rates used for determining the funding target were 4.43%, 5.91% and 6.65%. These rates were updated to the rates required for the current plan year. 90% of officers were assumed to elect a lump sum distribution and 10% of officers were assumed to elect the life annuity benefit. The mortality table for the funding target was changed as required under PPA '06.
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

VOCATIONAL GUIDANCE SERVICES PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j
Employer No. 34-0714650
Plan No. 001
5% Report by Asset - Aggregate Transactions

Year Ended December 31, 2017

(b) Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
EATON VANCE ATLANTA CAPITAL SMID	SAL	03/28/17	11,054.536	$320,360.45	$0.00	$0.00	$209,853.67	$307,868.83	$110,506.78
	0 PURCHASES FOR			**$0.00**	**TOTAL ISSUE AGGREGATE**			**$320,360.45**	
	1 SALES FOR			**$320,360.45**					
FIDELITY 500 INDEX FUND PREMIUM	PUR	03/28/17	7,445.646	$613,000.00	$0.00	$0.00	$613,000.00	$613,000.00	$0.00
CLASS	PUR	04/10/17	10.480	863.60	0.00	0.00	863.60	863.60	0.00
	PUR	04/10/17	1.356	111.78	0.00	0.00	111.78	111.78	0.00
	PUR	04/10/17	32.251	2,657.50	0.00	0.00	2,657.50	2,657.50	0.00
	PUR	07/10/17	36.414	3,089.74	0.00	0.00	3,089.74	3,089.74	0.00
	SAL	07/25/17	289.218	25,000.00	0.00	0.00	23,814.97	23,814.97	1,185.03
	PUR	10/10/17	36.050	3,215.01	0.00	0.00	3,215.01	3,215.01	0.00
	PUR	12/19/17	35.150	3,285.86	0.00	0.00	3,285.86	3,285.86	0.00
	PUR	12/19/17	1.556	145.46	0.00	0.00	145.46	145.46	0.00
	PUR	12/19/17	0.155	14.55	0.00	0.00	14.55	14.55	0.00
	9 PURCHASES FOR			**$626,383.50**	**TOTAL ISSUE AGGREGATE**			**$651,383.50**	
	1 SALES FOR			**$25,000.00**					
FIDELITY EXT MKT INDEX PREMIUM	PUR	03/28/17	5,366.538	$306,000.00	$0.00	$0.00	$306,000.00	$306,000.00	$0.00
CLASS FD #607	PUR	04/13/17	55.048	3,117.96	0.00	0.00	3,117.96	3,117.96	0.00
	PUR	04/13/17	9.932	562.57	0.00	0.00	562.57	562.57	0.00
	SAL	07/25/17	83.319	5,000.00	0.00	0.00	4,750.47	4,750.47	249.53
	PUR	12/19/17	2.086	128.36	0.00	0.00	128.36	128.36	0.00
	PUR	12/19/17	179.838	11,065.43	0.00	0.00	11,065.43	11,065.43	0.00
	PUR	12/19/17	59.781	3,678.33	0.00	0.00	3,678.33	3,678.33	0.00
	6 PURCHASES FOR			**$324,552.65**	**TOTAL ISSUE AGGREGATE**			**$329,552.65**	
	1 SALES FOR			**$5,000.00**					
FIDELITY CONTRAFUND INC	PUR	02/13/17	0.477	$49.90	$0.00	$0.00	$49.90	$49.90	$0.00
FD #0022	PUR	02/13/17	19.679	2,058.50	0.00	0.00	2,058.50	2,058.50	0.00
	SAL	03/28/17	3,139.098	334,784.80	0.00	0.00	248,769.07	309,199.43	86,015.73

VOCATIONAL GUIDANCE SERVICES PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j
Employer No. 34-0714650
Plan No. 001
5% Report by Asset - Aggregate Transactions

Year Ended December 31, 2017

(b) Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
	2 PURCHASES FOR			**$2,108.40**	**TOTAL ISSUE AGGREGATE**			**$336,893.20**	
	1 SALES FOR			**$334,784.80**					
JOHN HANCOCK FUNDS III-	PUR	01/04/17	204.261	$3,997.39	$0.00	$0.00	$3,997.39	$3,997.39	$0.00
DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	0.00	251,241.06	332,046.37	89,505.96
	1 PURCHASES FOR			**$3,997.39**	**TOTAL ISSUE AGGREGATE**			**$344,744.41**	
	1 SALES FOR			**$340,747.02**					
PNC GOVT.	PUR	01/31/17	74,661.870	$74,661.87	$0.00	$0.00	$74,661.87	$74,661.87	$0.00
MONEY MARKET	SAL	02/28/17	10,346.960	10,346.96	0.00	0.00	10,346.96	10,346.96	0.00
FUND #405	SAL	03/31/17	53,367.180	53,367.18	0.00	0.00	53,367.18	53,367.18	0.00
	PUR	04/30/17	102,784.570	102,784.57	0.00	0.00	102,784.57	102,784.57	0.00
	SAL	05/31/17	21,702.320	21,702.32	0.00	0.00	21,702.32	21,702.32	0.00
	SAL	06/30/17	43,501.210	43,501.21	0.00	0.00	43,501.21	43,501.21	0.00
	SAL	07/31/17	17,334.810	17,334.81	0.00	0.00	17,334.81	17,334.81	0.00
	SAL	08/31/17	16,135.890	16,135.89	0.00	0.00	16,135.89	16,135.89	0.00
	PUR	09/30/17	106,078.090	106,078.09	0.00	0.00	106,078.09	106,078.09	0.00
	SAL	10/31/17	9,231.570	9,231.57	0.00	0.00	9,231.57	9,231.57	0.00
	SAL	11/30/17	32,126.310	32,126.31	0.00	0.00	32,126.31	32,126.31	0.00
	SAL	12/29/17	117,522.700	117,522.70	0.00	0.00	117,522.70	117,522.70	0.00
	3 PURCHASES FOR			**$283,524.53**	**TOTAL ISSUE AGGREGATE**			**$604,793.48**	
	9 SALES FOR			**$321,268.95**					

VOCATIONAL GUIDANCE SERVICES PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j
Employer No. 34-0714650
Plan No. 001
5% Report by Asset - Single Transactions

Year Ended December 31, 2017

(b) Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
EATON VANCE ATLANTA CAPITAL SMID CAP FUND INVESTOR CLASS	SAL	03/28/17	11,054.536	$320,360.45	$0.00	$0.00	$209,853.67	$307,868.83	$110,506.78
FIDELITY 500 INDEX FUND PREMIUM CLASS	PUR	03/28/17	7,445.646	613,000.00	0.00	0.00	613,000.00	613,000.00	$0.00
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	PUR	03/28/17	5,366.538	306,000.00	0.00	0.00	306,000.00	306,000.00	$0.00
FIDELITY CONTRAFUND INC FD #0022	SAL	03/28/17	3,139.098	334,784.80	0.00	0.00	248,769.07	309,199.43	$86,015.73
JOHN HANCOCK FUNDS III-DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	0.00	251,241.06	332,046.37	$89,505.96

VOCATIONAL GUIDANCE SERVICES PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j
Employer No. 34-0714650
Plan No. 001
5% Report by Broker - Securities

Year Ended December 31, 2017

(a)(b) Broker/party Asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale Cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
MUTUAL FUND AGENT									
BLACKROCK TOTAL RETURN BOND FUND BLACKROCK CLASS FUND #442	PUR	03/28/17	4,729.149	$55,000.00	$0.00	$0.00	$55,000.00	$55,000.00	$0.00
EATON VANCE ATLANTA CAPITAL SMID CAP FUND INVESTOR CLASS	SAL	03/28/17	11,054.536	320,360.45	0.00	0.00	209,853.67	307,868.83	110,506.78
AMERICAN EUROPACIFIC GROWTH FUND CLASS-R6	SAL	07/25/17	650.679	35,000.00	0.00	0.00	26,476.79	29,402.17	8,523.21
FIDELITY 500 INDEX FUND PREMIUM CLASS	PUR	03/28/17	7,445.646	613,000.00	0.00	0.00	613,000.00	613,000.00	0.00
FIDELITY 500 INDEX FUND PREMIUM CLASS	SAL	07/25/17	289.218	25,000.00	0.00	0.00	23,814.97	23,814.97	1,185.03
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	PUR	03/28/17	5,366.538	306,000.00	0.00	0.00	306,000.00	306,000.00	0.00
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	SAL	07/25/17	83.319	5,000.00	0.00	0.00	4,750.47	4,750.47	249.53
FIDELITY CONTRAFUND INC FD #0022	SAL	03/28/17	3,139.098	334,784.80	0.00	0.00	248,769.07	309,199.43	86,015.73
HARBOR INTERNATIONAL FUND CLASS INS FD # 2011	SAL	07/25/17	362.687	25,000.00	0.00	0.00	21,209.91	21,184.55	3,790.09
JOHN HANCOCK FUNDS III-DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	0.00	251,241.06	332,046.37	89,505.96
METROPOLITAN WEST TOTAL RETURN BOND FUND	PUR	03/28/17	3,718.593	37,000.00	0.00	0.00	37,000.00	37,000.00	0.00
PRINCIPAL INVESTORS FUND INC REAL ESTATE SECURITIES FUND CL PR	PUR	03/28/17	918.274	20,000.00	0.00	0.00	20,000.00	20,000.00	0.00

VOCATIONAL GUIDANCE SERVICES PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j
Employer No. 34-0714650
Plan No. 001
5% Report by Broker - Non-securities

Year Ended December 31, 2017

(a)(b) Broker/party asset description	Tran type	Settle date	Shares/units	(c)(d) Purchase/sale cost/proceeds	(f) Broker commission	(f) Other expense	(g) Cost of asset	Previous annual market	(i) Net gain/loss
MUTUAL FUND AGENT									
BLACKROCK TOTAL RETURN BOND FUND BLACKROCK CLASS FUND #442	PUR	03/28/17	4,729.149	$55,000.00	$0.00	$.000.00	$55,000.00	$55,000.00	$0.00
EATON VANCE ATLANTA CAPITAL SMID CAP FUND INVESTOR CLASS	SAL	03/28/17	11,054.536	320,360.45	0.00	.000.00	209,853.67	307,868.83	110,506.78
AMERICAN EUROPACIFIC GROWTH FUND CLASS-R6	SAL	07/25/17	650.679	35,000.00	0.00	.000.00	26,476.79	29,402.17	8,523.21
FIDELITY 500 INDEX FUND PREMIUM CLASS	PUR	03/28/17	7,445.646	613,000.00	0.00	.000.00	613,000.00	613,000.00	0.00
FIDELITY 500 INDEX FUND PREMIUM CLASS	SAL	07/25/17	289.218	25,000.00	0.00	.000.00	23,814.97	23,814.97	1,185.03
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	PUR	03/28/17	5,366.538	306,000.00	0.00	.000.00	306,000.00	306,000.00	0.00
FIDELITY EXT MKT INDEX PREMIUM CLASS FD #607	SAL	07/25/17	83.319	5,000.00	0.00	.000.00	4,750.47	4,750.47	249.53
FIDELITY CONTRAFUND INC FD #0022	SAL	03/28/17	3,139.098	334,784.80	0.00	.000.00	248,769.07	309,199.43	86,015.73
HARBOR INTERNATIONAL FUND CLASS INS FD # 2011	SAL	07/25/17	362.687	25,000.00	0.00	.000.00	21,209.91	21,184.55	3,790.09
JOHN HANCOCK FUNDS III-DISCIPLINED VALUE FUND CL V-I	SAL	03/28/17	17,140.192	340,747.02	0.00	.000.00	251,241.06	332,046.37	89,505.96
METROPOLITAN WEST TOTAL RETURN BOND FUND	PUR	03/28/17	3,718.593	37,000.00	0.00	.000.00	37,000.00	37,000.00	0.00
PRINCIPAL INVESTORS FUND INC REAL ESTATE SECURITIES FUND CL PR	PUR	03/28/17	918.274	20,000.00	0.00	.000.00	20,000.00	20,000.00	0.00

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
VOCATIONAL GUIDANCE SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
VOCATIONAL GUIDANCE SERVICES

D Employer Identification Number (EIN)
34-0714650

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	4,437,791
b Actuarial value	**2b**	4,615,137

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	33	1,388,701	1,388,701
b For terminated vested participants	69	903,034	903,034
c For active participants	34	3,789,960	3,803,149
d Total	136	6,081,695	6,094,884

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.78%
6 Target normal cost	**6**	118,490

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

9-25-2018
Date

PAUL J. GIBBONS
Type or print name of actuary

1706478
Most recent enrollment number

FINDLEY, INC.
Firm name

216-875-1900
Telephone number (including area code)

1660 West Second Street
Suite 900
Cleveland OH 44113
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.99%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		19
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.00%		1
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		20
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	75.72%
15	Adjusted funding target attainment percentage	15	75.72%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2017	117,964	0			
07/13/2017	117,964	0			
10/12/2017	89,458	0			
01/12/2018	108,617	0			
09/13/2018	70,487	0			
			Totals ▶ 18(b)	504,490	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	482,846

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16 %	5.72 %	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	118,490
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,479,747	364,250
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	482,740

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	482,740
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	482,846
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	106
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0

Schedule SB, Line 22 – Description of Weighted Retirement Age
Vocational Guidance Services Pension Plan
January 1, 2017 Valuation
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Rates of Retirement	All participants are assumed to retire at age 65. Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Vocational Guidance Services
EIN/PN	34-0714650/001
Effective Date	July 1, 1979; amended and restated effective July 1, 1997, and January 1, 2002 and January 1, 2010, amended by the first amendment.
Plan Year	The 12-month period beginning each January 1.
Participation	Any Employee who was a participant prior to July 1, 1997 shall continue to participate. Any Eligible Employee who was hired prior to July 1, 1997 who has both attained age 21 and completed two Years of Service participated starting on the date he satisfied such requirements. Each other employee participates on the date he has both attained age 21 and completed one Year of Service. (A Year of Service is a Plan Year in which an employee is paid for at least 1,000 hours.) No new participants are permitted after March 19, 2010.
Compensation	Total wages, salary, commissions and overtime pay including amounts received under the Cash Profit Sharing Plan, Management Performance payments and other incentive pay, as limited by IRC Section 401(a)(17).
Average Monthly Compensation	1/36th of Compensation for the highest 3 years of employment, where the pay is annualized for any year in which less than one year of service is credited. This amount was frozen for all officers of the plan January 1, 2010 and for all other participants January 1, 2011.
Social Security Covered Compensation	The average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between. This amount was frozen for all officers of the plan January 1, 2010 and for all other participants December 31, 2010.
Vesting Service	Vesting Service is the continuous service during which a participant is an employee of the employer.

Appendix A (Continued)

Credited Service	Credited Service is the continuous service while both a participant and an employee in a position covered by the plan. No officer of the plan shall accrue additional credited service after January 1, 2010. This amount was frozen as of December 31, 2010 for all other participants.
Accrued Benefit	A monthly life annuity starting at age 65 equal to the greater of (1) the Frozen Accrued Benefit and (2) of 1.5% of Average Monthly Compensation times the participant's Credited Service at Normal Retirement plus 0.5% of Average Monthly Compensation in excess of Social Security Covered Compensation multiplied by the participant's Credited Service (up to 25 years) at Normal Retirement with the resulting sum multiplied by a fraction whose numerator is the participant's Credited Service at termination and whose denominator is the participant's Credited Service at Normal Retirement. This amount was frozen for all officers of the plan December 31, 2009 and for all other participants December 31, 2010.
Frozen Accrued Benefit	A monthly life annuity starting at age 65 calculated as of the last day of the Plan Year preceding a Plan Year for which any amendment that affected the employee's benefit was made effective.
Normal Retirement Benefit	*Eligibility:* Age 65. *Monthly Benefit:* The Accrued Benefit.
Early Retirement Benefit	*Eligibility:* Age 55. *Monthly Benefit:* The Accrued Benefit at early retirement reduced by 1/15th for each of the first five years and 1/30th for each of the next five years preceding age 65. An unreduced benefit is payable to participants hired before July 1, 1997 who have attained age 62 with 30 years of Credited Service.

Appendix A (Continued)

Disability Retirement Benefit	*Eligibility:* Permanent and total disability at any age. *Monthly Benefit:* A single sum actuarially equivalent to the Accrued Benefit at disability retirement.
Termination Benefit	*Eligibility:* Termination of employment prior to retirement after completion of at least five years of Vesting Service. Participants hired before July 1, 1997 vest immediately upon becoming participants in the plan. Participants become 100% vested upon reaching Normal or Early Retirement eligibility. *Monthly Benefit:* The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Death Benefit	*Eligibility:* 100% vested and married for at least one year. *Monthly Benefit:* A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 66 2/3% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 66 2/3% Joint and Survivor Annuity form of payment.
Optional Forms of Payments	Life Annuity Joint & Survivor with 50%, 66 2/3%, 75% or 100% continuation 5 or 10 Year Certain and Continuous The conversion factors are based on the 1983 Group Annuity Mortality Table projected to 1988 by Scale H, set back 4-years for participants and set back 4-years for beneficiaries and 9.50% interest.

Appendix A (Continued)

Benefits Available as Lump Sums	The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3) for each November preceding the plan year of distribution.
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	None.

VOCATIONAL GUIDANCE SERVICES PENSION PLAN

EMPLOYER NO. 34-0714650
PLAN NO. 001

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

December 31, 2017

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Money market fund		
*	PNC Inst. Asset Mgmt.	Government Money Market Fund	$ 32,206	$ 32,206
		Registered investment companies		
	Blackrock	Total Return Bond Fund	1,281,865	1,265,860
	Credit Suisse	Commodity Return Strategy Fund	304,066	221,556
	American Funds	Europacific Growth Fund R6	229,336	313,042
	Fidelity	500 Index Fund Premium	602,569	683,105
	Fidelity	Extended Market Index Premium	319,802	346,854
	Harbor Funds	International Fund	264,939	303,233
	Metropolitan West	Total Return Bond Fund	806,665	807,890
	Neuberger Berman	High Income Bond Fund	189,342	184,976
	Principal Investors Fund	Real Estate Securities Fund	189,417	238,290
	Vanguard	Inflation Protected Securities Fund Adm	176,126	165,021
			4,364,127	4,529,827
			$ 4,396,333	$ 4,562,033

* Represents a party-in-interest

Schedule SB, Line 32 – Schedule of Amortization Bases
Vocational Guidance Services Pension Plan
January 1, 2017 Valuation
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Exhibit VII

Schedule of Amortization Bases

Plan Year Beginning **1/01/2017**

	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
Shortfall Amortization Bases	1/01/2017	$ 760,392	7	$ 124,865
	1/01/2016	361,263	6	67,231
	1/01/2015	113,407	5	24,567
	1/01/2014	120,123	4	31,891
	1/01/2013	127,317	3	44,180
	1/01/2012	(151,632)	2	(77,361)
	1/01/2011	148,877	1	148,877
	Total	$ 1,479,747		$ 364,250
Waiver Amortization Bases	1/01/2017	$ 0		$ 0

Schedule SB, Line 24 – Change in Actuarial Assumptions
Vocational Guidance Services Pension Plan
January 1, 2017 Valuation
EIN/PN: 34-0714650 / 001

Changes in Assumptions and Methods since the Last Actuarial Valuation	The optional form election for officers was changed to 100% assuming to elect the life annuity. The assumption previously was 90% of officers were assumed to elect a lump sum distribution and 10% of officers were assumed to elect the life annuity benefit. This was updated to better reflect actual experience.