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
ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1978

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)

ADAMS GROUP, INC.

7301 JOHN GALT WAY
P O BOX 975
ARBUCKLE, CA 95912

2b Employer Identification Number (EIN) 94-2200898

2c Plan Sponsor's telephone number 530-668-2094

2d Business code (see instructions) 424500

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	JEFF EVANSON
	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**	211
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)**	173
a(2) Total number of active participants at the end of the plan year	**6a(2)**	159
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	32
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	191
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	127
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[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
ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2200898

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

NORTHERN

39-1777365

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

AMERICAN FUNDS

95-1411037

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

MFS

04-2747644

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

T ROWE PRICE

52-2264646

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

PIMCO

95-2632339

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

HARBOR

04-2679462

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

ARCADIAN

04-2929221

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

VANGUARD

23-1945930

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 50 60 62 63 64	SERVICE PROVIDER	31991	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO ADVISORS

56-0898180

(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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	20254	Yes [ ] No [X]

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

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

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
WELL FARGO ADVISORS	27 52	20254

(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.
WELLS FARGO BANK, N.A. 94-1347393	40 BASIS POINTS

(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
ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2200898

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: STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2251296-001	C	1012867

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3222878-001	C	62

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
46-6136833-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTERNATIONAL EQ INDEX

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265229-001	C	211

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 INDEX

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265233-001	C	85

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P MIDCAP INDEX

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265235-001	C	193

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P 500 INDEX

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3224211-001	C	322

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US AGGREGATE BOND INDEX

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN 20-5699010-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN 47-6375784-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106

a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERMED BOND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN 47-6566265-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN 45-6648640-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 298

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTI-MANAGER SMALL CAP

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN 45-6648658-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107

a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE INST LCG MGD

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN 45-6648614-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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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

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
ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2200898

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1048148	1014522
(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)	8405550	10275510
(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	9453698	11290032
	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	9453698	11290032

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)	192619	
	(B) Participants	2a(1)(B)	356109	
	(C) Others (including rollovers)	2a(1)(C)	4446	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		553174
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	138441	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		138441
	(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)		19931
(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)		1785703
c Other income	2c		1653
d Total income. Add all **income** amounts in column (b) and enter total	2d		2498902
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	610323	
(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)		610323
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)	52245	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		52245
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		662568
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1836334
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: CAMPBELL TAYLOR & COMPANY **(2)** EIN: 68-0251243

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		1000000
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
ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
94-2200898

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and
Independent Auditor's Report of

ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

December 31, 2017 and 2016

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

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CTC CAMPBELL TAYLOR & COMPANY ♦ An Accountancy Corporation
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Adams Group Profit Sharing Plan
Arbuckle, California

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Adams Group, Inc. 401(K) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of change 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., 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 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 on the 2017 Financial Statements 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.

Other Matter – Supplemental Schedule

The supplemental schedule of assets held at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors, in their report, dated August 4, 2017, they expressed an opinion that such financial statements presents fairly, in all material respects, the net assets available for benefits of Adams Group, Inc. 401(k) Profit Sharing Plan as of December 31, 2016, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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

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

Campbell Taylor & Company

An Accountancy Corporation

Roseville, California
October 11, 2018

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

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

	2017	2016
ASSETS:		
Investments, at fair value - participant directed		
Mutual funds	$ 10,275,510	$ 8,405,550
Common collective trusts	1,014,522	1,048,148
Total investments	11,290,032	9,453,698
Employer contributions receivable	439,180	339,180
Employee contributions receivable	-	190
Total receivables	439,180	339,370
Net assets available for benefits	$ 11,729,212	$ 9,793,068

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

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS TO NET ASSETS:		
Investment income:		
Net appreciation in fair value of investments	$ 1,805,634	$ 345,555
Dividend and other income	140,094	143,674
Total investment income	1,945,728	489,229
Contributions:		
Participant	355,919	329,031
Employer	292,619	502,592
Participant rollovers	4,446	-
Total contributions	652,984	831,623
Total additions	2,598,712	1,320,852
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	610,323	1,283,336
Administrative expenses	52,245	44,928
Total deductions	662,568	1,328,264
Net increase (decrease) in net assets	1,936,144	(7,412)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	9,793,068	9,800,480
End of year	$ 11,729,212	$ 9,793,068

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

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1: **DESCRIPTION OF PLAN**

The following description of Adams Group, Inc. 401(K) Profit Sharing Plan, (the "Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan was established effective January 1, 1978 to provide retirement benefits for employees of Adams Group, Inc. (the "Plan Sponsor"). The Plan covers all employees who have attained the age of twenty-one years and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by a committee appointed by the Plan Sponsor. Assets are held by Wells Fargo Bank, N.A., the Plan trustee.

The Plan was amended and restated effective December 1, 2017 to incorporate prior amendments, conform to updated regulations and to change the eligibility requirement of one year of service to six months for salary deferral and employer matching contributions.

Plan Year
The Plan year begins January 1st and ends December 31st.

Contributions
The Plan provides for the following types of contributions.

- *Employee Salary Deferral 401(k) Contributions*
  The Plan includes an elective salary deferral arrangement pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Upon eligibility, a participant may voluntarily contribute up to 100% of their regular wages subject to various nondiscrimination tests and limitations prescribed by the Code. Participants may choose to opt out of the automatic enrollment.

- *Employee Rollover Contributions*
  Participants may make rollover contributions from another qualified plan.

- *Employer Safe Harbor Non-Elective Matching Contributions*
  The Plan Sponsor makes a safe harbor matching contribution equal to 100% of the first 3% of a participant's compensation and 50% up to the next 2% of the participant's compensation contributed to the Plan. The applicable period for safe harbor matching contributions is each payroll period. The Plan Sponsor made safe harbor matching contributions of $197,811 and $163,579 for the years ending December 31, 2017 and 2016, respectively.

- *Employer Non-Elective Profit Sharing Contributions*
  The Plan Sponsor may make a non-elective profit sharing contribution at management's discretion. Employer profit sharing contributions are allocated in the same ratio as each Participant's Compensation bears to the total of such Compensation of all Participants. In order to be eligible for matching contributions, the employee must complete 1,000 hours of service during the plan year and be employed on the last day of the Plan year. The Plan Sponsor accrued a profit sharing contribution of $100,000 and $339,180 for the years ended December 31, 2017 and 2016, respectively.

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

Participant Accounts

Each participant's self-directed account is credited with the participant's contributions, rollover contributions, the Plan Sponsor's matching and discretionary non-elective contributions, an allocation of earnings or losses, and an allocation of certain plan expenses, as defined by the Plan. The yield (interest, dividends, and net realized and unrealized gains and losses) on investments is allocated to each participant's account based on each participant's pro rata share of the total investments in the particular fund. The benefit to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account.

Retirement

Normal retirement under the Plan is age 65. Early retirement under the Plan is age 55 and completion of at least 6 years of service.

Vesting

Participants are immediately fully vested in their salary deferral and employer safe harbor matching contributions and investment gains and losses credited thereon. Participants vest in employer profit sharing contributions, including investment gains and losses, in accordance with the following schedule:

Years of Service	Vested Percentage
Less than 1 year credited service	0%
After 1 year credited service	20%
After 2 years credited service	40%
After 3 years credited service	60%
After 4 years credited service	80%
After 5 years credited service	100%

For vesting purpose, one year of service is defined as 1,000 hours of service during the plan year. Participants who reach the Plan's early retirement age (age 55) automatically become 100% vested in employer contributions.

Payment of Benefits

Payment of benefits may be made at the following times under the Plan: 1) upon termination of service, 2) death or disability, 3) normal or early retirement, 4) demonstration of financial hardship, 5) in-service upon reaching age 59½, or 6) termination of the Plan. Benefit payments are made in a single lump-sum payment, except for installment payments for in-service or required distributions.

Forfeitures

Forfeitures may be used to pay Plan expenses or reduce employer contributions. Forfeitures of $5,192 and $0 were used to reduce employer contributions funded during the years ended December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, there were $20,055 and $0, respectively, available to pay Plan expenses or reduce employer contributions.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan and the Plan Sponsor. Expenses related to specific participant transactions are charged to the respective participant's account.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting
The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment Valuation and Income Recognition
Investments in mutual funds and common collective trusts are stated at fair market value based on quoted market prices, when available. 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 advisers and custodians.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividend income is 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.

Payment of Benefits
Benefits to participants are recorded when paid.

Income Taxes
The Plan has adopted a prototype plan which has obtained a favorable opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Code. Although the Plan has been amended since receiving the opinion letter, Plan management believes that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Plan management has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

Estimates and Assumptions
The preparation of these financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3: **INFORMATION CERTIFIED BY TRUSTEE**

The following amounts were taken directly from statements provided and certified as complete and accurate by Wells Fargo, N.A., the trustee, as of and for the year ended December 31, 2017:

	2017
Mutual funds	$ 10,275,510
Common collective trusts	$ 1,014,522
Net appreciation in fair value of investments	$ 1,805,634
Dividend and other income	$ 140,094

NOTE 4: **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 5: **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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 6: **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) ASC 820 provides a framework for measuring fair value. That framework provides a three-tier hierarchy that prioritizes the inputs to valuation techniques used for measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

Level 1 - Inputs are unadjusted quoted prices for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, model-based valuation techniques for which all significant assumptions are observable in the market, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs that are unobservable and significant to the fair value measurement.

The asset 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.

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 Securities and Exchange Commission. 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.

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Common collective trusts also include stable value funds 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. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,275,510	$ -	$ -	$ 10,275,510
Common collective trust funds	-	1,655	-	1,655
	10,275,510	1,655	-	10,277,165
Investments measured at net asset value	-	-	-	1,012,867
Total assets at fair value	$ 10,275,510	$ 1,655	$ -	$ 11,290,032

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 8,405,550	$ -	$ -	$ 8,405,550
	8,405,550	-	-	8,405,550
Investments measured at net asset value	-	-	-	1,048,148
Total assets at fair value	$ 8,405,550	$ -	$ -	$ 9,453,698

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

The following table summarizes investments for which fair value is measured using the net asset value per unit practical expedient as of December 31, 2017 and 2016:

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value collective trust fund	$ 1,012,867	n/a	Daily	12 months

December 31, 2016	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value collective trust fund	$ 1,048,148	n/a	Daily	12 months

NOTE 7: **FORM 5500 RECONCILIATION**

The plan financial statements include differences from the Form 5500 as follows:

	2017	2016
Net assets in Form 5500	$ 11,290,032	$ 9,453,698
Contributions receivable	439,180	339,370
Net assets as reported	$ 11,729,212	$ 9,793,068
Contributions per Form 5500	$ 553,174	$ 898,736
Change in contributions receivable	99,810	(67,113)
Contribution as reported	$ 652,984	$ 831,623

NOTE 8: **RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds and units of common collective trusts managed by the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to administration of the Plan and investment advisory fees were paid by the Plan or by the Plan Sponsor. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA.

NOTE 9: **SUBSEQUENT EVENTS**

Plan management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 11, 2018, the date the financial statements were available to be issued, and Plan management has determined that no subsequent events have occurred that should be disclosed.

SUPPLEMENTAL SCHEDULE

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN
EIN: 94-2200898 / Plan No. 003

Schedule H, Line 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Market Value
	Vanguard Growth Index FD - ADM #509	Mutual Fund	$ -	$ 2,612,772
	American New Perspect CL R6 #2607	Mutual Fund	-	2,102,987
*	WF Stable Return Fund N	Common Collective Trust	-	1,012,867
	Vanguard Mid Cap Index - ADM #5859	Mutual Fund	-	940,417
	MFS Interm Diversification - R4 #4532	Mutual Fund	-	865,981
	Vanguard Small Cap Index FD - ADM #548	Mutual Fund	-	715,440
	Vanguard Equit Income - ADM #565	Mutual Fund	-	708,895
	Vanguard Balanced Index - ADM #502	Mutual Fund	-	563,852
	Vanguard 500 Index FD - ADM #540	Mutual Fund	-	537,052
	Vanguard INTM TRM BD Index - ADM #5	Mutual Fund	-	385,925
	T Rowe Retire 2055 FD #164	Mutual Fund	-	237,230
	T Rowe Price Retire 2035 FD #158	Mutual Fund	-	233,169
	T Rowe Price Retire 2045 FD #159	Mutual Fund	-	146,003
	T Rowe Price Retire 2025 FD #157	Mutual Fund	-	142,106
	T Rowe Price Retire 2015 FD #156	Mutual Fund	-	83,214
*	WF/Blackrock S&P 500 Index CIT TR	Common Collective Trust	-	322
*	WF/MFS Value CIT TR	Common Collective Trust	-	298
*	WF/Blackrock Intl EQ Index CIT TR	Common Collective Trust	-	211
*	WF/Blackrock S&P Midcap Index CIT TR	Common Collective Trust	-	193
	Acadian Emerging Mkts EQ FD I TR	Mutual Fund	-	191
	Northern Global Realestate Index-TR	Mutual Fund	-	107
*	WF/Multi-Manager Small Cap CIT TR	Common Collective Trust	-	107
	Harbor Inernational/Inst TR	Mutual Fund	-	106
*	WF/Causeway Intl Value CIT TR	Common Collective Trust	-	106
*	WF/Trowe Price Inst LCG MGD CIT TR	Common Collective Trust	-	106
*	WF/Blackrock US AGG BD Index CIT TR	Common Collective Trust	-	103
*	WF/Blackrock RU 2000 Index CIT TR	Common Collective Trust	-	85
*	WF Core Bond CIT TR	Common Collective Trust	-	62
*	WF/Dodge & Cox Intermed Bond CIT TR	Common Collective Trust	-	62
	Pimco Real Return Instl Class TR	Mutual Fund	-	42
	Pimco High Yield Fund TR	Mutual Fund	-	21
	Total assets held at end of year		$ -	$11,290,032

* Party in interest

Note: Cost basis omitted as all investments are participant directed

Financial Statements and
Independent Auditor's Report of

ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

December 31, 2017 and 2016

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

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CTC CAMPBELL TAYLOR & COMPANY ♦ An Accountancy Corporation
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Adams Group Profit Sharing Plan
Arbuckle, California

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Adams Group, Inc. 401(K) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of change 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., 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 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 on the 2017 Financial Statements 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.

Other Matter – Supplemental Schedule

The supplemental schedule of assets held at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors, in their report, dated August 4, 2017, they expressed an opinion that such financial statements presents fairly, in all material respects, the net assets available for benefits of Adams Group, Inc. 401(k) Profit Sharing Plan as of December 31, 2016, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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

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

Campbell Taylor & Company

An Accountancy Corporation

Roseville, California
October 11, 2018

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

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

	2017	2016
ASSETS:		
Investments, at fair value - participant directed		
Mutual funds	$ 10,275,510	$ 8,405,550
Common collective trusts	1,014,522	1,048,148
Total investments	11,290,032	9,453,698
Employer contributions receivable	439,180	339,180
Employee contributions receivable	-	190
Total receivables	439,180	339,370
Net assets available for benefits	$ 11,729,212	$ 9,793,068

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

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS TO NET ASSETS:		
Investment income:		
Net appreciation in fair value of investments	$ 1,805,634	$ 345,555
Dividend and other income	140,094	143,674
Total investment income	1,945,728	489,229
Contributions:		
Participant	355,919	329,031
Employer	292,619	502,592
Participant rollovers	4,446	-
Total contributions	652,984	831,623
Total additions	2,598,712	1,320,852
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	610,323	1,283,336
Administrative expenses	52,245	44,928
Total deductions	662,568	1,328,264
Net increase (decrease) in net assets	1,936,144	(7,412)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	9,793,068	9,800,480
End of year	$ 11,729,212	$ 9,793,068

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

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1: **DESCRIPTION OF PLAN**

The following description of Adams Group, Inc. 401(K) Profit Sharing Plan, (the "Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan was established effective January 1, 1978 to provide retirement benefits for employees of Adams Group, Inc. (the "Plan Sponsor"). The Plan covers all employees who have attained the age of twenty-one years and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by a committee appointed by the Plan Sponsor. Assets are held by Wells Fargo Bank, N.A., the Plan trustee.

The Plan was amended and restated effective December 1, 2017 to incorporate prior amendments, conform to updated regulations and to change the eligibility requirement of one year of service to six months for salary deferral and employer matching contributions.

Plan Year
The Plan year begins January 1st and ends December 31st.

Contributions
The Plan provides for the following types of contributions.

- *Employee Salary Deferral 401(k) Contributions*
  The Plan includes an elective salary deferral arrangement pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Upon eligibility, a participant may voluntarily contribute up to 100% of their regular wages subject to various nondiscrimination tests and limitations prescribed by the Code. Participants may choose to opt out of the automatic enrollment.

- *Employee Rollover Contributions*
  Participants may make rollover contributions from another qualified plan.

- *Employer Safe Harbor Non-Elective Matching Contributions*
  The Plan Sponsor makes a safe harbor matching contribution equal to 100% of the first 3% of a participant's compensation and 50% up to the next 2% of the participant's compensation contributed to the Plan. The applicable period for safe harbor matching contributions is each payroll period. The Plan Sponsor made safe harbor matching contributions of $197,811 and $163,579 for the years ending December 31, 2017 and 2016, respectively.

- *Employer Non-Elective Profit Sharing Contributions*
  The Plan Sponsor may make a non-elective profit sharing contribution at management's discretion. Employer profit sharing contributions are allocated in the same ratio as each Participant's Compensation bears to the total of such Compensation of all Participants. In order to be eligible for matching contributions, the employee must complete 1,000 hours of service during the plan year and be employed on the last day of the Plan year. The Plan Sponsor accrued a profit sharing contribution of $100,000 and $339,180 for the years ended December 31, 2017 and 2016, respectively.

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

Participant Accounts

Each participant's self-directed account is credited with the participant's contributions, rollover contributions, the Plan Sponsor's matching and discretionary non-elective contributions, an allocation of earnings or losses, and an allocation of certain plan expenses, as defined by the Plan. The yield (interest, dividends, and net realized and unrealized gains and losses) on investments is allocated to each participant's account based on each participant's pro rata share of the total investments in the particular fund. The benefit to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account.

Retirement

Normal retirement under the Plan is age 65. Early retirement under the Plan is age 55 and completion of at least 6 years of service.

Vesting

Participants are immediately fully vested in their salary deferral and employer safe harbor matching contributions and investment gains and losses credited thereon. Participants vest in employer profit sharing contributions, including investment gains and losses, in accordance with the following schedule:

Years of Service	Vested Percentage
Less than 1 year credited service	0%
After 1 year credited service	20%
After 2 years credited service	40%
After 3 years credited service	60%
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After 5 years credited service	100%

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Payment of Benefits

Payment of benefits may be made at the following times under the Plan: 1) upon termination of service, 2) death or disability, 3) normal or early retirement, 4) demonstration of financial hardship, 5) in-service upon reaching age 59½, or 6) termination of the Plan. Benefit payments are made in a single lump-sum payment, except for installment payments for in-service or required distributions.

Forfeitures

Forfeitures may be used to pay Plan expenses or reduce employer contributions. Forfeitures of $5,192 and $0 were used to reduce employer contributions funded during the years ended December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, there were $20,055 and $0, respectively, available to pay Plan expenses or reduce employer contributions.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan and the Plan Sponsor. Expenses related to specific participant transactions are charged to the respective participant's account.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting
The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment Valuation and Income Recognition
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Payment of Benefits
Benefits to participants are recorded when paid.

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The Plan has adopted a prototype plan which has obtained a favorable opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Code. Although the Plan has been amended since receiving the opinion letter, Plan management believes that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Plan management has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

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Level 1 - Inputs are unadjusted quoted prices for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, model-based valuation techniques for which all significant assumptions are observable in the market, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs that are unobservable and significant to the fair value measurement.

The asset 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.

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 Securities and Exchange Commission. 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.

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Common collective trusts also include stable value funds 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. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2017 and 2016:

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	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,275,510	$ -	$ -	$ 10,275,510
Common collective trust funds	-	1,655	-	1,655
	10,275,510	1,655	-	10,277,165
Investments measured at net asset value	-	-	-	1,012,867
Total assets at fair value	$ 10,275,510	$ 1,655	$ -	$ 11,290,032

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 8,405,550	$ -	$ -	$ 8,405,550
	8,405,550	-	-	8,405,550
Investments measured at net asset value	-	-	-	1,048,148
Total assets at fair value	$ 8,405,550	$ -	$ -	$ 9,453,698

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

The following table summarizes investments for which fair value is measured using the net asset value per unit practical expedient as of December 31, 2017 and 2016:

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value collective trust fund	$ 1,012,867	n/a	Daily	12 months

December 31, 2016	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value collective trust fund	$ 1,048,148	n/a	Daily	12 months

NOTE 7: **FORM 5500 RECONCILIATION**

The plan financial statements include differences from the Form 5500 as follows:

	2017	2016
Net assets in Form 5500	$ 11,290,032	$ 9,453,698
Contributions receivable	439,180	339,370
Net assets as reported	$ 11,729,212	$ 9,793,068
Contributions per Form 5500	$ 553,174	$ 898,736
Change in contributions receivable	99,810	(67,113)
Contribution as reported	$ 652,984	$ 831,623

NOTE 8: **RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds and units of common collective trusts managed by the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to administration of the Plan and investment advisory fees were paid by the Plan or by the Plan Sponsor. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA.

NOTE 9: **SUBSEQUENT EVENTS**

Plan management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 11, 2018, the date the financial statements were available to be issued, and Plan management has determined that no subsequent events have occurred that should be disclosed.

SUPPLEMENTAL SCHEDULE

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN
EIN: 94-2200898 / Plan No. 003

Schedule H, Line 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Market Value
	Vanguard Growth Index FD - ADM #509	Mutual Fund	$ -	$ 2,612,772
	American New Perspect CL R6 #2607	Mutual Fund	-	2,102,987
*	WF Stable Return Fund N	Common Collective Trust	-	1,012,867
	Vanguard Mid Cap Index - ADM #5859	Mutual Fund	-	940,417
	MFS Interm Diversification - R4 #4532	Mutual Fund	-	865,981
	Vanguard Small Cap Index FD - ADM #548	Mutual Fund	-	715,440
	Vanguard Equit Income - ADM #565	Mutual Fund	-	708,895
	Vanguard Balanced Index - ADM #502	Mutual Fund	-	563,852
	Vanguard 500 Index FD - ADM #540	Mutual Fund	-	537,052
	Vanguard INTM TRM BD Index - ADM #5	Mutual Fund	-	385,925
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	T Rowe Price Retire 2025 FD #157	Mutual Fund	-	142,106
	T Rowe Price Retire 2015 FD #156	Mutual Fund	-	83,214
*	WF/Blackrock S&P 500 Index CIT TR	Common Collective Trust	-	322
*	WF/MFS Value CIT TR	Common Collective Trust	-	298
*	WF/Blackrock Intl EQ Index CIT TR	Common Collective Trust	-	211
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	Acadian Emerging Mkts EQ FD I TR	Mutual Fund	-	191
	Northern Global Realestate Index-TR	Mutual Fund	-	107
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	Harbor Inernational/Inst TR	Mutual Fund	-	106
*	WF/Causeway Intl Value CIT TR	Common Collective Trust	-	106
*	WF/Trowe Price Inst LCG MGD CIT TR	Common Collective Trust	-	106
*	WF/Blackrock US AGG BD Index CIT TR	Common Collective Trust	-	103
*	WF/Blackrock RU 2000 Index CIT TR	Common Collective Trust	-	85
*	WF Core Bond CIT TR	Common Collective Trust	-	62
*	WF/Dodge & Cox Intermed Bond CIT TR	Common Collective Trust	-	62
	Pimco Real Return Instl Class TR	Mutual Fund	-	42
	Pimco High Yield Fund TR	Mutual Fund	-	21
	Total assets held at end of year		$ -	$11,290,032

* Party in interest

Note: Cost basis omitted as all investments are participant directed

Financial Statements and
Independent Auditor's Report of

ADAMS GROUP, INC. 401(K) PROFIT SHARING PLAN

December 31, 2017 and 2016

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

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CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Adams Group Profit Sharing Plan
Arbuckle, California

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Adams Group, Inc. 401(K) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of change 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., 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 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 on the 2017 Financial Statements 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.

Other Matter – Supplemental Schedule

The supplemental schedule of assets held at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors, in their report, dated August 4, 2017, they expressed an opinion that such financial statements presents fairly, in all material respects, the net assets available for benefits of Adams Group, Inc. 401(k) Profit Sharing Plan as of December 31, 2016, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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

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

Campbell Taylor & Company

An Accountancy Corporation

Roseville, California
October 11, 2018

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

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

	2017	2016
ASSETS:		
Investments, at fair value - participant directed		
Mutual funds	$ 10,275,510	$ 8,405,550
Common collective trusts	1,014,522	1,048,148
Total investments	11,290,032	9,453,698
Employer contributions receivable	439,180	339,180
Employee contributions receivable	-	190
Total receivables	439,180	339,370
Net assets available for benefits	$ 11,729,212	$ 9,793,068

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

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS TO NET ASSETS:		
Investment income:		
Net appreciation in fair value of investments	$ 1,805,634	$ 345,555
Dividend and other income	140,094	143,674
Total investment income	1,945,728	489,229
Contributions:		
Participant	355,919	329,031
Employer	292,619	502,592
Participant rollovers	4,446	-
Total contributions	652,984	831,623
Total additions	2,598,712	1,320,852
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	610,323	1,283,336
Administrative expenses	52,245	44,928
Total deductions	662,568	1,328,264
Net increase (decrease) in net assets	1,936,144	(7,412)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	9,793,068	9,800,480
End of year	$ 11,729,212	$ 9,793,068

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

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1: **DESCRIPTION OF PLAN**

The following description of Adams Group, Inc. 401(K) Profit Sharing Plan, (the "Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General
The Plan was established effective January 1, 1978 to provide retirement benefits for employees of Adams Group, Inc. (the "Plan Sponsor"). The Plan covers all employees who have attained the age of twenty-one years and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by a committee appointed by the Plan Sponsor. Assets are held by Wells Fargo Bank, N.A., the Plan trustee.

The Plan was amended and restated effective December 1, 2017 to incorporate prior amendments, conform to updated regulations and to change the eligibility requirement of one year of service to six months for salary deferral and employer matching contributions.

Plan Year
The Plan year begins January 1st and ends December 31st.

Contributions
The Plan provides for the following types of contributions.

- *Employee Salary Deferral 401(k) Contributions*
  The Plan includes an elective salary deferral arrangement pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Upon eligibility, a participant may voluntarily contribute up to 100% of their regular wages subject to various nondiscrimination tests and limitations prescribed by the Code. Participants may choose to opt out of the automatic enrollment.

- *Employee Rollover Contributions*
  Participants may make rollover contributions from another qualified plan.

- *Employer Safe Harbor Non-Elective Matching Contributions*
  The Plan Sponsor makes a safe harbor matching contribution equal to 100% of the first 3% of a participant's compensation and 50% up to the next 2% of the participant's compensation contributed to the Plan. The applicable period for safe harbor matching contributions is each payroll period. The Plan Sponsor made safe harbor matching contributions of $197,811 and $163,579 for the years ending December 31, 2017 and 2016, respectively.

- *Employer Non-Elective Profit Sharing Contributions*
  The Plan Sponsor may make a non-elective profit sharing contribution at management's discretion. Employer profit sharing contributions are allocated in the same ratio as each Participant's Compensation bears to the total of such Compensation of all Participants. In order to be eligible for matching contributions, the employee must complete 1,000 hours of service during the plan year and be employed on the last day of the Plan year. The Plan Sponsor accrued a profit sharing contribution of $100,000 and $339,180 for the years ended December 31, 2017 and 2016, respectively.

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

Participant Accounts

Each participant's self-directed account is credited with the participant's contributions, rollover contributions, the Plan Sponsor's matching and discretionary non-elective contributions, an allocation of earnings or losses, and an allocation of certain plan expenses, as defined by the Plan. The yield (interest, dividends, and net realized and unrealized gains and losses) on investments is allocated to each participant's account based on each participant's pro rata share of the total investments in the particular fund. The benefit to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account.

Retirement

Normal retirement under the Plan is age 65. Early retirement under the Plan is age 55 and completion of at least 6 years of service.

Vesting

Participants are immediately fully vested in their salary deferral and employer safe harbor matching contributions and investment gains and losses credited thereon. Participants vest in employer profit sharing contributions, including investment gains and losses, in accordance with the following schedule:

Years of Service	Vested Percentage
Less than 1 year credited service	0%
After 1 year credited service	20%
After 2 years credited service	40%
After 3 years credited service	60%
After 4 years credited service	80%
After 5 years credited service	100%

For vesting purpose, one year of service is defined as 1,000 hours of service during the plan year. Participants who reach the Plan's early retirement age (age 55) automatically become 100% vested in employer contributions.

Payment of Benefits

Payment of benefits may be made at the following times under the Plan: 1) upon termination of service, 2) death or disability, 3) normal or early retirement, 4) demonstration of financial hardship, 5) in-service upon reaching age 59½, or 6) termination of the Plan. Benefit payments are made in a single lump-sum payment, except for installment payments for in-service or required distributions.

Forfeitures

Forfeitures may be used to pay Plan expenses or reduce employer contributions. Forfeitures of $5,192 and $0 were used to reduce employer contributions funded during the years ended December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, there were $20,055 and $0, respectively, available to pay Plan expenses or reduce employer contributions.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan and the Plan Sponsor. Expenses related to specific participant transactions are charged to the respective participant's account.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting
The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment Valuation and Income Recognition
Investments in mutual funds and common collective trusts are stated at fair market value based on quoted market prices, when available. 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 advisers and custodians.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividend income is 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.

Payment of Benefits
Benefits to participants are recorded when paid.

Income Taxes
The Plan has adopted a prototype plan which has obtained a favorable opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Code. Although the Plan has been amended since receiving the opinion letter, Plan management believes that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Plan management has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

Estimates and Assumptions
The preparation of these financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3: **INFORMATION CERTIFIED BY TRUSTEE**

The following amounts were taken directly from statements provided and certified as complete and accurate by Wells Fargo, N.A., the trustee, as of and for the year ended December 31, 2017:

	2017
Mutual funds	$ 10,275,510
Common collective trusts	$ 1,014,522
Net appreciation in fair value of investments	$ 1,805,634
Dividend and other income	$ 140,094

NOTE 4: **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 5: **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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 6: **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) ASC 820 provides a framework for measuring fair value. That framework provides a three-tier hierarchy that prioritizes the inputs to valuation techniques used for measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

Level 1 - Inputs are unadjusted quoted prices for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, model-based valuation techniques for which all significant assumptions are observable in the market, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs that are unobservable and significant to the fair value measurement.

The asset 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.

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 Securities and Exchange Commission. 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.

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Common collective trusts also include stable value funds 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. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,275,510	$ -	$ -	$ 10,275,510
Common collective trust funds	-	1,655	-	1,655
	10,275,510	1,655	-	10,277,165
Investments measured at net asset value	-	-	-	1,012,867
Total assets at fair value	$ 10,275,510	$ 1,655	$ -	$ 11,290,032

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 8,405,550	$ -	$ -	$ 8,405,550
	8,405,550	-	-	8,405,550
Investments measured at net asset value	-	-	-	1,048,148
Total assets at fair value	$ 8,405,550	$ -	$ -	$ 9,453,698

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

The following table summarizes investments for which fair value is measured using the net asset value per unit practical expedient as of December 31, 2017 and 2016:

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value collective trust fund	$ 1,012,867	n/a	Daily	12 months

December 31, 2016	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Stable value collective trust fund	$ 1,048,148	n/a	Daily	12 months

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SUPPLEMENTAL SCHEDULE

ADAMS GROUP, INC. 401(K)
PROFIT SHARING PLAN
EIN: 94-2200898 / Plan No. 003

Schedule H, Line 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2017

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	American New Perspect CL R6 #2607	Mutual Fund	-	2,102,987
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	MFS Interm Diversification - R4 #4532	Mutual Fund	-	865,981
	Vanguard Small Cap Index FD - ADM #548	Mutual Fund	-	715,440
	Vanguard Equit Income - ADM #565	Mutual Fund	-	708,895
	Vanguard Balanced Index - ADM #502	Mutual Fund	-	563,852
	Vanguard 500 Index FD - ADM #540	Mutual Fund	-	537,052
	Vanguard INTM TRM BD Index - ADM #5	Mutual Fund	-	385,925
	T Rowe Retire 2055 FD #164	Mutual Fund	-	237,230
	T Rowe Price Retire 2035 FD #158	Mutual Fund	-	233,169
	T Rowe Price Retire 2045 FD #159	Mutual Fund	-	146,003
	T Rowe Price Retire 2025 FD #157	Mutual Fund	-	142,106
	T Rowe Price Retire 2015 FD #156	Mutual Fund	-	83,214
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*	WF/MFS Value CIT TR	Common Collective Trust	-	298
*	WF/Blackrock Intl EQ Index CIT TR	Common Collective Trust	-	211
*	WF/Blackrock S&P Midcap Index CIT TR	Common Collective Trust	-	193
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	Harbor Inernational/Inst TR	Mutual Fund	-	106
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*	WF/Blackrock US AGG BD Index CIT TR	Common Collective Trust	-	103
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*	WF Core Bond CIT TR	Common Collective Trust	-	62
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	Pimco Real Return Instl Class TR	Mutual Fund	-	42
	Pimco High Yield Fund TR	Mutual Fund	-	21
	Total assets held at end of year		$ -	$11,290,032

* Party in interest

Note: Cost basis omitted as all investments are participant directed