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
FMS 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 07/01/1995

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)
DONCO ELECTRICAL CONSTRUCTION LLC

P. O. BOX 158
EDWARDSVILLE, IL 62025

2b Employer Identification Number (EIN) 37-1381653

2c Plan Sponsor's telephone number 618-797-5353

2d Business code (see instructions) 541219

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	DARLENE MCDONALD
	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:	**4b** EIN	27-3700872
a Sponsor's name FOWLER MANAGEMENT SERVICES, INC.	**4d** PN	004
c Plan Name FMS 401(K) PROFIT SHARING PLAN AND TRUST		
5 Total number of participants at the beginning of the plan year	**5**	200
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)**	175
a(2) Total number of active participants at the end of the plan year	**6a(2)**	214
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	158
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
FMS 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DONCO ELECTRICAL CONSTRUCTION LLC

D Employer Identification Number (EIN)
37-1381653

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MATRIX FINANCIAL SOLUTIONS, INC.

20-1591048

(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)

THEBANK OF EDWARDSVILLE

37-0259190

(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 28 51 68	NONE	26409	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EPIC ADVISORS, INC.

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38	NONE	15312	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
FMS 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DONCO ELECTRICAL CONSTRUCTION LLC

D Employer Identification Number (EIN)
37-1381653

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-2712853-001	C	32419

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
FMS 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DONCO ELECTRICAL CONSTRUCTION LLC

D Employer Identification Number (EIN)
37-1381653

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	15828	37203
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	141413	175724
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9163	9804
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	94642	108047
(2) U.S. Government securities	1c(2)	717304	806791
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	709653	548246
(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)	32907	32419
(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)	8508994	11142797
(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	10229904	12861031
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		26036
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	26036
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10229904	12834995

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)	554283	
	(B) Participants	2a(1)(B)	1009121	
	(C) Others (including rollovers)	2a(1)(C)	29571	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1592975
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	801	
	(B) U.S. Government securities	2b(1)(B)	13362	
	(C) Corporate debt instruments	2b(1)(C)	17750	
	(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)		31913
	(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)	211360	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		211360
	(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)		408
(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)		1624989
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3461645
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	814454	
(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)		814454
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	42100	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		42100
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		856554
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2605091
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: BROWN SMITH WALLACE LLP **(2)** EIN: 43-1001367

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
FMS 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DONCO ELECTRICAL CONSTRUCTION LLC

D Employer Identification Number (EIN)
37-1381653

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**

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): 37-1136494

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FMS 401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2017

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BROWN SMITH WALLACE
6 CITYPLACE DRIVE SUITE 900 ST. LOUIS, MO 63141 PH 314.983.1200 FX 314.983.1300 BSWLLC.COM

A MEASURABLE DIFFERENCE™

Independent Auditor's Report

To the Participants of and Board of Directors of the
FMS 401(k) Profit Sharing Plan and Trust
St. Louis, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of FMS 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by TheBANK of Edwardsville, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

Brown Smith Wallace, LLP

St. Louis, Missouri
October 8, 2018

FMS 401(k) PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016
(See Independent Auditor's Report)

	2017	2016
ASSETS		
Investments, at fair value	**$ 12,638,298**	$ 10,063,500
Non-interest bearing cash	**37,203**	15,828
Accrued income	**9,804**	9,163
Employer receivable	**175,724**	141,413
Total assets	**12,861,029**	10,229,904
LIABILITIES		
Accounts payable	**26,036**	-
Excess contributions payable	**-**	971
Total liabilities	**26,036**	971
NET ASSETS AVAILABLE FOR BENEFITS	**$ 12,834,993**	$ 10,228,933

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

FMS 401(k) PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2017 and 2016
(See Independent Auditor's Report)

	2017	2016
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 1,624,347**	$ 489,524
Interest and dividends	**243,682**	182,750
	1,868,029	672,274
Contributions:		
Participants	**1,009,121**	842,293
Employer	**554,283**	461,497
Rollover	**29,571**	7,728
Total contributions	**1,592,975**	1,311,518
Total additions	**3,461,004**	1,983,792
Deductions from net assets attributed to:		
Benefits paid to participants	**814,454**	264,844
Other income	**(1,610)**	(39)
Administrative expenses	**42,100**	34,669
Total deductions	**854,944**	299,474
NET INCREASE	**2,606,060**	1,684,318
Net assets available for benefits at beginning of year	**10,228,933**	8,544,615
Net assets available for benefits at end of year	**$ 12,834,993**	$ 10,228,933

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

Note A - Description of Plan

The following description of the FMS 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Fowler Management Services, Incorporated, J.F. Electric, Incorporated, and Donco Electrical Construction LLC (the "Companies" or "Employers") for the benefit of all eligible non-union employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation

The Plan covers substantially all employees of Fowler Management Services, Incorporated, J.F. Electric, Incorporated, and Donco Electrical Construction LLC, with the exception of employees covered by a collective bargaining agreement. Eligible employees may become participants in the Plan for purposes of making pre-tax contributions and receiving safe-harbor contributions on the first enrollment date, which is the first Monday of the month after the employee starts employment, and after the employees have attained age 21. Participants become eligible to receive non-elective employer contributions on the first enrollment date that occurs after the employee has completed 1,000 hours of service during the previous 12 consecutive months and has attained age 21.

Contributions

Plan participants may contribute a percentage of pretax annual compensation, not to exceed the dollar limitation contained in Section 401(g) of the Internal Revenue Code (the "IRC"), through a salary reduction election. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. A participant is eligible to a safe-harbor match of 100% of the first 5% of the participant's covered compensation for the Plan year. The matching contribution is made quarterly and invested directly in investments elected by the participant. Contributions are subject to certain statutory limitations.

Note A - Description of the Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Companies matching contribution and, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100% vested in their voluntary contributions and the Companies safe-harbor contributions plus actual earnings thereon. Participant's become vested in Companies non-elective contributions ratably over six years, beginning in the second year of participation. A participant is 100% vested upon the completion of six years of service.

Payment of Benefits

The Plan provides that a participant's vested interest in the Plan will be distributed to the participant upon retirement, total disability or death. Employees terminating employment with the Companies for other reasons are entitled to their vested interest in the Plan. Participants with vested account balances in excess of $1,000 may elect to defer distribution to a future date as fully described in the Plan Document. Distributions may be made in lump-sum amounts, in annual or more frequent periodic amounts as defined by the Plan, or by a combination of the two methods, as selected by the participant.

Participants may also withdraw certain basic contributions thereon in the event of a financial hardship as defined by the Plan and the IRC.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Note B - Summary of Significant Accounting Policies (Continued)

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 and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note E for discussion on fair value measurements.

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

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRC are recorded as a liability with a corresponding reduction to contributions. There were $0 and $971 of accounts payable for excess contributions at December 31, 2017 and 2016, respectively.

Benefit Payments

Benefits distributed to participants are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from the financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Note B - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through October 8, 2018, the date the financial statements were available to be issued.

Note C - Certification

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, TheBANK of Edwardsville, the trustee of the Plan, has certified the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, the supplemental Schedule H Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2017, and the information related to investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016.

Note D - Nonparticipant-Directed Investments

Information regarding the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31,	
	2017	2016
Net Assets:		
Cash	**$ 375**	$ -
Money market	**108,047**	94,642
Accrued income	**7,830**	7,369
Mutual funds	**2,651,517**	1,988,182
Corporate bonds	**548,246**	709,653
U.S. government securities	**160,629**	100,362
U.S. treasuries	**646,161**	616,942
	$ 4,122,805	$ 3,517,150

Note D - Nonparticipant-Directed Investments (Continued)

	December 31,	
	2017	2016
Changes in Net Assets:		
Contributions	**$ 272,084**	$ 261,218
Dividends	**76,196**	58,041
Net appreciation	**392,015**	102,386
Benefits paid to participants	**(134,550)**	(88,936)
	$ 605,745	$ 332,709

Note E - Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology included:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Note E - Fair Value Measurements (Continued)

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

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

Corporate bonds – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Government securities – Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market – Valued at total cash on hand including accrued interest at a stated rate.

Collective Investment Trust – Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 E - Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017:

	Fair Value Measurements			
	Balance	**Level 1**	**Level 2**	**Level 3**
Mutual funds	$ 11,142,795	$ 11,142,795	$ -	$ -
Money market	108,047	108,047	-	-
Corporate bonds	548,246	-	548,246	-
Government securities	806,790	-	806,790	-
Collective trust (a)	32,420	-	-	-
Total	$ 12,638,298	$ 11,250,842	$ 1,355,036	$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016:

	Fair Value Measurements			
	Balance	**Level 1**	**Level 2**	**Level 3**
Mutual funds	$ 8,508,994	$ 8,508,994	$ -	$ -
Money market	94,642	94,642	-	-
Corporate bonds	709,653	-	709,653	-
Government securities	717,304	-	717,304	-
Collective trust (a)	32,907	-	-	-
Total	$ 10,063,500	$ 8,603,636	$ 1,426,957	$ -

(a) In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Note F - Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Investment Type	2017 Fair Value	2016 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust	$ 32,420	$ 32,907	-	Immediate	12 months

Note G - Plan Termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants shall immediately become 100% vested and, therefore, be entitled to receive a distribution of the value of all cash and investment units credited to his or her account as of that date.

Note H - Income Tax Status

The prototype plan sponsor has obtained an opinion letter dated March 31, 2014, stating that the Plan is qualified under IRC Section 401(a) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification.

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 recognition of a liability or disclosure in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note I - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risk such as interest rate, market, and credit risk. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note J - Related Party and Party in Interest Transactions

Certain Plan investments are managed by TheBANK of Edwardsville, which is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the trustee for the years ended December 31, 2017 and 2016 were $42,100 and $34,669, respectively.

Note K - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of changes in net assets per the financial statements to the Form 5500 for 2017:

	2017
Changes in net assets per the financial statements	**$ 2,606,060**
Less – prior year corrective distribution	**(969)**
Change in net assets per the Schedule H to the Form 5500	**$ 2,605,091**

Note L - Subsequent Event

The Plan has evaluated subsequent events through October 8, 2018, the date the financial statements were available to be issued. The Plan changed its trustee from TheBANK of Edwardsville to Empower, effective June 1, 2018. The investment options available to employees prior to June 1, 2018 also were replaced with the following investment options:

- Vanguard Target Retirement 2015 - 2055
- American Funds EuroPacific Growth
- DFA Emerging Markets
- DFA Global Equity
- DFA International Core Equity
- Fidelity International Index Premium
- Vanguard Real Estate Index Admiral
- DFA US Small Cap Value
- Janus Henderson Triton
- TIAA-CREF Small-Cap Blend Index Institutional
- DFA U.S. Core Equity 2
- Vanguard Mid-Cap Growth Index Admiral
- Vanguard Mid-Cap Value Index Admiral
- AB Large Cap Growth Z
- DFA US Large Cap Value
- TIAA-CREF Large-Cap Growth Index Institutional
- TIAA-CREF Large-Cap Value Index Institutional
- Vanguard 500 Index Admiral
- Vanguard LifeStrategy Growth Investor
- Vanguard Total Stock Market Index Admiral
- Vanguard Balanced Index Admiral
- AB High Income Z
- DFA Inflation-Protected Securities
- PIMCO Foreign Bond (USDHedged)
- Vanguard Intermediate-Term Bond Index Admiral
- Voya Intermediate Bond R6

Supplemental Schedule

FMS 401(k) PROFIT SHARING PLAN AND TRUST
EIN #27-3700872 PLAN NUMBER 004

Schedule of Assets (Held at End of Year)
Form 5500 – Schedule H – Item 4I
December 31, 2017
(See Independent Auditor's Report)

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment, including maturity date, rated interest, collateral, par, or maturity value	d) Cost	e) Current value
*	The BANK Institutional Money Market	Interest bearing cash - 2.96%	**	$ 108,047
	Federated Capital Preservation Fund IP Class Fund # 40	Collective Trust Fund	**	32,420
	Mutual Funds			
	Vanguard 500 Index Admiral #540	Mutual Fund	**	1,540,924
	T. Rowe Price Growth Stock Fund	Mutual Fund	**	1,398,287
	Vanguard Lifestrategy Growth Fund # 122 Inv	Mutual Fund	**	1,321,957
	Vanguard Russell 1000 Index 1848	Mutual Fund	849,883	1,095,004
	Vanguard Mid Cap Index #5859 Admin	Mutual Fund	**	702,364
	Dodge & Cox Int'l Stock Fund	Mutual Fund	**	669,594
	Virtus Ceredex Large Cap Value Equity Fund	Mutual Fund	**	590,229
	Vanguard Small Cap Index #548 Admin	Mutual Fund	**	541,058
	Oakmark International Instl	Mutual Fund	**	458,028
	Federated International High Yield Bond	Mutual Fund	333,122	333,459
	Westcore Plus Bond Fund	Mutual Fund	**	317,826
	Federated International Leaders R6	Mutual Fund	259,838	304,159
	Fidelity Intl Index Premium 1522	Mutual Fund	257,650	298,653
	Fidelity Mid Cap Index	Mutual Fund	235,153	277,991
	Vanguard Lifestrategy Moderate Growth Fund # 914 Inv	Mutual Fund	**	270,794
	Vanguard GNMA #536 Admiral	Mutual Fund	**	236,415
	DFA Emerging Markets Core Equity I	Mutual Fund	181,732	205,282
	DFA US Small Cap I	Mutual Fund	186,852	199,522
	DFA International Small Company I	Mutual Fund	155,297	152,940
	Vanguard Lifestrategy Conservative Growth Fund # 724 Inv	Mutual Fund	**	118,065
	Lord Abbett Short Duration Income I	Mutual Fund	40,000	39,582
	Vanguard Lifestrategy Income Fund #723 Inv	Mutual Fund	**	36,609
	Lord Abbett Bond Debenture I	Mutual Fund	20,122	20,398
	Vanguard Inflation Protect Sec # 5119 Admiral	Mutual Fund	**	13,655

FMS 401(k) PROFIT SHARING PLAN AND TRUST
EIN #27-3700872 PLAN NUMBER 004

Schedule of Assets (Held at End of Year) - Continued
Form 5500 – Schedule H – Item 4I
December 31, 2017
(See Independent Auditor's Report)

a) b) Identity of issue, borrower, lessor, or similar party	c) Description of investment, including maturity date, rated interest, collateral, par, or maturity value	d) Cost	e) Current value
Corporate Bonds			
Westpac Banking Corp Note	70,000 Corporate Bonds; Due 01/17/2019, 2.250% interest	71,142	70,197
Whirlpool Corp Sera Note	60,000 Corporate Bonds; Due 03/01/2023, 3.700% interest	64,053	61,569
Teva Pharmaceutical Finance Note	50,000 Corporate Bonds; Due 11/10/2021, 3.650% interest	53,315	47,565
JP Morgan Chase & Co Note	50,000 Corporate Bonds; Due 09/23/2022, 3.250% interest	50,046	51,193
Abbvie Inc Note	50,000 Corporate Bonds; Due 05/14/2026, 3.200% interest	50,807	49,852
Amazon.Com Inc Note	40,000 Corporate Bonds; Due 12/05/2021, 3.300% interest	40,585	41,308
United Technologies Corp Inc Note	35,000 Corporate Bonds; Due 06/01/2022, 3.100% interest	37,507	35,650
Cisco Systems Inc Note	35,000 Corporate Bonds; Due 06/15/2018, 1.650% interest	35,153	34,971
Visa Inc Note	25,000 Corporate Bonds; Due 12/14/2020, 2.200% interest	25,188	24,980
Keybank Note	25,000 Corporate Bonds; Due 02/01/2018, 1.650% interest	25,022	24,994
Duke Energy Corp Note	20,000 Corporate Bonds; Due 09/01/2021, 1.800% interest	20,094	19,453
Bank of America Corp Note	15,000 Corporate Bonds; Due 04/21/2025, 3.950% interest	14,573	15,512
Wells Fargo & Co Note	15,000 Corporate Bonds; Due 01/30/2020, 2.150% interest	14,879	14,967
Walgreens Co Note	25,000 Corporate Bonds; Due 01/15/2019, 5.250% interest	26,429	25,757
Celgene Corp Note	30,000 Corporate Bonds; Due 08/15/2020, 2.875% interest	30,576	30,280
US Treasury			
US Treasury Note	100,000 US Treasury Note; Due 03/31/2020, 1.375% interest	100,918	98,842
Vanguard GNMA #536 Admiral	60,000 US Treasury Note; Due 09/30/2021, 1.125% interest	59,663	57,892
US Treasury Note	75,000 US Treasury Note; Due 06/30/2019, 1.000% interest	74,338	74,076
US Treasury Note	65,000 US Treasury Note; Due 03/31/2022, 1.750% interest	65,160	63,944
US Treasury Note	55,000 US Treasury Note; Due 05/31/2018, 2.375% interest	57,454	55,209
US Treasury Note	50,000 US Treasury Note; Due 08/15/2022, 1.625% interest	50,625	48,839
US Treasury Note	35,000 US Treasury Note; Due 11/15/2024, 2.250% interest	35,930	34,826
US Treasury Note	35,000 US Treasury Note; Due 02/15/2025, 2.000% interest	35,146	34,220
US Treasury Note	15,000 US Treasury Note; Due 08/15/2021, 2.125% interest	15,436	15,024
US Treasury Note	15,000 US Treasury Note; Due 05/15/2023, 1.750% interest	14,914	14,634
US Treasury Note	50,000 US Treasury Note; Due 08/15/2023, 2.500% interest	51,132	50,687
US Treasury Note	50,000 US Treasury Note; Due 11/15/2025, 2.250% interest	49,670	49,570
US Treasury Note	50,000 US Treasury Note; Due 11/15/2026 2.000% interest	49,018	48,397
U.S. Government Agency			
FFCB	25,000 Government Bond; Due 09/17/2018, 1.950% interest	25,595	25,050
FNMA	25,000 Government Bond; Due 11/26/2019, 1.750% interest	25,546	24,920
FHLB	25,000 Government Bond; Due 06/12/2020, 1.750% interest	25,466	24,840
FFCB	25,000 Government Bond; Due 08/04/2020, 1.750% interest	25,084	24,826
FHLB	10,000 Government Bond; Due 09/10/2021, 2.375% interest	10,213	10,093
FFCB	10,000 Government Bond; Due 12/13/2022, 2.710% interest	20,652	20,390
FFCB	30,000 Government Bond; Due 03/17/2025, 2.700% interest	30,348	30,510
			$ 12,638,298

* Indicates a party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investment.

FMS 401(k) PROFIT SHARING PLAN AND TRUST
EIN #27-3700872 PLAN NUMBER 004

Schedule of Assets (Held at End of Year)
Form 5500 – Schedule H – Item 4I
December 31, 2017
(See Independent Auditor's Report)

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment, including maturity date, rated interest, collateral, par, or maturity value	d) Cost	e) Current value
*	The BANK Institutional Money Market	Interest bearing cash - 2.96%	**	$ 108,047
	Federated Capital Preservation Fund IP Class Fund # 40	Collective Trust Fund	**	32,420
	Mutual Funds			
	Vanguard 500 Index Admiral #540	Mutual Fund	**	1,540,924
	T. Rowe Price Growth Stock Fund	Mutual Fund	**	1,398,287
	Vanguard Lifestrategy Growth Fund # 122 Inv	Mutual Fund	**	1,321,957
	Vanguard Russell 1000 Index 1848	Mutual Fund	849,883	1,095,004
	Vanguard Mid Cap Index #5859 Admin	Mutual Fund	**	702,364
	Dodge & Cox Int'l Stock Fund	Mutual Fund	**	669,594
	Virtus Ceredex Large Cap Value Equity Fund	Mutual Fund	**	590,229
	Vanguard Small Cap Index #548 Admin	Mutual Fund	**	541,058
	Oakmark International Instl	Mutual Fund	**	458,028
	Federated International High Yield Bond	Mutual Fund	333,122	333,459
	Westcore Plus Bond Fund	Mutual Fund	**	317,826
	Federated International Leaders R6	Mutual Fund	259,838	304,159
	Fidelity Intl Index Premium 1522	Mutual Fund	257,650	298,653
	Fidelity Mid Cap Index	Mutual Fund	235,153	277,991
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FMS 401(k) PROFIT SHARING PLAN AND TRUST
EIN #27-3700872 PLAN NUMBER 004

Schedule of Assets (Held at End of Year) - Continued
Form 5500 – Schedule H – Item 4I
December 31, 2017
(See Independent Auditor's Report)

a) b) Identity of issue, borrower, lessor, or similar party	c) Description of investment, including maturity date, rated interest, collateral, par, or maturity value	d) Cost	e) Current value
Corporate Bonds			
Westpac Banking Corp Note	70,000 Corporate Bonds; Due 01/17/2019, 2.250% interest	71,142	70,197
Whirlpool Corp Sera Note	60,000 Corporate Bonds; Due 03/01/2023, 3.700% interest	64,053	61,569
Teva Pharmaceutical Finance Note	50,000 Corporate Bonds; Due 11/10/2021, 3.650% interest	53,315	47,565
JP Morgan Chase & Co Note	50,000 Corporate Bonds; Due 09/23/2022, 3.250% interest	50,046	51,193
Abbvie Inc Note	50,000 Corporate Bonds; Due 05/14/2026, 3.200% interest	50,807	49,852
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United Technologies Corp Inc Note	35,000 Corporate Bonds; Due 06/01/2022, 3.100% interest	37,507	35,650
Cisco Systems Inc Note	35,000 Corporate Bonds; Due 06/15/2018, 1.650% interest	35,153	34,971
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Duke Energy Corp Note	20,000 Corporate Bonds; Due 09/01/2021, 1.800% interest	20,094	19,453
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Vanguard GNMA #536 Admiral	60,000 US Treasury Note; Due 09/30/2021, 1.125% interest	59,663	57,892
US Treasury Note	75,000 US Treasury Note; Due 06/30/2019, 1.000% interest	74,338	74,076
US Treasury Note	65,000 US Treasury Note; Due 03/31/2022, 1.750% interest	65,160	63,944
US Treasury Note	55,000 US Treasury Note; Due 05/31/2018, 2.375% interest	57,454	55,209
US Treasury Note	50,000 US Treasury Note; Due 08/15/2022, 1.625% interest	50,625	48,839
US Treasury Note	35,000 US Treasury Note; Due 11/15/2024, 2.250% interest	35,930	34,826
US Treasury Note	35,000 US Treasury Note; Due 02/15/2025, 2.000% interest	35,146	34,220
US Treasury Note	15,000 US Treasury Note; Due 08/15/2021, 2.125% interest	15,436	15,024
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US Treasury Note	50,000 US Treasury Note; Due 11/15/2025, 2.250% interest	49,670	49,570
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FFCB	30,000 Government Bond; Due 03/17/2025, 2.700% interest	30,348	30,510
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* Indicates a party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investment.