# 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.)
- ☒ 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:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GLADSON, LLC PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 10/01/1993

**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)

GLADSON, LLC

141 WEST JACKSON BOULEVARD
CHICAGO, IL 60604

**2b** Employer Identification Number (EIN)
20-3328053

**2c** Plan Sponsor's telephone number
312-766-4801

**2d** Business code (see instructions)
812990

**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 | PAUL SALAY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2018 | PAUL SALAY |
| | **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** | 111 |
| **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)** | 101 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 99 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 39 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 138 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 138 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 134 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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 3D

**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)** | [X] | 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)** | [X] | 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)** | [X] | 1 | **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
GLADSON, LLC PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GLADSON, LLC

**D** Employer Identification Number (EIN)
20-3328053

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
AMERITAS LIFE INSURANCE CORP.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year (f) From | Policy or contract year (g) To |
|---|---|---|---|---|---|
| 47-0098400 | 80837 | E718761 | | 01/01/2017 | 09/26/2017 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 10579 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

FSC SECURITIES CORP
2300 WINDY RIDGE PKWY SE
STE 1100
ATLANTA, GA 30339-5665

| (b) Amount of sales and base commissions paid | Fees and other commissions paid (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| 10579 | | | 4 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☒ other (specify) ▶ GUARANTEED INVESTMENT ACCOUNT

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 84728 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 22394 | | |
| | (2) Dividends and credits | 7c(2) | 581 | | |
| | (3) Interest credited during the year | 7c(3) | 1277 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 24252 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 108980 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 91766 | | |
| | (2) Administration charge made by carrier | 7e(2) | 715 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 16499 | | |
| | ▶ TRANSFERRED TO MUTUAL FUND DUE CHANGE IN CUSTODIANS | | | | |
| | (5) Total deductions | | | 7e(5) | 108980 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | | | **10b** | |

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GLADSON, LLC

**D** Employer Identification Number (EIN)
20-3328053

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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**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 ☐ |

**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: DUFFNER & COMPANY, P.C.

**b** EIN: 36-3522274

**c** Position: ACCOUNTANT

**d** Address: 12400 S. HARLEM AVENUE
SUITE 205
PALOS HEIGHTS, IL 60463

**e** Telephone: 708-361-7990

Explanation: THE PLAN'S FORMER ACCOUNTANT COULD NOT COMMIT TO COMPLETING THE AUDIT IN TIME TO FILE THE 5500 DUE TO THE CHANGE IN THE PLAN'S THIRD PARTY ADMINISTRATOR AND CUSTODIAN DURING 2017.

**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
GLADSON, LLC PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GLADSON, LLC

**D** Employer Identification Number (EIN)
20-3328053

**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 FIXED INVESTMENT ACCOUNT

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **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) |
|---|---|---|
| 47-0098400-003 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GOVERNMENT MONEY MARKE

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **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) |
|---|---|---|
| 47-0098400-003 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT SHORT DURATION INCOME,CLASS

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **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) |
|---|---|---|
| 47-0098400-003 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP INVESTMENT GRADE BOND IN

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **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) |
|---|---|---|
| 47-0098400-003 | P | 0 |

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

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **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) |
|---|---|---|
| 47-0098400-003 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **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) |
|---|---|---|
| 47-0098400-003 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CHARTER CLASS A

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **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) |
|---|---|---|
| 47-0098400-003 | P | 0 |

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GUARDIAN INVESTOR | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND SERVICE CLA | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GROWTH INVESTOR CL | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL/VA NON-SERVICE S | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: THIRD AVENUE VALUE INSTITUTIONAL CL | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP S&P MIDCAP 400 INDEX | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTERNATIONAL VALUE R4 | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE INVESTOR | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP EAFE INTERNATIONAL INDEX | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY IF US REAL ESTATE CL | | |
| **b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION | | |
| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THIRD AVENUE SMALL CAP VALUE INSTIT

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP RUSSELL 2000 SMALLCAP IN

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE AND TECHNOLOGY CLASS Y

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BARON SMALL CAP RETAIL SHARES

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WASATCH SMALL CAP VALUE

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE PENNSYLVANIA MUTUAL SERVICE C

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RETIREMENT 2010 ADVISO

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RETIREMENT 2020 ADVISO

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RETIREMENT 2030 ADVISO

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RETIREMENT 2040 ADVISO

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RETIREMENT 2050 ADVISO

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT EQUITY, CLASS Y

**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION

| **c** EIN-PN 47-0098400-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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 |
|---|---|

**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
GLADSON, LLC PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GLADSON, LLC

**D** Employer Identification Number (EIN)
20-3328053

## 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) | 361 | 0 |
| **(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) | | 27957 |
| **(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) | 114929 | 53734 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 2531360 | 0 |
| **(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) | 0 | 2943288 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 84727 | 0 |
| **(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 | 2731377 | 3024979 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 193 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 193 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2731184 | 3024979 |

## 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) | 19670 | |
| | **(B)** Participants | 2a(1)(B) | 233941 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 4407 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 258018 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 45 | |
| | **(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) | 3278 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 3323 |
| | **(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) | 16213 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 16213 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 478386 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 755940 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 459609 | |
| (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) | | 459609 |
| 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) | 2536 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2536 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 462145 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 293795 |
| 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: GETTRY MARCUS CPA, P.C. **(2)** EIN: 36-3522274

**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 | 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
GLADSON, LLC PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GLADSON, LLC

**D** Employer Identification Number (EIN)
20-3328053

## 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): 47-0098400 42-1558009

**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):

# GLADSON, LLC PROFIT SHARING PLAN

## FINANCIAL STATEMENTS

## YEARS ENDED DECEMBER 31, 2017 AND 2016

**Gladson, LLC Profit Sharing Plan**

**Table of Contents**

**Years Ended December 31, 2017 and 2016**


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# Independent Auditor's Report

To the Trustee
Gladson, LLC Profit Sharing Plan

## Report on the 2017 Financial Statements

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

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 for the 2017 Financial Statements

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 on the 2017 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed 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 Charles Schwab Bank and Ameritas Life Insurance Corp., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Charles Schwab Bank held the Plan's investment assets and executed investment transactions for the period September 27, 2017 to December 31, 2017, and that Ameritas Life Insurance Corp. held the Plan's investment assets and executed investment transactions for the period January 1, 2017 to September 26, 2017. The Plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2017, that the information provided to the Plan administrator by the custodians is complete and accurate.

## Disclaimer of Opinion on the 2017 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements.

**Other Matter – 2017 Financial Statements**

The supplemental schedule, appearing on page 13, as of December 31, 2017, is required by the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Other Matter – 2016 Financial Statements**

The financial statements of the Plan as of December 31, 2016 were audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by Ameritas Life Insurance Corp., the custodian of the Plan as of December 31, 2016. Their report, dated July 31, 2017, indicated that (a) because of the significance of the information that they did not audit, the predecessor auditor was unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Report on Form and Content in Compliance With DOL Rules and Regulations on the 2017 Financial Statements**

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 custodians, has 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.

Gettry Marcus CPA, P.C.

Gettry Marcus CPA, P.C.
Woodbury, New York
October 15, 2018

## Gladson, LLC Profit Sharing Plan
## Statements of Net Assets Available for Benefits
## December 31, 2017 and 2016

| | 2017 | 2016 |
|---|---|---|
| **Assets** | | |
| **Investments at fair value** | $ 2,971,245 | $ 2,531,360 |
| **Investments at contract value** | - | 84,727 |
| **Total investments** | 2,971,245 | 2,616,087 |
| **Receivables** | | |
| Contributions receivable - employer | - | 361 |
| Notes receivable from participants | 53,734 | 114,929 |
| **Total receivables** | 53,734 | 115,290 |
| **Net assets available for benefits** | $ 3,024,979 | $ 2,731,377 |
| **Liabilities** | | |
| **Excess contributions due to employer** | - | 193 |
| **Net assets available for benefits** | $ 3,024,979 | $ 2,731,184 |

See notes to financial statements.

Gladson, LLC Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

| | |
|---|---|
| **Additions:** | |
| **Additions to net assets attributed to:** | |
| **Investment income** | |
| Net appreciation in fair value of investments | $ 478,386 |
| Interest and dividends | 16,258 |
| **Net investment income** | 494,644 |
| **Interest income on notes receivable from participants** | 3,278 |
| **Contributions** | |
| Participants | 233,941 |
| Employer | 19,670 |
| Rollovers | 4,407 |
| **Total contributions** | 258,018 |
| **Total additions** | 755,940 |
| **Deductions:** | |
| **Deductions from net assets attributed to:** | |
| Benefits paid to participants | 459,609 |
| Administrative expenses | 2,536 |
| **Total deductions** | 462,145 |
| **Net increase** | 293,795 |
| **Net assets available for benefits:** | |
| **Beginning of year** | 2,731,184 |
| **End of year** | $ 3,024,979 |

See notes to financial statements.

## Note 1 – Description of Plan

The following brief description of Gladson, LLC Profit Sharing Plan (the "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, which was established October 1,1993, is a defined contribution plan organized under Internal Revenue Code ("IRC") Section 401(k) with a cash or deferred arrangement and allows for discretionary employer matching and other contributions. Effective March 31, 2014, the Plan was restated to a volume submitter defined contribution plan. It covers all employees of Gladson, LLC (the "Employer" or "Company") who have completed six months of eligible service and attained the age of 21. It is subject to the provisions of ERISA. The trustee is responsible for oversight of the Plan. Management of the Company determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's trustee.

Effective September 27, 2017, a new custodian, administrator, and record keeper were appointed. Plan assets transferred to the new custodian were invested into funds comparable to those offered by the previous custodian. The conversion initiated a blackout period beginning September 26, 2017, which continued through October 4, 2017. During this period, funds could not be applied to the employee-selected funds with the custodian or withdrawn from the Plan until the custodian could accurately complete the conversion. During this period, employee contributions continued to be made through payroll deductions, and the contributions were deposited and held in the Plan's income fund until the completion of the blackout period. At the end of the blackout period, such funds were transferred to the investment options requested by each participant.

*Contributions*

Each year, participants may contribute to the Plan from 1 to 100 percent (in full percentage points) of their pretax earnings, as defined in the Plan, up to a maximum in accordance with Section 415(c) of the IRC and adjusted annually for inflation thereafter. Effective November 1, 2017, the Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balance fund until changed by the participant. Effective October 1, 2017, the Plan was amended to accept Roth Elective Deferrals made on behalf of participants. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans ("rollovers"). Participants direct the investment of their contributions, the employer contributions and rollovers into various investment options offered by the Plan. For the year ended December 31, 2017, the Employer discretionary matching percentage was 10 percent of the first 5 percent of each participant's contributions, which amounted to $19,670. Effective January 1, 2018, the Employer discretionary matching percentage was increased to 20 percent of the first 5 percent of each participant's contributions. The Company may also make additional profit sharing contribution to the participants at the option of the Company. No such contribution was made during the year ended December 31, 2017. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

## Note 1 – Description of Plan (continued)

*Participant Accounts*
Each participant's account is credited with the participant's contributions and Company discretionary matching contributions as well as an allocation of (a) the Company's profit sharing contribution, if any (b) Plan earnings and losses, and (c) an allocation of Plan administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Earnings (losses) are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Vesting*
Participants immediately vest 100 percent in their voluntary contributions plus actual earnings thereon. Employer discretionary matching contributions and profit sharing contributions will vest on the basis of the participant's number of years of continuous service. A participant becomes 50 percent vested after one year of service and 100 percent vested after two years of service. However, if an active participant dies or becomes totally and permanently disabled prior to attaining the normal retirement age, the participant's account becomes 100 percent vested.

*Forfeitures*
Forfeitures of non-vested benefits are used to reduce Plan expenses and employer contributions. Forfeited non-vested accounts totaled $5,848 and $995 at December 31, 2017 and 2016, respectively.

*Payment of Benefits*
On termination of service due to death, disability, retirement, or for other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Distributions are subject to the applicable provisions of the Plan agreement.

*Notes Receivable from Participants*
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan terms range from one to five years or within a reasonable repayment period for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates that range from 4.25% to 4.50%. Principal and interest are paid ratably through bi-weekly payroll deductions. The Plan allows each participant to have up to two outstanding loans at any given time.

## Note 2 – Summary of Significant Accounting Policies

*Recent Accounting Pronouncements*
On August 28, 2018, the Financial Accounting Standards Board ("FASB") issued ASU 2018-13, Disclosure Framework-Changes to the Disclosure Requirement for Fair Value Measurement (Topic 820). The ASU, which applies to all entities (including defined contribution plans), removes, modifies and adds fair value and/or Net Asset Value ("NAV") related disclosures. The ASU is effective for years beginning after December 15, 2019. Certain of these amendments are prospective changes with the balance to be applied retrospectively. Early adoption is permitted; however, certain components of this ASU can be early adopted without delay. The Trustee has not determined what impact the adoption of ASU 2018-13 will have, if any, on its financial statements.

**Note 2 – Summary of Significant Accounting Policies (continued)**

*Basis of Accounting*
The financial statements of the Plan are prepared on the accrual basis of accounting.

*Investment Contracts*
Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

*Use of Estimates*
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition*
The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the Employer determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser and trustee.

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

*Notes Receivable from Participants*
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses have been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*Payment of Benefits*
Benefits are recorded when paid by the Plan.

*Excess Contributions Payable*
Amounts payable to the Employer for contributions in excess of amounts allowed by the IRS were recorded as a liability with a corresponding reduction to the contributions of $193 for 2016. The Plan adjusted applicable participant account balances for the excess 2016 employer contributions prior to March 15, 2017. There were no excess contributions payable to the Employer for the year ended December 31, 2017.

## Note 2 – Summary of Significant Accounting Policies (continued)

*Administrative Expenses*
The Plan's expenses are paid by either the Plan or the Company as provided by the Plan agreement. Certain administrative expenses of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

*Reclassifications of a General Nature*
Certain amounts in the prior period presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported net assets available for benefits or changes in net assets available for benefits.

*Subsequent Events*
The Plan has evaluated subsequent events for potential recognition or disclosure in the financial statements through October 15, 2018, the date the financial statements were available to be issued.

## Note 3 – Certified Investments

Certain information related to investments and reductions to notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2017 and 2016, and net appreciation in the fair value of investments, and interest and dividends for the year ended December 31, 2017, was obtained and derived from information supplied to the Plan administrator and certified as complete and accurate by Charles Schwab Bank ("Charles Schwab") and Ameritas Life Insurance Corp. ("Ameritas") (the custodians of the Plan). The contract value of the guaranteed investment contract as of December 31, 2016 was certified by Ameritas.

The assets of the Plan are invested at the direction of the participants in various investment funds at December 31, 2017 and 2016.

## Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value 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 under FASB ASC 820 are described as follows:

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

**Note 4 – Fair Value Measurements (continued)**

Level 2 Inputs to the valuation methodology include:

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

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

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

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 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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate accounts*: Valued at fair value based on the current market values of the underlying assets of the fund.

The preceding methodologies described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## Note 4 – Fair Value Measurements (continued)

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

| | Investments at Fair Value at December 31, 2017 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Emerging Market Stock | $ 3,676 | $ - | $ - | $ 3,676 |
| Mid Cap Index | 309,307 | - | - | 309,307 |
| Small Cap Index | 494,098 | - | - | 494,098 |
| Bond Market Index | 87,946 | - | - | 87,946 |
| International Stock Index | 391,575 | - | - | 391,575 |
| Stock Market Index | 1,453,670 | - | - | 1,453,670 |
| 500 Index | 203,016 | - | - | 203,016 |
| Money Market | 27,957 | - | - | 27,957 |
| Total investments at fair value | $ 2,971,245 | $ - | $ - | $ 2,971,245 |

| | Investments at Fair Value at December 31, 2016 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Pooled separate accounts | | | | |
| Growth Funds | $ 1,267,374 | $ - | $ - | $ 1,267,374 |
| Income Funds | 76,402 | - | - | 76,402 |
| International Funds | 92,291 | - | - | 92,291 |
| Index Funds | 535,284 | - | - | 535,284 |
| Target Date Funds | 444,956 | - | - | 444,956 |
| Other fund | 115,053 | - | - | 115,053 |
| Total investments at fair value | $ 2,531,360 | $ - | $ - | $ 2,531,360 |

## Note 5 – Investment Contracts with Insurance Company

The Plan's investments included guaranteed investment contracts ("GIC's") prior to the change in custodian from Ameritas to Charles Schwab. The GIC's were group annuity products issued by Ameritas and were fully benefit-responsive investment contracts totaling $84,727 at December 31, 2016.

Ameritas maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and certain administrative expenses. The contract issuers were contractually obligated to repay the principal and specified interest rates that were guaranteed to the Plan. There were no reserves against contract values for credit risk of the contract issuers or otherwise. The crediting rates were based on formulas established by the contract issuers and were reviewed on a quarterly basis for resetting. The GIC's did not permit the insurance company to terminate the agreements prior to the scheduled maturity dates. At December 31, 2016, the contract values of the benefit-responsive investment contracts approximated the fair values of the investment contracts.

**Note 5 – Investment Contract with Insurance Company (continued)**

These GIC's met the fully benefit-responsive criteria and, therefore, were reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts because this was the amount received by participants if they were to initiate permitted transactions under their terms of the Plan. Contract value, as reported to the Plan by Ameritas, represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due was dependent on the issuers' abilities to meet their financial obligations. The issuers' abilities to meet their contractual obligations were affected by future economic and/or regulatory events.

Certain events limited the ability of the Plan to transact at contract value with the issuers. Such events included the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contracts. The Plan administrator, as well as the Company and its management, believed that no events were probable of occurring that might have limited the ability of the Plan to transact at contract value with the contract issuers and that would also limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allowed the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events included (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contracts, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

| Average yields: | Stable Fixed Account 2016 | Ameritas Guaranteed Account 2016 |
|---|---|---|
| Based on actual earnings | 1.36% | 1.69% |
| Based on interest rate credited to participants | 1.50% | 2.65% |

**Note 6 – Plan Termination**

Although it has not expressed any intent to do so, the Company 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 a plan termination, participants will become 100 percent vested in their employer contributions.

## Note 7 – Tax Status

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter dated March 31, 2014, in which the IRS stated that the volume submitter plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

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

## Note 8 – 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 9 – Related Party Transactions

The investments owned by the Plan were managed by Ameritas, the previous custodian of the Plan, through September 26, 2017. Fees incurred by the Plan for those investment management services, through that date, were included in net appreciation in fair value of investments, as they were paid by revenue sharing, rather than direct payment. The investments owned by the Plan are managed by Charles Schwab, the custodian of the Plan, commencing September 27, 2017. Fees incurred by the Plan for these investment management services as of that date, are paid by revenue sharing, rather than direct payment.

As described in Note 2, the Plan made direct payments to Charles Schwab of $2,036 and to Ameritas of $500 for the year ended December 31, 2017, which were not covered by revenue sharing. The Employer pays directly any other fees related to the Plan's operations.

Effective September 27, 2017, Charles Schwab provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Charles Schwab. Charles Schwab receives revenue from mutual fund service providers for services Charles Schwab provides to the funds. This revenue is used to offset certain amounts owed to Charles Schwab for its administrative services to the Plan.

If the revenue received by Charles Schwab from such mutual fund service providers exceeds the amount owed under the MSA, Charles Schwab remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. There were no excess amounts during 2017. The Plan or Plan Sponsor may make a payment to Charles Schwab for administrative expenses not covered by revenue sharing.

## Supplementary Information

**Gladson, LLC Profit Sharing Plan**
**PN: 002 EIN: 20-3328053**
**Form 5500 Schedule H, Part IV, Item 4(i)**
**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 |
|---|---|---|---|---|
| * | Registered Investment Company | Vanguard Emerging Mkts Stock Idx Adm | | $ 3,676 |
| * | Registered Investment Company | Vanguard Mid Cap Index Admiral | | 309,307 |
| * | Registered Investment Company | Vanguard Small Cap Index Admiral | | 494,098 |
| * | Registered Investment Company | Vanguard Total Bond Market Index Adm | | 87,946 |
| * | Registered Investment Company | Vanguard Total Intl Stock Index Admiral | | 391,575 |
| * | Registered Investment Company | Vanguard Total Stock Mkt Idx Adm | | 1,453,670 |
| * | Registered Investment Company | Vanguard 500 Index Admiral | | 203,016 |
| * | Registered Investment Company | Money Market | | 27,957 |
| | | | | 2,971,245 |
| * | Notes receivable from participants | Interest rates ranging from 4.25% to 4.50%, various maturity dates, secured by participants' account balances. | -- | 53,734 |
| | **Total** | | | $ 3,024,979 |

* Indicates an identified person known to be a party-in-interest to the Plan.

** Cost not required. (investments are participant directed)

See independent auditor's report.

# 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.)
- ☒ 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:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
Gladson LLC Profit Sharing Plan

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 10/01/1993

**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)
Gladson, LLC

141 West Jackson Boulevard

Chicago IL 60604

**2b** Employer Identification Number (EIN) 20-3328053

**2c** Plan Sponsor's telephone number (312)766-4801

**2d** Business code (see instructions) 812990

**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 | [signature] | 10/12/2018 | Paul Salay |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | [signature] | 10/12/2018 | Paul Salay |
| | 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 |

EFAST2 Filing Authorization
for the 2017 Form 5500 and 8955-SSA

Gladson LLC Profit Sharing Plan
EIN / PN: 20-3328053 / 001

Plan Year Ending: 12/31/2017

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Chernoff Diamond & Co., LLC to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500 and provide a scanned copy of that signature page to Chernoff Diamond & Co., LLC before the electronic filing can be initiated;
- Chernoff Diamond & Co., LLC will retain a copy of this written authorization in its records;
- Chernoff Diamond & Co., LLC will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Chernoff Diamond & Co., LLC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Paul Salay (Employer / Plan Sponsor)

10/12/2018
Date

# GLADSON, LLC PROFIT SHARING PLAN

## FINANCIAL STATEMENTS

## YEARS ENDED DECEMBER 31, 2017 AND 2016

**Gladson, LLC Profit Sharing Plan**

**Table of Contents**

**Years Ended December 31, 2017 and 2016**


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# Independent Auditor's Report

To the Trustee
Gladson, LLC Profit Sharing Plan

## Report on the 2017 Financial Statements

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

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 for the 2017 Financial Statements

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 on the 2017 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed 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 Charles Schwab Bank and Ameritas Life Insurance Corp., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Charles Schwab Bank held the Plan's investment assets and executed investment transactions for the period September 27, 2017 to December 31, 2017, and that Ameritas Life Insurance Corp. held the Plan's investment assets and executed investment transactions for the period January 1, 2017 to September 26, 2017. The Plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2017, that the information provided to the Plan administrator by the custodians is complete and accurate.

## Disclaimer of Opinion on the 2017 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements.

**Other Matter – 2017 Financial Statements**

The supplemental schedule, appearing on page 13, as of December 31, 2017, is required by the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Other Matter – 2016 Financial Statements**

The financial statements of the Plan as of December 31, 2016 were audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by Ameritas Life Insurance Corp., the custodian of the Plan as of December 31, 2016. Their report, dated July 31, 2017, indicated that (a) because of the significance of the information that they did not audit, the predecessor auditor was unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Report on Form and Content in Compliance With DOL Rules and Regulations on the 2017 Financial Statements**

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 custodians, has 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.

Gettry Marcus CPA, P.C.

Gettry Marcus CPA, P.C.
Woodbury, New York
October 15, 2018

## Gladson, LLC Profit Sharing Plan
## Statements of Net Assets Available for Benefits
## December 31, 2017 and 2016

| | 2017 | 2016 |
|---|---|---|
| **Assets** | | |
| **Investments at fair value** | $ 2,971,245 | $ 2,531,360 |
| **Investments at contract value** | - | 84,727 |
| **Total investments** | 2,971,245 | 2,616,087 |
| **Receivables** | | |
| Contributions receivable - employer | - | 361 |
| Notes receivable from participants | 53,734 | 114,929 |
| **Total receivables** | 53,734 | 115,290 |
| **Net assets available for benefits** | $ 3,024,979 | $ 2,731,377 |
| **Liabilities** | | |
| **Excess contributions due to employer** | - | 193 |
| **Net assets available for benefits** | $ 3,024,979 | $ 2,731,184 |

See notes to financial statements.

Gladson, LLC Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

| | |
|---|---|
| **Additions:** | |
| **Additions to net assets attributed to:** | |
| **Investment income** | |
| Net appreciation in fair value of investments | $ 478,386 |
| Interest and dividends | 16,258 |
| **Net investment income** | 494,644 |
| **Interest income on notes receivable from participants** | 3,278 |
| **Contributions** | |
| Participants | 233,941 |
| Employer | 19,670 |
| Rollovers | 4,407 |
| **Total contributions** | 258,018 |
| **Total additions** | 755,940 |
| **Deductions:** | |
| **Deductions from net assets attributed to:** | |
| Benefits paid to participants | 459,609 |
| Administrative expenses | 2,536 |
| **Total deductions** | 462,145 |
| **Net increase** | 293,795 |
| **Net assets available for benefits:** | |
| **Beginning of year** | 2,731,184 |
| **End of year** | $ 3,024,979 |

See notes to financial statements.

## Note 1 – Description of Plan

The following brief description of Gladson, LLC Profit Sharing Plan (the "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, which was established October 1,1993, is a defined contribution plan organized under Internal Revenue Code ("IRC") Section 401(k) with a cash or deferred arrangement and allows for discretionary employer matching and other contributions. Effective March 31, 2014, the Plan was restated to a volume submitter defined contribution plan. It covers all employees of Gladson, LLC (the "Employer" or "Company") who have completed six months of eligible service and attained the age of 21. It is subject to the provisions of ERISA. The trustee is responsible for oversight of the Plan. Management of the Company determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's trustee.

Effective September 27, 2017, a new custodian, administrator, and record keeper were appointed. Plan assets transferred to the new custodian were invested into funds comparable to those offered by the previous custodian. The conversion initiated a blackout period beginning September 26, 2017, which continued through October 4, 2017. During this period, funds could not be applied to the employee-selected funds with the custodian or withdrawn from the Plan until the custodian could accurately complete the conversion. During this period, employee contributions continued to be made through payroll deductions, and the contributions were deposited and held in the Plan's income fund until the completion of the blackout period. At the end of the blackout period, such funds were transferred to the investment options requested by each participant.

*Contributions*

Each year, participants may contribute to the Plan from 1 to 100 percent (in full percentage points) of their pretax earnings, as defined in the Plan, up to a maximum in accordance with Section 415(c) of the IRC and adjusted annually for inflation thereafter. Effective November 1, 2017, the Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balance fund until changed by the participant. Effective October 1, 2017, the Plan was amended to accept Roth Elective Deferrals made on behalf of participants. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans ("rollovers"). Participants direct the investment of their contributions, the employer contributions and rollovers into various investment options offered by the Plan. For the year ended December 31, 2017, the Employer discretionary matching percentage was 10 percent of the first 5 percent of each participant's contributions, which amounted to $19,670. Effective January 1, 2018, the Employer discretionary matching percentage was increased to 20 percent of the first 5 percent of each participant's contributions. The Company may also make additional profit sharing contribution to the participants at the option of the Company. No such contribution was made during the year ended December 31, 2017. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

## Note 1 – Description of Plan (continued)

*Participant Accounts*
Each participant's account is credited with the participant's contributions and Company discretionary matching contributions as well as an allocation of (a) the Company's profit sharing contribution, if any (b) Plan earnings and losses, and (c) an allocation of Plan administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Earnings (losses) are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Vesting*
Participants immediately vest 100 percent in their voluntary contributions plus actual earnings thereon. Employer discretionary matching contributions and profit sharing contributions will vest on the basis of the participant's number of years of continuous service. A participant becomes 50 percent vested after one year of service and 100 percent vested after two years of service. However, if an active participant dies or becomes totally and permanently disabled prior to attaining the normal retirement age, the participant's account becomes 100 percent vested.

*Forfeitures*
Forfeitures of non-vested benefits are used to reduce Plan expenses and employer contributions. Forfeited non-vested accounts totaled $5,848 and $995 at December 31, 2017 and 2016, respectively.

*Payment of Benefits*
On termination of service due to death, disability, retirement, or for other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Distributions are subject to the applicable provisions of the Plan agreement.

*Notes Receivable from Participants*
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan terms range from one to five years or within a reasonable repayment period for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates that range from 4.25% to 4.50%. Principal and interest are paid ratably through bi-weekly payroll deductions. The Plan allows each participant to have up to two outstanding loans at any given time.

## Note 2 – Summary of Significant Accounting Policies

*Recent Accounting Pronouncements*
On August 28, 2018, the Financial Accounting Standards Board ("FASB") issued ASU 2018-13, Disclosure Framework-Changes to the Disclosure Requirement for Fair Value Measurement (Topic 820). The ASU, which applies to all entities (including defined contribution plans), removes, modifies and adds fair value and/or Net Asset Value ("NAV") related disclosures. The ASU is effective for years beginning after December 15, 2019. Certain of these amendments are prospective changes with the balance to be applied retrospectively. Early adoption is permitted; however, certain components of this ASU can be early adopted without delay. The Trustee has not determined what impact the adoption of ASU 2018-13 will have, if any, on its financial statements.

**Note 2 – Summary of Significant Accounting Policies (continued)**

*Basis of Accounting*
The financial statements of the Plan are prepared on the accrual basis of accounting.

*Investment Contracts*
Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

*Use of Estimates*
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition*
The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the Employer determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser and trustee.

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

*Notes Receivable from Participants*
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses have been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*Payment of Benefits*
Benefits are recorded when paid by the Plan.

*Excess Contributions Payable*
Amounts payable to the Employer for contributions in excess of amounts allowed by the IRS were recorded as a liability with a corresponding reduction to the contributions of $193 for 2016. The Plan adjusted applicable participant account balances for the excess 2016 employer contributions prior to March 15, 2017. There were no excess contributions payable to the Employer for the year ended December 31, 2017.

## Note 2 – Summary of Significant Accounting Policies (continued)

*Administrative Expenses*
The Plan's expenses are paid by either the Plan or the Company as provided by the Plan agreement. Certain administrative expenses of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

*Reclassifications of a General Nature*
Certain amounts in the prior period presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported net assets available for benefits or changes in net assets available for benefits.

*Subsequent Events*
The Plan has evaluated subsequent events for potential recognition or disclosure in the financial statements through October 15, 2018, the date the financial statements were available to be issued.

## Note 3 – Certified Investments

Certain information related to investments and reductions to notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2017 and 2016, and net appreciation in the fair value of investments, and interest and dividends for the year ended December 31, 2017, was obtained and derived from information supplied to the Plan administrator and certified as complete and accurate by Charles Schwab Bank ("Charles Schwab") and Ameritas Life Insurance Corp. ("Ameritas") (the custodians of the Plan). The contract value of the guaranteed investment contract as of December 31, 2016 was certified by Ameritas.

The assets of the Plan are invested at the direction of the participants in various investment funds at December 31, 2017 and 2016.

## Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value 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 under FASB ASC 820 are described as follows:

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

**Note 4 – Fair Value Measurements (continued)**

Level 2 Inputs to the valuation methodology include:

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

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

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

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 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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate accounts*: Valued at fair value based on the current market values of the underlying assets of the fund.

The preceding methodologies described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## Note 4 – Fair Value Measurements (continued)

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

| | Investments at Fair Value at December 31, 2017 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | | | | |
| Emerging Market Stock | $ 3,676 | $ - | $ - | $ 3,676 |
| Mid Cap Index | 309,307 | - | - | 309,307 |
| Small Cap Index | 494,098 | - | - | 494,098 |
| Bond Market Index | 87,946 | - | - | 87,946 |
| International Stock Index | 391,575 | - | - | 391,575 |
| Stock Market Index | 1,453,670 | - | - | 1,453,670 |
| 500 Index | 203,016 | - | - | 203,016 |
| Money Market | 27,957 | - | - | 27,957 |
| Total investments at fair value | $ 2,971,245 | $ - | $ - | $ 2,971,245 |

| | Investments at Fair Value at December 31, 2016 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Pooled separate accounts | | | | |
| Growth Funds | $ 1,267,374 | $ - | $ - | $ 1,267,374 |
| Income Funds | 76,402 | - | - | 76,402 |
| International Funds | 92,291 | - | - | 92,291 |
| Index Funds | 535,284 | - | - | 535,284 |
| Target Date Funds | 444,956 | - | - | 444,956 |
| Other fund | 115,053 | - | - | 115,053 |
| Total investments at fair value | $ 2,531,360 | $ - | $ - | $ 2,531,360 |

## Note 5 – Investment Contracts with Insurance Company

The Plan's investments included guaranteed investment contracts ("GIC's") prior to the change in custodian from Ameritas to Charles Schwab. The GIC's were group annuity products issued by Ameritas and were fully benefit-responsive investment contracts totaling $84,727 at December 31, 2016.

Ameritas maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and certain administrative expenses. The contract issuers were contractually obligated to repay the principal and specified interest rates that were guaranteed to the Plan. There were no reserves against contract values for credit risk of the contract issuers or otherwise. The crediting rates were based on formulas established by the contract issuers and were reviewed on a quarterly basis for resetting. The GIC's did not permit the insurance company to terminate the agreements prior to the scheduled maturity dates. At December 31, 2016, the contract values of the benefit-responsive investment contracts approximated the fair values of the investment contracts.

**Note 5 – Investment Contract with Insurance Company (continued)**

These GIC's met the fully benefit-responsive criteria and, therefore, were reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts because this was the amount received by participants if they were to initiate permitted transactions under their terms of the Plan. Contract value, as reported to the Plan by Ameritas, represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due was dependent on the issuers' abilities to meet their financial obligations. The issuers' abilities to meet their contractual obligations were affected by future economic and/or regulatory events.

Certain events limited the ability of the Plan to transact at contract value with the issuers. Such events included the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contracts. The Plan administrator, as well as the Company and its management, believed that no events were probable of occurring that might have limited the ability of the Plan to transact at contract value with the contract issuers and that would also limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allowed the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events included (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contracts, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

| Average yields: | Stable Fixed Account 2016 | Ameritas Guaranteed Account 2016 |
|---|---|---|
| Based on actual earnings | 1.36% | 1.69% |
| Based on interest rate credited to participants | 1.50% | 2.65% |

**Note 6 – Plan Termination**

Although it has not expressed any intent to do so, the Company 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 a plan termination, participants will become 100 percent vested in their employer contributions.

## Note 7 – Tax Status

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter dated March 31, 2014, in which the IRS stated that the volume submitter plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

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

## Note 8 – 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 9 – Related Party Transactions

The investments owned by the Plan were managed by Ameritas, the previous custodian of the Plan, through September 26, 2017. Fees incurred by the Plan for those investment management services, through that date, were included in net appreciation in fair value of investments, as they were paid by revenue sharing, rather than direct payment. The investments owned by the Plan are managed by Charles Schwab, the custodian of the Plan, commencing September 27, 2017. Fees incurred by the Plan for these investment management services as of that date, are paid by revenue sharing, rather than direct payment.

As described in Note 2, the Plan made direct payments to Charles Schwab of $2,036 and to Ameritas of $500 for the year ended December 31, 2017, which were not covered by revenue sharing. The Employer pays directly any other fees related to the Plan's operations.

Effective September 27, 2017, Charles Schwab provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Charles Schwab. Charles Schwab receives revenue from mutual fund service providers for services Charles Schwab provides to the funds. This revenue is used to offset certain amounts owed to Charles Schwab for its administrative services to the Plan.

If the revenue received by Charles Schwab from such mutual fund service providers exceeds the amount owed under the MSA, Charles Schwab remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. There were no excess amounts during 2017. The Plan or Plan Sponsor may make a payment to Charles Schwab for administrative expenses not covered by revenue sharing.

## Supplementary Information

**Gladson, LLC Profit Sharing Plan**
**PN: 002 EIN: 20-3328053**
**Form 5500 Schedule H, Part IV, Item 4(i)**
**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 |
|---|---|---|---|---|
| * | Registered Investment Company | Vanguard Emerging Mkts Stock Idx Adm | | $ 3,676 |
| * | Registered Investment Company | Vanguard Mid Cap Index Admiral | | 309,307 |
| * | Registered Investment Company | Vanguard Small Cap Index Admiral | | 494,098 |
| * | Registered Investment Company | Vanguard Total Bond Market Index Adm | | 87,946 |
| * | Registered Investment Company | Vanguard Total Intl Stock Index Admiral | | 391,575 |
| * | Registered Investment Company | Vanguard Total Stock Mkt Idx Adm | | 1,453,670 |
| * | Registered Investment Company | Vanguard 500 Index Admiral | | 203,016 |
| * | Registered Investment Company | Money Market | | 27,957 |
| | | | | 2,971,245 |
| * | Notes receivable from participants | Interest rates ranging from 4.25% to 4.50%, various maturity dates, secured by participants' account balances. | -- | 53,734 |
| | **Total** | | | $ 3,024,979 |

* Indicates an identified person known to be a party-in-interest to the Plan.

** Cost not required. (investments are participant directed)

See independent auditor's report.

**Gladson, LLC Profit Sharing Plan**
**PN: 002 EIN: 20-3328053**
**Form 5500 Schedule H, Part IV, Item 4(i)**
**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 |
|---|---|---|---|---|
| * | Registered Investment Company | Vanguard Emerging Mkts Stock Idx Adm | | $ 3,676 |
| * | Registered Investment Company | Vanguard Mid Cap Index Admiral | | 309,307 |
| * | Registered Investment Company | Vanguard Small Cap Index Admiral | | 494,098 |
| * | Registered Investment Company | Vanguard Total Bond Market Index Adm | | 87,946 |
| * | Registered Investment Company | Vanguard Total Intl Stock Index Admiral | | 391,575 |
| * | Registered Investment Company | Vanguard Total Stock Mkt Idx Adm | | 1,453,670 |
| * | Registered Investment Company | Vanguard 500 Index Admiral | | 203,016 |
| * | Registered Investment Company | Money Market | | 27,957 |
| | | | | 2,971,245 |
| * | Notes receivable from participants | Interest rates ranging from 4.25% to 4.50%, various maturity dates, secured by participants' account balances. | -- | 53,734 |
| | **Total** | | | $ 3,024,979 |

* Indicates an identified person known to be a party-in-interest to the Plan.

** Cost not required. (investments are participant directed)

See independent auditor's report.