

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 <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☒ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>MONTLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MONTLICK & ASSOCIATES, PC 401K</u> <u>6400 POWERS FERRY RD STE 360</u> <u>ATLANTA, GA 30339</u>	1b Three-digit plan number (PN) ▶	<u>002</u>	
	1c Effective date of plan	<u>11/01/1996</u>	
	2b Employer Identification Number (EIN)	<u>58-1570193</u>	
	2c Plan Sponsor's telephone number	<u>678-608-0582</u>	
	2d Business code (see instructions)	<u>812990</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	EDWARD ROJAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name MONTLICK & ASSOCIATES, PC 401K		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	211
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	166
a(2) Total number of active participants at the end of the plan year		6a(2)	165
b Retired or separated participants receiving benefits		6b	1
c Other retired or separated participants entitled to future benefits		6c	54
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	220
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	178
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2S 2T 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan MONTCLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MONTCLICK & ASSOCIATES, PC 401K	D Employer Identification Number (EIN) 58-1570193	

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	
PAYCHEX SECURITIES CORPORATION	225 KENNETH DRIVE ROCHESTER, NY 14623
16-1486352	

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

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

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

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

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

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

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

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

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

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

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

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

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

PAYCHEX, INC.

220 KENNETH DRIVE
ROCHESTER, NY 14623

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	14265	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>MONTLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MONTLICK & ASSOCIATES, PC 401K</u>	D Employer Identification Number (EIN) <u>58-1570193</u>	

	Part I	Asset and Liability Statement
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.	
	Assets	(a) Beginning of Year (b) End of Year
a	Total noninterest-bearing cash	1a
b	Receivables (less allowance for doubtful accounts):	
(1)	Employer contributions	1b(1)
(2)	Participant contributions	1b(2)
(3)	Other	1b(3)
c	General investments:	
(1)	Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)
(2)	U.S. Government securities	1c(2)
(3)	Corporate debt instruments (other than employer securities):	
(A)	Preferred	1c(3)(A)
(B)	All other	1c(3)(B)
(4)	Corporate stocks (other than employer securities):	
(A)	Preferred	1c(4)(A)
(B)	Common	1c(4)(B)
(5)	Partnership/joint venture interests	1c(5)
(6)	Real estate (other than employer real property)	1c(6)
(7)	Loans (other than to participants)	1c(7)
(8)	Participant loans	1c(8)
(9)	Value of interest in common/collective trusts	1c(9)
(10)	Value of interest in pooled separate accounts	1c(10)
(11)	Value of interest in master trust investment accounts	1c(11)
(12)	Value of interest in 103-12 investment entities	1c(12)
(13)	Value of interest in registered investment companies (e.g., mutual funds)	1c(13)
(14)	Value of funds held in insurance company general account (unallocated contracts)	1c(14)
(15)	Other	1c(15)

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4164796 5286345
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4164796 5286345

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(B) Participants	2a(1)(B)	711920
	(C) Others (including rollovers)	2a(1)(C)	17254
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	729174
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	164
	(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)	1687
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1851
(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)	93784
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	93784
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		426187
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1250996

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	88120	
(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)		88120
f Corrective distributions (see instructions)	2f		1648
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	4300	
(2) Contract administrator fees	2i(2)	788	
(3) Investment advisory and management fees	2i(3)	33751	
(4) Other	2i(4)	840	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39679
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		129447

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1121549
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) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: CARR RIGGS AND INGRAM LLC

(2) EIN: 72-1396621

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan MONTLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MONTLICK & ASSOCIATES, PC 401K		D Employer Identification Number (EIN) 58-1570193
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 16-1470238		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Montlick & Associates, PC
401(k) Profit Sharing Plan and Trust**

FINANCIAL STATEMENTS

December 31, 2017 and 2016



CRI CARR
RIGGS &
INGRAM

CPAs and Advisors

CRIcpa.com

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Table of Contents
December 31, 2017 and 2016

REPORT

Independent Auditors' Report	3
------------------------------	---

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits	5
---	---

Statement of Changes in Net Assets Available for Benefits	6
---	---

Notes to Financial Statements	7
-------------------------------	---

Supplemental Schedule

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017	14
--	----

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



REPORT

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively, Great West) and Mid Atlantic Trust Company, the trustees 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 the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from each of the trustees as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Atlanta, Georgia
October 15, 2018



FINANCIAL STATEMENTS



Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2017	2016
Assets		
Investments, at fair value		
Mutual funds	\$ 5,162,110	\$ 3,577,093
Group annuity contract	-	498,895
Total investments	5,162,110	4,075,988
Receivables		
Participant contributions receivable	28,306	51,652
Notes receivable from participants	95,929	37,157
Total receivables	124,235	88,809
Total assets	5,286,345	4,164,797
Liabilities		
Excess contributions payable	15,208	-
Net assets available for benefits	\$ 5,271,137	\$ 4,164,797

The accompanying footnotes are an integral part of these statements.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2017

Additions to net assets

Investment income

Net appreciation in fair value of investments \$ 446,096

Interest and dividends 74,038

Total investment income 520,134

Interest income on notes receivable from participants 1,687

Contributions

Participants 696,712

Rollovers 17,254

Total contributions 713,966

Total additions 1,235,787

Deductions from net assets

Benefits paid to participants 89,768

Operating expenses 39,679

Total deductions 129,447

Net increase 1,106,340

Net assets available for benefits

Beginning of year 4,164,797

End of year \$ 5,271,137

The accompanying footnotes are an integral part of this statement.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan covers the eligible employees of Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust (the Company, Plan Administrator and Plan Sponsor). The Plan Sponsor has its primary administrative office in Atlanta, Georgia. The Plan Sponsor has designated a member of the Company's management to perform as the Plan Administrator who ensures that the Plan is being administered in accordance with the Plan's agreements and amendments. The Company has engaged a third party to perform the day-to-day administration of the Plan. The Plan's assets are held by Great West Life & Annuity Insurance Company, Great-West Trust Company, LLC and Mid Atlantic Trust Company (the Trustees).

The Plan, originally established on November 1, 1996, and subsequently amended and restated, is a defined contribution plan under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Generally, all employees of the Company who have completed three months of service and are age 19 or older are eligible to participate and will enter the Plan on the first day of the month that coincides with or next on which the participants satisfy the eligibility requirement.

Effective January 1, 2016, the Plan was amended and restated to incorporate all previous changes and amendments and amended effective January 1, 2017, to include an eligible automatic contribution feature.

Contributions

Each year, participants may contribute pretax compensation up to the maximum allowed under the IRC. Participants who have attained age 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 contribution plans. In 2017, the Plan added an auto enrollment feature; newly eligible employees are automatically enrolled in the Plan with deferrals of 3% of compensation as defined unless they elect not to participate or a different deferral amount. Their future deferrals will also automatically increase annually by 1% up to 10%, unless they elect otherwise.

Participant Accounts

The Trustees maintain a separate account for each participant and each type of contribution. Each participant's account is credited with the participant's deferral contributions, rollover contributions and earnings less administrative expense.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust **Notes to Financial Statements**

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Investment Accounts

Participants may direct the investment of all contributions to their account balance into various investment options offered by the Trustee. If the participant fails to designate an investment selection, funds are invested in accordance with the default investment alternatives established under the Plan. Participants may change their investment elections at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 from their Plan account, up to a maximum equal to the lesser of 50% of their vested balance or \$50,000. Note terms may not exceed 5 years except for those used for the purchase of a participant's primary residence. The notes are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined, on the date of the loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive a lump sum distribution equal to the vested portion of his or her account balance or to defer payment until retirement age. Upon termination of service due to death, a beneficiary may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account or installments for Required Minimum Distributions, as defined in the Plan's agreements and amendments. For terminated participants whose account balances are less than \$1,000, the entire balance will be distributed in the form of a lump sum payment. Distributions are paid as soon as administratively practicable after the participant terminates. The Plan also allows for hardship and other in-service distributions.

Expenses

Some of the administrative expenses for the Plan are paid by the Company.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

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 the accrual basis. Related fees are charged directly to the participant's account. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 4 for a further discussion of fair value measurements.

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

Excess Participant Contributions Payable

Excess participant contributions payable arise from failed non-discrimination testing and are presented in the Plan financial statements as a reduction of contributions on the statement of changes in net assets available for benefits and as a payable on the statement of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of benefit distributions to and notes receivable from participants are charged directly to the affected participant's account. In addition, certain investment-related expenses paid directly by the Plan and other investment and administrative expenses deducted from net investment income through revenue-sharing arrangements are allocated to participant accounts based upon relative account balances.

NOTE 3: INFORMATION CERTIFIED BY TRUSTEES (UNAUDITED)

The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the Trustees (Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC at September 29, 2017 and December 31, 2016, and for the period from January 1, 2017 to September 29, 2017, and Mid Atlantic Trust Company at December 31, 2017 and 2016, and for the period from January 1, to December 31, 2017), in accordance with Section 2530.103-5 of Department of Labor's Rules and Regulations for reporting and disclosure under ERISA:

- a. Information included in the statements of net assets available for benefits: investments at fair value of \$5,162,110 and \$4,075,988 at December 31, 2017 and 2016, respectively.
- b. Information included in investment income in the statement of changes in net assets available for benefits for the year ended December 31, 2017: net appreciation in fair value of investments of \$446,096 and dividends of \$74,038.
- c. All amounts included in Note 4 Fair Value Measurements.

The certifications do not include notes receivable from participants of \$95,929 and \$37,157 at December 31, 2017 and 2016, respectively, nor the related interest income of \$1,687 for the year ended December 31, 2017.

NOTE 4: FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust Notes to Financial Statements

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2017 and 2016.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end. The NAV is a quoted price in an active market.

Group annuity contract with insurance company: Valued on a formula disclosed in the group annuity contract, as calculated by the annuity provider Great West Life & Annuity Insurance Company (GWL). The valuation is classified within Level 2 of the valuation hierarchy as the shares of the annuity are traded privately.

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

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

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

<i>December 31, 2017</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,162,110	\$ -	\$ -	\$ 5,162,110
Total investments at fair value	\$ 5,162,110	\$ -	\$ -	\$ 5,162,110
<i>December 31, 2016</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,577,093	\$ -	\$ -	\$ 3,577,093
Group annuity contract with insurance company	-	498,895	-	498,895
Total investments at fair value	\$ 3,577,093	\$ 498,895	\$ -	\$ 4,075,988

NOTE 5: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Through March 2017, some of the Plan's investments are in group annuity contracts with GWL who is an affiliate of one of the Trustees. The transactions qualify as party-in-interest transactions. Some of the fees incurred by the Plan for administrative services are included in net appreciation or depreciation of investments as they are paid through a revenue sharing arrangement rather than a direct payment. In 2017, direct payments for investment management services are paid by the Plan. The Plan Sponsor pays directly any other amounts related to the Plan's operations.

NOTE 6: TAX STATUS

The Company adopted a defined contribution prototype standardized profit sharing plan which received a favorable opinion letter from the IRS dated April 10, 2014, stating that the Plan is designed in accordance with the applicable sections of the IRC and is, therefore, not subject to tax under present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements

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 participant account balances and the amounts reported in the statements of net assets available for benefits.

	2017	2016
Reconciliation of the Financial Statements to Schedule H of		
Form 5500		
Net assets available for benefits per the financial statements	\$ 5,271,137	\$ 4,164,797
Add: excess contributions payable (rounded)	15,208	-
Net assets available for benefits per Form 5500	\$ 5,286,345	\$ 4,164,797

NOTE 9: SUBSEQUENT EVENTS

The Plan has evaluated all events subsequent to October 15, 2018, the date these financial statements were available for issuance, and identified no subsequent events that require disclosure under U.S. GAAP.



SUPPLEMENTAL SCHEDULE

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Form 5500, Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) as of December 31, 2017
EIN 58-1570193
Plan No. 002

(a) 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
* 401k Generation, Inc. Legacy 401k Generation, Inc. Legacy Funds Aggressive	Mutual Fund	** **	\$ 97,547
* Growth Fund 401k Generation, Inc. Legacy Funds Conservative	Mutual Fund	**	482,682
* Fund 401k Generation, Inc. Legacy Funds Moderate	Mutual Fund	**	90,100
* Growth Fund	Mutual Fund		200,320
American Funds New Perspective Fund Class R6	Mutual Fund	**	38,879
DFA Emerging Markets	Mutual Fund	**	35,306
DFA Inflation Protected Securities	Mutual Fund	**	20,746
DFA International Core Equity	Mutual Fund	**	73,066
DFA U.S. Core Equity 1 Portfolio Institutional Cl	Mutual Fund	**	16,273
DFA US Large Cap Value	Mutual Fund	**	148,239
Federated Institutional High Yield Bond Fund Inst	Mutual Fund	**	36,108
Metropolitan West Total Return Bond Fund Class I	Mutual Fund	**	63,308
Templeton Global Bond Adv	Mutual Fund	**	1,508
Vanguard 500 Index Admiral	Mutual Fund	**	362,054
Vanguard Balanced Index Fund Inv	Mutual Fund	**	49,260
Vanguard Federal Money Market Fund Inv Shs	Mutual Fund	**	309,838
Vanguard GNMA Fund Admiral Shares	Mutual Fund	**	314
Vanguard Growth Index Admiral	Mutual Fund	**	161,900
Vanguard Interim-Term Bond Index Adm	Mutual Fund	**	88,319
Vanguard LifeStrategy Conservative Growth Fd		**	
Inv Shs	Mutual Fund		2,405,586
Vanguard Lifestrategy Growth Inv	Mutual Fund	**	39,211
Vanguard LifeStrategy Income Inv	Mutual Fund	**	15,839
Vanguard Mid-Cap Growth Index Fund Investor Shs	Mutual Fund	**	146,013
Vanguard Mid-Cap Index Admiral	Mutual Fund	**	75,741
Vanguard Mid-Cap Value Index Inv	Mutual Fund	**	58,608
Vanguard Short-Term Investment-Grade Fund		**	
Adm Shs	Mutual Fund		51,704
Vanguard Small Cap Index Adm	Mutual Fund	**	62,030
Vanguard Small-Cap Growth Index Inv	Mutual Fund	**	31,610
	Interest rate 4.25 - 5.25%, maturity dates		
* Participant loans	from 2018 - 2022	**	95,929
Total			\$ 5,258,039

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

** The cost of participant-directed investments is not required to be disclosed.

**Montlick & Associates, PC
401(k) Profit Sharing Plan and Trust**

FINANCIAL STATEMENTS

December 31, 2017 and 2016



CRI CARR
RIGGS &
INGRAM

CPAs and Advisors

CRIcpa.com

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Table of Contents
December 31, 2017 and 2016

REPORT

Independent Auditors' Report	3
------------------------------	---

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits	5
---	---

Statement of Changes in Net Assets Available for Benefits	6
---	---

Notes to Financial Statements	7
-------------------------------	---

Supplemental Schedule

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017	14
--	----

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



REPORT

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively, Great West) and Mid Atlantic Trust Company, the trustees 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 the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from each of the trustees as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Atlanta, Georgia
October 15, 2018



FINANCIAL STATEMENTS



Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2017	2016
Assets		
Investments, at fair value		
Mutual funds	\$ 5,162,110	\$ 3,577,093
Group annuity contract	-	498,895
Total investments	5,162,110	4,075,988
Receivables		
Participant contributions receivable	28,306	51,652
Notes receivable from participants	95,929	37,157
Total receivables	124,235	88,809
Total assets	5,286,345	4,164,797
Liabilities		
Excess contributions payable	15,208	-
Net assets available for benefits	\$ 5,271,137	\$ 4,164,797

The accompanying footnotes are an integral part of these statements.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2017

Additions to net assets

Investment income

Net appreciation in fair value of investments \$ 446,096

Interest and dividends 74,038

Total investment income 520,134

Interest income on notes receivable from participants 1,687

Contributions

Participants 696,712

Rollovers 17,254

Total contributions 713,966

Total additions 1,235,787

Deductions from net assets

Benefits paid to participants 89,768

Operating expenses 39,679

Total deductions 129,447

Net increase 1,106,340

Net assets available for benefits

Beginning of year 4,164,797

End of year \$ 5,271,137

The accompanying footnotes are an integral part of this statement.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan covers the eligible employees of Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust (the Company, Plan Administrator and Plan Sponsor). The Plan Sponsor has its primary administrative office in Atlanta, Georgia. The Plan Sponsor has designated a member of the Company's management to perform as the Plan Administrator who ensures that the Plan is being administered in accordance with the Plan's agreements and amendments. The Company has engaged a third party to perform the day-to-day administration of the Plan. The Plan's assets are held by Great West Life & Annuity Insurance Company, Great-West Trust Company, LLC and Mid Atlantic Trust Company (the Trustees).

The Plan, originally established on November 1, 1996, and subsequently amended and restated, is a defined contribution plan under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Generally, all employees of the Company who have completed three months of service and are age 19 or older are eligible to participate and will enter the Plan on the first day of the month that coincides with or next on which the participants satisfy the eligibility requirement.

Effective January 1, 2016, the Plan was amended and restated to incorporate all previous changes and amendments and amended effective January 1, 2017, to include an eligible automatic contribution feature.

Contributions

Each year, participants may contribute pretax compensation up to the maximum allowed under the IRC. Participants who have attained age 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 contribution plans. In 2017, the Plan added an auto enrollment feature; newly eligible employees are automatically enrolled in the Plan with deferrals of 3% of compensation as defined unless they elect not to participate or a different deferral amount. Their future deferrals will also automatically increase annually by 1% up to 10%, unless they elect otherwise.

Participant Accounts

The Trustees maintain a separate account for each participant and each type of contribution. Each participant's account is credited with the participant's deferral contributions, rollover contributions and earnings less administrative expense.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust **Notes to Financial Statements**

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Investment Accounts

Participants may direct the investment of all contributions to their account balance into various investment options offered by the Trustee. If the participant fails to designate an investment selection, funds are invested in accordance with the default investment alternatives established under the Plan. Participants may change their investment elections at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 from their Plan account, up to a maximum equal to the lesser of 50% of their vested balance or \$50,000. Note terms may not exceed 5 years except for those used for the purchase of a participant's primary residence. The notes are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined, on the date of the loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive a lump sum distribution equal to the vested portion of his or her account balance or to defer payment until retirement age. Upon termination of service due to death, a beneficiary may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account or installments for Required Minimum Distributions, as defined in the Plan's agreements and amendments. For terminated participants whose account balances are less than \$1,000, the entire balance will be distributed in the form of a lump sum payment. Distributions are paid as soon as administratively practicable after the participant terminates. The Plan also allows for hardship and other in-service distributions.

Expenses

Some of the administrative expenses for the Plan are paid by the Company.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

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 the accrual basis. Related fees are charged directly to the participant's account. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 4 for a further discussion of fair value measurements.

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

Excess Participant Contributions Payable

Excess participant contributions payable arise from failed non-discrimination testing and are presented in the Plan financial statements as a reduction of contributions on the statement of changes in net assets available for benefits and as a payable on the statement of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of benefit distributions to and notes receivable from participants are charged directly to the affected participant's account. In addition, certain investment-related expenses paid directly by the Plan and other investment and administrative expenses deducted from net investment income through revenue-sharing arrangements are allocated to participant accounts based upon relative account balances.

NOTE 3: INFORMATION CERTIFIED BY TRUSTEES (UNAUDITED)

The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the Trustees (Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC at September 29, 2017 and December 31, 2016, and for the period from January 1, 2017 to September 29, 2017, and Mid Atlantic Trust Company at December 31, 2017 and 2016, and for the period from January 1, to December 31, 2017), in accordance with Section 2530.103-5 of Department of Labor's Rules and Regulations for reporting and disclosure under ERISA:

- a. Information included in the statements of net assets available for benefits: investments at fair value of \$5,162,110 and \$4,075,988 at December 31, 2017 and 2016, respectively.
- b. Information included in investment income in the statement of changes in net assets available for benefits for the year ended December 31, 2017: net appreciation in fair value of investments of \$446,096 and dividends of \$74,038.
- c. All amounts included in Note 4 Fair Value Measurements.

The certifications do not include notes receivable from participants of \$95,929 and \$37,157 at December 31, 2017 and 2016, respectively, nor the related interest income of \$1,687 for the year ended December 31, 2017.

NOTE 4: FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust Notes to Financial Statements

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2017 and 2016.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end. The NAV is a quoted price in an active market.

Group annuity contract with insurance company: Valued on a formula disclosed in the group annuity contract, as calculated by the annuity provider Great West Life & Annuity Insurance Company (GWL). The valuation is classified within Level 2 of the valuation hierarchy as the shares of the annuity are traded privately.

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

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

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

<i>December 31, 2017</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,162,110	\$ -	\$ -	\$ 5,162,110
Total investments at fair value	\$ 5,162,110	\$ -	\$ -	\$ 5,162,110
<i>December 31, 2016</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,577,093	\$ -	\$ -	\$ 3,577,093
Group annuity contract with insurance company	-	498,895	-	498,895
Total investments at fair value	\$ 3,577,093	\$ 498,895	\$ -	\$ 4,075,988

NOTE 5: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Through March 2017, some of the Plan's investments are in group annuity contracts with GWL who is an affiliate of one of the Trustees. The transactions qualify as party-in-interest transactions. Some of the fees incurred by the Plan for administrative services are included in net appreciation or depreciation of investments as they are paid through a revenue sharing arrangement rather than a direct payment. In 2017, direct payments for investment management services are paid by the Plan. The Plan Sponsor pays directly any other amounts related to the Plan's operations.

NOTE 6: TAX STATUS

The Company adopted a defined contribution prototype standardized profit sharing plan which received a favorable opinion letter from the IRS dated April 10, 2014, stating that the Plan is designed in accordance with the applicable sections of the IRC and is, therefore, not subject to tax under present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

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 participant account balances and the amounts reported in the statements of net assets available for benefits.

	2017	2016
Reconciliation of the Financial Statements to Schedule H of Form 5500		
Net assets available for benefits per the financial statements	\$ 5,271,137	\$ 4,164,797
Add: excess contributions payable (rounded)	15,208	-
Net assets available for benefits per Form 5500	\$ 5,286,345	\$ 4,164,797

NOTE 9: SUBSEQUENT EVENTS

The Plan has evaluated all events subsequent to October 15, 2018, the date these financial statements were available for issuance, and identified no subsequent events that require disclosure under U.S. GAAP.



SUPPLEMENTAL SCHEDULE

Montlick & Associates, PC 401(k) Profit Sharing Plan and Trust
Form 5500, Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) as of December 31, 2017
EIN 58-1570193
Plan No. 002

(a) 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
* 401k Generation, Inc. Legacy 401k Generation, Inc. Legacy Funds Aggressive	Mutual Fund	** **	\$ 97,547
* Growth Fund 401k Generation, Inc. Legacy Funds Conservative	Mutual Fund	**	482,682
* Fund 401k Generation, Inc. Legacy Funds Moderate	Mutual Fund	**	90,100
* Growth Fund	Mutual Fund		200,320
American Funds New Perspective Fund Class R6	Mutual Fund	**	38,879
DFA Emerging Markets	Mutual Fund	**	35,306
DFA Inflation Protected Securities	Mutual Fund	**	20,746
DFA International Core Equity	Mutual Fund	**	73,066
DFA U.S. Core Equity 1 Portfolio Institutional Cl	Mutual Fund	**	16,273
DFA US Large Cap Value	Mutual Fund	**	148,239
Federated Institutional High Yield Bond Fund Inst	Mutual Fund	**	36,108
Metropolitan West Total Return Bond Fund Class I	Mutual Fund	**	63,308
Templeton Global Bond Adv	Mutual Fund	**	1,508
Vanguard 500 Index Admiral	Mutual Fund	**	362,054
Vanguard Balanced Index Fund Inv	Mutual Fund	**	49,260
Vanguard Federal Money Market Fund Inv Shs	Mutual Fund	**	309,838
Vanguard GNMA Fund Admiral Shares	Mutual Fund	**	314
Vanguard Growth Index Admiral	Mutual Fund	**	161,900
Vanguard Interim-Term Bond Index Adm	Mutual Fund	**	88,319
Vanguard LifeStrategy Conservative Growth Fd Inv Shs	Mutual Fund	**	2,405,586
Vanguard Lifestrategy Growth Inv	Mutual Fund	**	39,211
Vanguard LifeStrategy Income Inv	Mutual Fund	**	15,839
Vanguard Mid-Cap Growth Index Fund Investor Shs	Mutual Fund	**	146,013
Vanguard Mid-Cap Index Admiral	Mutual Fund	**	75,741
Vanguard Mid-Cap Value Index Inv	Mutual Fund	**	58,608
Vanguard Short-Term Investment-Grade Fund Adm Shs	Mutual Fund	**	51,704
Vanguard Small Cap Index Adm	Mutual Fund	**	62,030
Vanguard Small-Cap Growth Index Inv	Mutual Fund	**	31,610
* Participant loans	Interest rate 4.25 - 5.25%, maturity dates from 2018 - 2022	**	95,929
Total			\$ 5,258,039

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

** The cost of participant-directed investments is not required to be disclosed.