

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
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>STRATACACHE 401(K) INVESTMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/1999</u>
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) <u>STRATACACHE INC.</u> <u>2 RIVERPLACE, SUITE 200</u> <u>DAYTON, OH 45405</u>
2b	Employer Identification Number (EIN) <u>31-1358621</u>
2c	Plan Sponsor's telephone number <u>937-224-0485</u>
2d	Business code (see instructions) <u>511210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	ROB WILLIAMSON
	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

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

Form 5500 (2017)
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3a Plan administrator's name and address ☒ 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 STRATACACHE INC. c Plan Name STRATACACHE 401(K) INVESTMENT PLAN		4b EIN 31-1493023 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	291
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)	284
a(2) Total number of active participants at the end of the plan year		6a(2)	363
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	4
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	367
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	367
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	117
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2T 3D 2E			
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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 STRATACACHE 401(K) INVESTMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STRATACACHE INC.	D Employer Identification Number (EIN) 31-1358621

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	RECORDKEEPER	3673	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>STRATACACHE 401(K) INVESTMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STRATACACHE INC.</u>	D Employer Identification Number (EIN) <u>31-1358621</u>	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5892	5909
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	16150	48089
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3530936	5090127
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3552978	5144125

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3552978	5144125
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	896830	
(C) Others (including rollovers)	2a(1)(C)	158397	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1055227
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1594	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1624
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	231562	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		231562
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		543242
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1831655

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	236835	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		236835
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	3673	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3673
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		240508

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1591147
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: SKELLEY & COMPANY

(2) EIN: 31-1449760

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
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?		X	
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?		X	
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?.....		X	
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.).....	X		
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.).....		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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

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

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

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

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 STRATACACHE 401(K) INVESTMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STRATACACHE INC.		D Employer Identification Number (EIN) 31-1358621
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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): _____

STRATACACHE 401(K) INVESTMENT PLAN

EIN: 31-1493023
PLAN NUMBER: 001

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 including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Blue Chip Growth Fund	1,794,173 Shares	\$ 128,499	\$ 157,457
	Fidelity Contrafund	2,187,157 Shares	198,467	267,861
	Fidelity Equity Dividend Income Fund	470,341 Shares	12,622	13,061
	Fidelity Equity Income Fund	412,362 Shares	23,431	25,030
	Fidelity Export and Multinational Fund	5,736,973 Shares	121,665	127,418
	Fidelity Extended Market Index Fund	591,417 Shares	32,552	36,697
	Fidelity Focused Stock Fund	868,748 Shares	17,442	19,677
	Fidelity Freedom 2010	5,827,955 Shares	83,132	93,597
	Fidelity Freedom 2020	50,384,495 Shares	750,306	834,871
	Fidelity Freedom 2025	15,790,076 Shares	207,431	227,377
	Fidelity Freedom 2030	13,556,397 Shares	216,133	244,829
	Fidelity Freedom 2035	24,079,315 Shares	324,402	366,969
	Fidelity Freedom 2040	13,609,170 Shares	130,336	145,618
	Fidelity Freedom 2045	27,337,815 Shares	292,186	331,334
	Fidelity Freedom 2050	24,345,134 Shares	264,213	296,767
	Fidelity Freedom 2055	5,158,418 Shares	64,783	70,877
	Fidelity Freedom 2060	693,266 Shares	8,370	8,479
	Fidelity Freedom Income	1,646,636 Shares	19,005	19,397
	Fidelity Growth Company	1,296,556 Shares	176,098	231,630
	Fidelity Growth Strategies Fund	1,492,142 Shares	54,260	61,357
	Fidelity Intermediate Bond Fund	270,686 Shares	2,951	2,923
	Fidelity International Capital Appreciation Fund	2,237,158 Shares	35,957	47,115
	Fidelity Investment Grade Bond	37,949,293 Shares	299,203	300,558
	Fidelity Large Cap Stock Fund	14,190 Shares	449	475
	Fidelity Mid-Cap Stock Fund	6,907,040 Shares	227,738	263,987
	Fidelity Overseas Fund	156,349 Shares	5,973	7,927
	Fidelity OTC Portfolio	2,696,167 Shares	220,958	296,174
	Fidelity Puritan Fund	997,719 Shares	21,264	23,367
	Fidelity Real Estate Investment Portfolio	4,030,140 Shares	148,620	168,460
	Fidelity Small Cap Discovery Fund	3,433,066 Shares	101,208	102,683
	Fidelity Small Cap Value Fund	3,296,094 Shares	49,534	66,977
	Fidelity Total Market Index Fund	1,038,527 Shares	66,259	79,312
	Fidelity Value Fund	1,054,414 Shares	86,993	127,732
	Fidelity Value Strategies Fund	526,004 Shares	21,715	22,134
			4,414,155	5,090,127
Other assets:				
	Cash		5,909	5,909
	Participant Loan Receivables		48,089	48,089
	Net Assets Held at End of Year		\$ 4,468,153	\$ 5,144,125

See notes to Financial Statements



401(k) INVESTMENT PLAN

FINANCIAL STATEMENT

YEARS ENDED DECEMBER 31, 2017 AND 2016



STRATACACHE 401(k) INVESTMENT PLAN
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2017 AND 2016

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTARY INFORMATION	
Schedule of Assets Held at End of Year	9

SKELLEY



COMPANY

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Plan Administrators
Stratacache 401(k) Investment Plan
Dayton, Ohio

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of the Stratacache 401(k) Investment Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 controls 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

My 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 matters described in the Basis for Disclaimer of Opinion paragraph, however, I was 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company (FMTC), the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary information. The plan administrator informed me that FMTC holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from FMTC as of, and for the year ended, December 31, 2017 and 2016, that the information provided to the plan administrator by FMTC is complete and accurate.

Disclaimer of Opinion

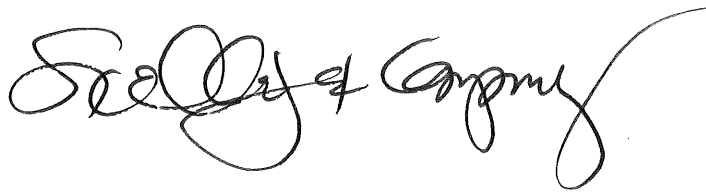
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on the accompanying financial statements and supplementary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

Other Matter

I was engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and I do not express an opinion on the supplemental schedule referred to above.

Report of the Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the Trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

A handwritten signature in black ink, appearing to read "Scott J. Gentry". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dayton, Ohio
October 5, 2018
EIN 31-1449760

STRATACACHE 401(k) INVESTMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS		
Investments in Registered Investment Companies:		
Fidelity Blue Chip Growth Fund - 1,794.173 and 1,075.417 shares in 2017 and 2016, respectively	\$ 157,457	\$ 72,440
Fidelity Contrafund - 2,187.157 and 1,652.910 shares in 2017 and 2016, respectively	267,861	162,746
Fidelity Equity Dividend Income Fund - 470.341 and 1,178.082 shares in 2017 and 2016, respectively	13,061	31,620
Fidelity Equity Income Fund - 412.362 and 296.027 shares in 2017 and 2016, respectively	25,030	16,965
Fidelity Export and Multinational Fund - 5,736.973 and 5,099.932 shares in 2017 and 2016, respectively	127,418	106,334
Fidelity Extended Market Index Fund - 591.417 and 946.928 shares in 2017 and 2016, respectively	36,697	52,592
Fidelity Focused Stock Fund - 868.748 and 777.790 shares in 2017 and 2016, respectively	19,677	14,280
Fidelity Freedom 2010 - 5,827.955 and 5,740.456 shares in 2017 and 2016, respectively	93,597	85,992
Fidelity Freedom 2020 - 50,384.495 and 43,070.851 shares in 2017 and 2016, respectively	834,871	645,632
Fidelity Freedom 2025 - 15,790.076 and 10,836.331 shares in 2017 and 2016, respectively	227,377	139,247
Fidelity Freedom 2030 - 13,556.397 and 9,027.009 shares in 2017 and 2016, respectively	244,829	142,537
Fidelity Freedom 2035 - 24,079.315 and 33,146.379 shares in 2017 and 2016, respectively	366,969	432,229
Fidelity Freedom 2040 - 13,609.170 and 7,965.913 shares in 2017 and 2016, respectively	145,618	72,888
Fidelity Freedom 2045 - 27,337.815 and 18,805.638 shares in 2017 and 2016, respectively	331,334	194,262
Fidelity Freedom 2050 - 24,345.134 and 12,782.206 shares in 2017 and 2016, respectively	296,767	132,679
Fidelity Freedom 2055 - 5,158.418 and 1,990.358 shares in 2017 and 2016, respectively	70,877	23,188
Fidelity Freedom 2060 - 693.266 and 11.340 shares in 2017 and 2016, respectively	8,479	117
Fidelity Freedom Income - 1,646.636 and 1,491.380 shares in 2017 and 2016, respectively	19,397	16,853
Fidelity Growth Company - 1,296.556 and 1,036.573 shares in 2017 and 2016, respectively	231,630	141,782
Fidelity Growth Strategies Fund - 1,492.142 and 577.685 shares in 2017 and 2016, respectively	61,357	19,636
Fidelity Intermediate Bond Fund - 270.683 and 222.734 shares in 2017 and 2016, respectively	2,923	2,403
Fidelity International Capital Appreciation Fund - 2,237.158 and 1,939.780 shares in 2017 and 2016, respectively	47,115	30,998
Fidelity Investment Grade Bond - 37,949.293 and 10,974.029 shares in 2017 and 2016, respectively	300,558	85,488
Fidelity Large Cap Stock Fund - 14.190 and 93.402 shares in 2017 and 2016, respectively	475	2,742
Fidelity Mid-Cap Stock Fund - 6,907.040 and 6,354.893 shares in 2017 and 2016, respectively	263,987	220,006
Fidelity Overseas Fund - 156.349 and 164.734 shares in 2017 and 2016, respectively	7,927	6,514
Fidelity OTC Portfolio - 2,696.167 and 1,978.563 shares in 2017 and 2016, respectively	296,174	164,854
Fidelity Puritan Fund - 997.719 and 773.753 shares in 2017 and 2016, respectively	23,367	15,924
Fidelity Real Estate Investment Portfolio - 4,030.140 and 3,402.145 shares in 2017 and 2016, respectively	168,460	141,835
Fidelity Small Cap Discovery Fund - 3,433.066 and 3,874.622 shares in 2017 and 2016, respectively	102,683	122,593
Fidelity Small Cap Value Fund - 3,296.094 and 3,098.528 shares in 2017 and 2016, respectively	66,977	58,283
Fidelity Total Market Index Fund- 1,038.527 and 801.400 shares in 2017 and 2016, respectively	79,312	51,714
Fidelity Value Fund -1,054.414 and 977.061 shares in 2017 and 2016, respectively	127,732	107,262
Fidelity Value Strategies Fund - 526.004 and 427.407 shares in 2017 and 2016, respectively	22,134	16,301
	5,090,127	3,530,936
Other assets:		
Cash	5,909	5,892
Participant Loan Receivables	48,089	16,150
Total assets	5,144,125	3,552,978
Total Liabilities	-	-
Net Assets Available for Benefits	\$ 5,144,125	\$ 3,552,978

See notes to financial statements.

STRATACACHE 401(k) INVESTMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS TO NET ASSETS:		
Investment income:		
Net investment gain	\$ 275,677	\$ 123,537
Unrealized appreciation		
in fair value of investments	<u>500,751</u>	<u>135,350</u>
	776,428	258,887
Employee Contributions	<u>1,055,227</u>	<u>1,058,533</u>
TOTAL ADDITIONS	<u>1,831,655</u>	<u>1,317,420</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	236,835	4,549
Administrative expenses	<u>3,673</u>	<u>2,792</u>
TOTAL DEDUCTIONS	<u>240,508</u>	<u>7,341</u>
NET INCREASE	1,591,147	1,310,079
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>3,552,978</u>	<u>2,242,899</u>
End of year	<u>\$ 5,144,125</u>	<u>\$ 3,552,978</u>

See notes to financial statements.

STRATACACHE 401(k) INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the Stratacache ("Company") 401(k) Investment Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering all employees of the Company who are age twenty-one or older. Eligibility to participate in the Plan begins at the beginning of the month follow the employee's date of hire.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan assets are held in a Trust whose Trustee is Fidelity Management Trust Company (FMTC), a regulated and supervised trust company. The Trust has thirty-five investment options available to participants.

Contributions – Each year, participants may elect to defer a maximum of 90% of their wages up to the maximum allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company did not make a contribution to the Plan for either 2017 or 2016.

Participant Accounts – Each participant's account is credited with the participant's contribution, the Company's contribution and an allocation of Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are self-directed.

Participant Loans – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 7.5%, which is commensurate with current interest rates charged for loans made under similar circumstances by persons in the business of lending money.

Vesting – Participants are immediately vested in their contributions plus earnings. Vesting in any Company contribution to a Participant's account, plus earnings, is based on the years of continuous service. A participant is 100% vested after six years of credited service. The Company has made no contributions to the plan.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant will receive a lump-sum or installment payments on a monthly or other periodic basis. If a participant dies before receiving all payments, the balance of the account will be paid to their beneficiary if the periodic payment option is selected.

If a participant's vested interest is \$1,000 or less, it may be paid out in one lump sum.

STRATACACHE 401(k) INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Fidelity Bond – In August 2017, the Company obtained a fidelity bond for the Plan in the amount of \$1,000,000. That coverage is part of the Company's general insurance policy, which provides for a \$10,000 deductible. The Company is modifying that to eliminate the deductible on the first \$500,000 of ERISA coverage. There was no such coverage in 2016..

Plan Expenses – Investment and transaction fees are deducted directly from the investment returns or participant's account. The Company may pay the plan administrative expenses for the plan's operations or the fees may be deducted directly from the participant's account.

Marketable securities and securities transactions – Marketable securities are carried at fair value determined by the Plan Trustee, (FMTC), based on their quoted market value. ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a consistent framework for measuring fair value and, with certain exceptions, this framework is generally applied to all financial statement items required to be measured at fair value. The standard requires fair value measurements to be classified and disclosed in one of the following three categories:

- *Level 1* – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- *Level 2* – Quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the assets or liability; and
- *Level 3* – Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basis. Related fees are charged directly to the borrowing participant's account and are included in the administrative expenses when incurred. As of December 31, 2017 and 2016, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Estimates – The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments (Level 1) are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at yearend.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recognized when received and included in the investment gains.

STRATACACHE 401(k) INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - INVESTMENTS

The December 31, 2017 and 2016 Statements of Net Assets Available for Benefits were prepared in part or entirely from information certified by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Income Security Act of 1974.

In addition to the investments shown in the Statements of Net Assets Available for Benefits, FMTC provided information regarding the change in value of those investments. The Plan's investments (including realized gains and losses on investments bought and sold), increased (decreased) during the years ended December 31, 2017 and 2016 as follows:

	<u>2017</u>	<u>2016</u>
Fidelity Blue Chip Growth Fund	\$ 85,017	\$ 18,219
Fidelity Contrafund	105,115	15,442
Fidelity Equity Dividend Income Fund	(18,559)	31,620
Fidelity Equity Income Fund	8,065	6,051
Fidelity Export and Multinational Fund	21,084	14,028
Fidelity Extended Market Index Fund	(15,895)	32,676
Fidelity Focused Stock Fund	5,397	1,265
Fidelity Freedom 2010	7,605	5,157
Fidelity Freedom 2020	189,239	145,479
Fidelity Freedom 2025	88,130	84,425
Fidelity Freedom 2030	102,292	110,487
Fidelity Freedom 2035	(65,260)	145,918
Fidelity Freedom 2040	72,730	29,233
Fidelity Freedom 2045	137,072	49,132
Fidelity Freedom 2050	164,088	77,873
Fidelity Freedom 2055	47,689	22,580
Fidelity Freedom 2060	8,362	117
Fidelity Freedom Income	2,544	16,853
Fidelity Growth Company	89,848	34,794
Fidelity Growth Strategies Fund	41,721	12,019
Fidelity Intermediate Bond Fund	520	1,046
Fidelity International Capital Appreciation Fund	16,117	6,802
Fidelity Investment Grade Bond	215,070	48,824
Fidelity Large Cap Stock Fund	(2,267)	389
Fidelity Mid-Cap Stock Fund	43,981	122,566
Fidelity Overseas Fund	1,413	(5,510)
Fidelity OTC Portfolio	131,320	123,232
Fidelity Puritan Fund	7,443	1,850
Fidelity Real Estate Investment Portfolio	26,625	34,954
Fidelity Small Cap Discovery Fund	(19,910)	55,348
Fidelity Small Cap Value Fund	8,694	12,259
Fidelity Total Market Index Fund	27,598	35,977
Fidelity Value Fund	20,470	11,553
Fidelity Value Strategies Fund	5,833	7,344

STRATACACHE 401(k) INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE D – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE E - TAX STATUS

The Plan is a Fidelity Volume Submitter Plan designed in accordance with applicable sections of the Internal Revenue Code (IRC). Fidelity has received an advisory letter from the Internal Revenue Service evidencing the Plan is qualified.

NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in various investment companies (mutual funds). These mutual funds are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with any mutual fund investment, it is at least reasonably possible that changes in their values will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE G – SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 5, 2018 which is the date the financial statements were completed.

In June 2018, the Plan was amended as to allow an additional Stratacache subsidiary, Scala, Inc., to participate in the Stratacache 401(k) Investment Plan. In addition, the Company initiated a matching contribution for employees who make deferrals into the Plan

SUPPLEMENTARY INFORMATION

STRATACACHE 401(K) INVESTMENT PLAN

EIN: 31-1493023
PLAN NUMBER: 001

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 including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Fidelity Blue Chip Growth Fund	1,794.173	Shares	\$ 128,499	\$ 157,457
Fidelity Contrafund	2,187.157	Shares	198,467	267,861
Fidelity Equity Dividend Income Fund	470.341	Shares	12,622	13,061
Fidelity Equity Income Fund	412.362	Shares	23,431	25,030
Fidelity Export and Multinational Fund	5,736.973	Shares	121,665	127,418
Fidelity Extended Market Index Fund	591.417	Shares	32,552	36,697
Fidelity Focused Stock Fund	868.748	Shares	17,442	19,677
Fidelity Freedom 2010	5,827.955	Shares	83,132	93,597
Fidelity Freedom 2020	50,384.495	Shares	750,306	834,871
Fidelity Freedom 2025	15,790.076	Shares	207,431	227,377
Fidelity Freedom 2030	13,556.397	Shares	216,133	244,829
Fidelity Freedom 2035	24,079.315	Shares	324,402	366,969
Fidelity Freedom 2040	13,609.170	Shares	130,336	145,618
Fidelity Freedom 2045	27,337.815	Shares	292,186	331,334
Fidelity Freedom 2050	24,345.134	Shares	264,213	296,767
Fidelity Freedom 2055	5,158.418	Shares	64,783	70,877
Fidelity Freedom 2060	693.266	Shares	8,370	8,479
Fidelity Freedom Income	1,646.636	Shares	19,005	19,397
Fidelity Growth Company	1,296.556	Shares	176,098	231,630
Fidelity Growth Strategies Fund	1,492.142	Shares	54,260	61,357
Fidelity Intermediate Bond Fund	270.686	Shares	2,951	2,923
Fidelity International Capital Appreciation Fund	2,237.158	Shares	35,957	47,115
Fidelity Investment Grade Bond	37,949.293	Shares	299,203	300,558
Fidelity Large Cap Stock Fund	14.190	Shares	449	475
Fidelity Mid-Cap Stock Fund	6,907.040	Shares	227,738	263,987
Fidelity Overseas Fund	156.349	Shares	5,973	7,927
Fidelity OTC Portfolio	2,696.167	Shares	220,958	296,174
Fidelity Puritan Fund	997.719	Shares	21,264	23,367
Fidelity Real Estate Investment Portfolio	4,030.140	Shares	148,620	168,460
Fidelity Small Cap Discovery Fund	3,433.066	Shares	101,208	102,683
Fidelity Small Cap Value Fund	3,296.094	Shares	49,534	66,977
Fidelity Total Market Index Fund	1,038.527	Shares	66,259	79,312
Fidelity Value Fund	1,054.414	Shares	86,993	127,732
Fidelity Value Strategies Fund	526.004	Shares	21,715	22,134
			4,414,155	5,090,127
Other assets:				
Cash			5,909	5,909
Participant Loan Receivables			48,089	48,089
Net Assets Held at End of Year			<u>\$ 4,468,153</u>	<u>\$ 5,144,125</u>

See notes to Financial Statements