Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MERIT INTEGRATED LOGISTICS LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/2016

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)

MERIT LOGISTICS LLC

33332 VALLE ROAD
SUITE 100
SAN JUAN CAPISTRANO, CA 92675-4856

2b Employer Identification Number (EIN)
46-1734845

2c Plan Sponsor's telephone number
949-481-0685

2d Business code (see instructions)
541519

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	ROBERT GUNDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name MERIT INTEGRATED LOGISTICS

c Plan Name MERIT INTEGRATED LOGISTICS 401(K) PROFIT SHARING PLAN & TRUST

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1286
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)**	1304
a(2) Total number of active participants at the end of the plan year	**6a(2)**	960
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	11
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	971
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	971
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	44
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 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

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

A Name of plan
MERIT INTEGRATED LOGISTICS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERIT LOGISTICS LLC

D Employer Identification Number (EIN)
46-1734845

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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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:	**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 01/01/2017 and ending 12/31/2017

A Name of plan
MERIT INTEGRATED LOGISTICS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERIT LOGISTICS LLC

D Employer Identification Number (EIN)
46-1734845

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	154
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19720	135022
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	19720	135176
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19720	135176

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	96083	
	(C) Others (including rollovers)	2a(1)(C)	19064	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		115147
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	0	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2415	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2415
	(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)		7837
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		125399
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8630	
(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)		8630
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	788	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	525	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1313
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9943
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		115456
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: WHITE NELSON DIEHL EVANS LLP **(2)** EIN: 33-0686301

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		20000
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? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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
MERIT INTEGRATED LOGISTICS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERIT LOGISTICS LLC

D Employer Identification Number (EIN)
46-1734845

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**

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):

MERIT INTEGRATED LOGISTICS LLC
401(k) PROFIT SHARING PLAN
AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2017 AND 2016

WITH INDEPENDENT AUDITORS' REPORT

EMPLOYER I.D. NUMBER: 46-1734845
PLAN NUMBER: 001

MERIT INTEGRATED LOGISTICS LLC
401(k) PROFIT SHARING PLAN AND TRUST
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INDEPENDENT AUDITORS' REPORT

To the Participants and Managers of
Merit Integrated Logistics LLC
San Juan Capistrano, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Merit Integrated Logistics LLC 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 (liquidation basis) and 2016 (ongoing basis), and the related statements of changes in net assets available for benefits for the year ended December 31, 2017 (liquidation basis) and the period of November 1, 2016 (inception) through December 31, 2016 (ongoing basis), 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the year ended December 31, 2017 and for the period of November 1, 2016 (inception) through December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

2875 Michelle Drive, Suite 300, Irvine, CA 92606 • Tel: 714.978.1300 • Fax: 714.978.7893

Offices located in Orange and San Diego Counties

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.

Emphasis of Matter

As described in Note 1 to the financial statements, the membership of Merit Integrated Logistics LLC approved a resolution on October 24, 2017, to terminate the Plan. Plan management has determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2016 financial statements to the liquidation basis used in presenting the 2017 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, Schedule H, Line 4i - 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 the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 custodian, 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 the Employee Retirement Income Security Act of 1974.

White Nelson Diehl Evans LLP

Irvine, California
October 15, 2018

MERIT INTEGRATED LOGISTICS LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

.

	(Liquidation Basis) 2017	(Ongoing Basis) 2016
ASSETS		
Investments at Fair Value	$ 135,176	$ 19,720
Participant Contributions Receivable	4,186	6,327
Net Assets Available for Benefits	$ 139,362	$ 26,047

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

MERIT INTEGRATED LOGISTICS LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017 (LIQUIDATION BASIS) AND
PERIOD OF NOVEMBER 1, 2016 (INCEPTION) THROUGH DECEMBER 31, 2016

	(Liquidation Basis) Year Ended December 31, 2017	(Ongoing Basis) Period of November 1, 2016 (Inception) through December 31, 2016
Additions to Net Assets Attributed to:		
Participant Contributions:		
Deferral	$ 93,942	$ 26,118
Rollover	19,064	-
Total Contributions	113,006	26,118
Investment Income:		
Net appreciation in fair value of investments	8,930	3
Dividend income	1,322	-
Total Investment Income	10,252	3
Total Additions to Net Assets Available for Benefits	123,258	26,121
Deductions from Net Assets Attributed to:		
Benefits paid to participants	8,630	-
Administrative expenses	1,313	74
Total Deductions from Net Assets Available for Benefit	9,943	74
Increase in Net Assets Available for Benefits	113,315	26,047
Net Assets Available for Benefits, Beginning	26,047	-
Net Assets Available for Benefits, Ending	$ 139,362	$ 26,047

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

Note 1: Description of the Plan

The following description of the Merit Integrated Logistics LLC 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was adopted by Merit Integrated Logistics LLC (the "Company"), effective November 1, 2016, and is subject to the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986 ("IRC"), as amended. The purpose of the Plan is to provide retirement benefits for substantially all employees of the Company who have reached the age of 21 and completed six months of consecutive service.

As the inception of the Plan was November 1, 2016, the accompanying 2016 statement of changes in net assets available for benefits for 2016 is a "short plan year" as defined in 29 CFR 2520.104-50 because the period covered is less than seven months.

Mid Atlantic Trust Company is the custodian of the Plan's assets.

Plan Termination

The Company's membership approved a resolution on October 24, 2017, to terminate the Plan, effective December 31, 2017. Effective with the Plan's termination, all participants with an account balance remaining in the Plan became fully vested in all contribution sources, regardless of status or years of vested service. The Plan's termination also ceased employee and employer contributions into the Plan.

Contributions

Prior to termination, eligible participants could elect to contribute up to 90 percent of their pretax annual compensation not to exceed the maximum deferral limitation, as defined by the IRC. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants were also able contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Prior to termination, the Plan permitted the Company to make profit-sharing contributions at the discretion of the Company. The Plan required participants to have completed one year of eligible service and be at least 21 years of age to receive an allocation of any profit-sharing contribution by the Company. During the year ended December 31, 2017 and period of November 1, 2016 through December 31, 2016, there were no Company profit-sharing contributions to the Plan.

Participants directed the investment of their contributions into various investment options offered by the Plan and could change their investment allocations at any time.

Note 1: Description of the Plan (Continued)

Participant Accounts

Until termination of the Plan occurred, each participant's account was credited with the participant's contributions and allocations of (a) the Company contributions and (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Some of the general Plan administrative expenses were paid by the Company. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Participants were immediately vested in their contributions, plus actual earnings thereon. Vesting in profit sharing contribution plus actual earnings thereon was based on years of continuous service. A participant was vested at the rate of 20 percent each year after two years of service and is considered to be 100 percent vested after six years of credited service.

Notes Receivable from Participants

Prior to termination of the Plan, participants could borrow against their Plan account balance within Plan guidelines. Loan terms were at the discretion of the borrower but generally could not exceed five years unless the loan was for the purchase of the participant's primary residence. The minimum loan amount was $1,000 but could exceed the lesser of (a) one-half of the participant's nonforfeitable interest under the Plan or (b) $50,000. Interest was charged on the outstanding balance at an interest rate of the prime rate plus 1 percent. Principal and interest were required to be paid ratably through payroll deductions. At December 31, 2017 and 2016, there were no notes receivable from participants outstanding.

Payment of Benefits

Prior to termination of the Plan, upon termination of service due to death, disability, or retirement, a participant could elect to receive either a lump-sum distribution equal to the vested portion of his or her account or installments over the life of the participant or designated beneficiary, as defined in the Plan document. For termination of service for other reasons, a participant could receive the value of the vested interest in his or her account as a lump-sum distribution. Additionally, upon attaining the age of 59½, a participant was allowed to withdraw certain funds from the Plan. If upon termination, a participant's vested balance is $5,000 or less, it will be distributed to the participant as soon as practicable.

Note 2: Summary of Significant Accounting Policies

Administrative Expenses

Certain expenses for maintaining the Plan were paid by the Plan, unless otherwise paid by the Company. Expenses that were paid by the Company are excluded from these financial statements. Fees related to the administration of benefit payments were charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Additionally, certain administrative functions related to the Plan were performed by officers or employees of the Company; however, neither the Company nor any officer or employee received compensation from the Plan.

Basis of Accounting

The financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). References to the "ASC" hereafter refer to the Accounting Standards Codification established by the Financial Accounting Standards Board ("FASB") as the source of authoritative US GAAP.

On October 24, 2017, the membership of the Company approved a resolution to terminate the Plan effective December 31, 2017. As a result, the Plan's financial statements as of and for the year ended December 31, 2017 have been prepared on the liquidation basis in accordance with US GAAP. This basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets is reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. The estimated net realizable cash value for investments as of December 31, 2017, is equivalent to fair value. The Plan's accompanying 2016 financial statements have been prepared on an ongoing basis.

Investment Valuation and Income Recognition

The Plan's investments were stated 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.

Purchases and sales of investments were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Net appreciation in fair value of investments included the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2: Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits were recorded when paid.

Use of Estimates

The process of preparing financial statements in accordance with US GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and gains, and expenses and losses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Note 3: Concentrations, Risks, and Uncertainties

The Plan had investments in various 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 could have occurred and that such changes could have materially affected participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 4: Information Certified by the Plan's Custodian

Certain information disclosed in the accompanying 2017 and 2016 financial statements and supplemental schedule, including investments held at December 31, 2017 and 2016, and net appreciation in fair value of investments and dividends for the year ended December 31, 2017 and for the period of November 1, 2016 (inception) through December 31, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Mid Atlantic Trust Company, the custodian of the Plan.

Note 5: Tax Status

The Plan was based on a prototype nonstandardized profit-sharing plan designed by the Plan's recordkeeper. The recordkeeper received a favorable opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2014, stating that the prototype plan was designed in accordance with the provisions of the IRC. The Plan did not file for its own determination letter with the IRS. However, the plan administrator believed that the Plan was designed and was operated in compliance with the applicable requirements of the IRC. The related trust, therefore, was not subject to tax under present income tax law. Although the Plan was amended since receiving the determination letter, the plan administrator believed that the Plan was designed and was operated in compliance with the applicable requirements of the IRC and, therefore, believed that the Plan was qualified and the related trust was tax exempt.

Note 5: Tax Status (Continued)

US GAAP required Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan had taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator analyzed the tax positions taken by the Plan and concluded that as of December 31, 2017 and 2016, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6: Party-in-Interest Transactions

The Plan has a number of other service providers. The transactions between the Plan and these service providers were parties in interest transactions under ERISA.

Note 7: Withdrawn Participants

At December 31, 2017 and 2016, there were no participants who had elected to withdraw from the Plan but have not been paid.

Note 8: Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the 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 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.

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; or
- 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.

Note 8: Fair Value Measurements (Continued)

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.

There was no change in the methodology used at December 31, 2017 and 2016. The following is a description of the valuation methodology that was used for assets measured at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method could have produced a fair value calculation that may not have been indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believed its valuation method was appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could have resulted in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, which were measured on a recurring basis, at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 135,176	$ -	$ -	$ 135,176

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, which were measured on a recurring basis, at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 19,720	$ -	$ -	$ 19,720

Note 9: Reconciliation to the Form 5500

The financial statements have been prepared on the accrual basis as required by US GAAP. However, the Form 5500 has been prepared on a modified cash basis. As a result, there are differences between the financial statement amounts and the amounts included on the Form 5500.

Note 9: Reconciliation to the Form 5500 (Continued)

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2017 and 2016:

	2017	2016
Net assets available for benefits per the financial statements	$ 139,362	$ 26,047
Less: Contributions receivable	(4,186)	(6,327)
Net Assets Available for Benefits per the Form 5500	$ 135,176	$ 19,720

The following is a reconciliation of increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2017:

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Add: Prior year contributions receivable	6,327	
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Note 10: Subsequent Events

During 2018, the participants began receiving distributions on their account balances as a result of the Plan's termination. As of October 11, 2018, the Plan's total investment balance decreased to $45,744 as a result.

The Plan has evaluated subsequent events through October 15, 2018, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

MERIT INTEGRATED LOGISTICS LLC 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

Form 5500, Schedule H, Line 4i
Plan Name: Merit Integrated Logistics LLC 401(k) Profit Sharing Plan and Trust
Employer I.D.: #46-1734845
Plan: #001

(a) Party in Interest	(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
	Oppenheimer	Oppenheimer Government Cash Reserves Fund	**	$ 78
	Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap Fund Class R	**	1,608
	Fidelity	Fidelity Advisor Real Estate M	**	4,409
	Hartford	Hartford Core Equity Fund Class R3	**	4,770
	Janus	Janus Henderson Triton Fund Class R	**	3,712
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	Victory	Victory Sycamore Established Value Fund Class R	**	552
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	American Century	American Century Investments One Choice 2060 Portfolio R Class	**	113
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	American Century	American Century Investments One Choice 2025 Portfolio R Class	**	1,670
	American Century	American Century Investments One Choice 2045 Portfolio R Class	**	7,939
	American Century	American Century Investments One Choice 2035 Portfolio R Class	**	6,037
	American Century	American Century Investments One Choice In Retirement Portfolio R Class	**	109
	American Funds	American Funds Capital Income Builder Class R-3	**	875
	Total			$ 135,176

* Party in interest
** Cost information not available as permitted for participant-directed accounts

MERIT INTEGRATED LOGISTICS LLC
401(k) PROFIT SHARING PLAN
AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2017 AND 2016

WITH INDEPENDENT AUDITORS' REPORT

EMPLOYER I.D. NUMBER: 46-1734845
PLAN NUMBER: 001

MERIT INTEGRATED LOGISTICS LLC
401(k) PROFIT SHARING PLAN AND TRUST
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INDEPENDENT AUDITORS' REPORT

To the Participants and Managers of
Merit Integrated Logistics LLC
San Juan Capistrano, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Merit Integrated Logistics LLC 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 (liquidation basis) and 2016 (ongoing basis), and the related statements of changes in net assets available for benefits for the year ended December 31, 2017 (liquidation basis) and the period of November 1, 2016 (inception) through December 31, 2016 (ongoing basis), 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the year ended December 31, 2017 and for the period of November 1, 2016 (inception) through December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

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Offices located in Orange and San Diego Counties

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.

Emphasis of Matter

As described in Note 1 to the financial statements, the membership of Merit Integrated Logistics LLC approved a resolution on October 24, 2017, to terminate the Plan. Plan management has determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2016 financial statements to the liquidation basis used in presenting the 2017 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, Schedule H, Line 4i - 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 the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 custodian, 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 the Employee Retirement Income Security Act of 1974.

White Nelson Diehl Evans LLP

Irvine, California
October 15, 2018

MERIT INTEGRATED LOGISTICS LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

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	(Liquidation Basis) 2017	(Ongoing Basis) 2016
ASSETS		
Investments at Fair Value	$ 135,176	$ 19,720
Participant Contributions Receivable	4,186	6,327
Net Assets Available for Benefits	$ 139,362	$ 26,047

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

MERIT INTEGRATED LOGISTICS LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017 (LIQUIDATION BASIS) AND
PERIOD OF NOVEMBER 1, 2016 (INCEPTION) THROUGH DECEMBER 31, 2016

	(Liquidation Basis) Year Ended December 31, 2017	(Ongoing Basis) Period of November 1, 2016 (Inception) through December 31, 2016
Additions to Net Assets Attributed to:		
Participant Contributions:		
Deferral	$ 93,942	$ 26,118
Rollover	19,064	-
Total Contributions	113,006	26,118
Investment Income:		
Net appreciation in fair value of investments	8,930	3
Dividend income	1,322	-
Total Investment Income	10,252	3
Total Additions to Net Assets Available for Benefits	123,258	26,121
Deductions from Net Assets Attributed to:		
Benefits paid to participants	8,630	-
Administrative expenses	1,313	74
Total Deductions from Net Assets Available for Benefit	9,943	74
Increase in Net Assets Available for Benefits	113,315	26,047
Net Assets Available for Benefits, Beginning	26,047	-
Net Assets Available for Benefits, Ending	$ 139,362	$ 26,047

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

Note 1: Description of the Plan

The following description of the Merit Integrated Logistics LLC 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was adopted by Merit Integrated Logistics LLC (the "Company"), effective November 1, 2016, and is subject to the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986 ("IRC"), as amended. The purpose of the Plan is to provide retirement benefits for substantially all employees of the Company who have reached the age of 21 and completed six months of consecutive service.

As the inception of the Plan was November 1, 2016, the accompanying 2016 statement of changes in net assets available for benefits for 2016 is a "short plan year" as defined in 29 CFR 2520.104-50 because the period covered is less than seven months.

Mid Atlantic Trust Company is the custodian of the Plan's assets.

Plan Termination

The Company's membership approved a resolution on October 24, 2017, to terminate the Plan, effective December 31, 2017. Effective with the Plan's termination, all participants with an account balance remaining in the Plan became fully vested in all contribution sources, regardless of status or years of vested service. The Plan's termination also ceased employee and employer contributions into the Plan.

Contributions

Prior to termination, eligible participants could elect to contribute up to 90 percent of their pretax annual compensation not to exceed the maximum deferral limitation, as defined by the IRC. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants were also able contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Prior to termination, the Plan permitted the Company to make profit-sharing contributions at the discretion of the Company. The Plan required participants to have completed one year of eligible service and be at least 21 years of age to receive an allocation of any profit-sharing contribution by the Company. During the year ended December 31, 2017 and period of November 1, 2016 through December 31, 2016, there were no Company profit-sharing contributions to the Plan.

Participants directed the investment of their contributions into various investment options offered by the Plan and could change their investment allocations at any time.

Note 1: Description of the Plan (Continued)

Participant Accounts

Until termination of the Plan occurred, each participant's account was credited with the participant's contributions and allocations of (a) the Company contributions and (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Some of the general Plan administrative expenses were paid by the Company. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Participants were immediately vested in their contributions, plus actual earnings thereon. Vesting in profit sharing contribution plus actual earnings thereon was based on years of continuous service. A participant was vested at the rate of 20 percent each year after two years of service and is considered to be 100 percent vested after six years of credited service.

Notes Receivable from Participants

Prior to termination of the Plan, participants could borrow against their Plan account balance within Plan guidelines. Loan terms were at the discretion of the borrower but generally could not exceed five years unless the loan was for the purchase of the participant's primary residence. The minimum loan amount was $1,000 but could exceed the lesser of (a) one-half of the participant's nonforfeitable interest under the Plan or (b) $50,000. Interest was charged on the outstanding balance at an interest rate of the prime rate plus 1 percent. Principal and interest were required to be paid ratably through payroll deductions. At December 31, 2017 and 2016, there were no notes receivable from participants outstanding.

Payment of Benefits

Prior to termination of the Plan, upon termination of service due to death, disability, or retirement, a participant could elect to receive either a lump-sum distribution equal to the vested portion of his or her account or installments over the life of the participant or designated beneficiary, as defined in the Plan document. For termination of service for other reasons, a participant could receive the value of the vested interest in his or her account as a lump-sum distribution. Additionally, upon attaining the age of 59½, a participant was allowed to withdraw certain funds from the Plan. If upon termination, a participant's vested balance is $5,000 or less, it will be distributed to the participant as soon as practicable.

Note 2: Summary of Significant Accounting Policies

Administrative Expenses

Certain expenses for maintaining the Plan were paid by the Plan, unless otherwise paid by the Company. Expenses that were paid by the Company are excluded from these financial statements. Fees related to the administration of benefit payments were charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Additionally, certain administrative functions related to the Plan were performed by officers or employees of the Company; however, neither the Company nor any officer or employee received compensation from the Plan.

Basis of Accounting

The financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). References to the "ASC" hereafter refer to the Accounting Standards Codification established by the Financial Accounting Standards Board ("FASB") as the source of authoritative US GAAP.

On October 24, 2017, the membership of the Company approved a resolution to terminate the Plan effective December 31, 2017. As a result, the Plan's financial statements as of and for the year ended December 31, 2017 have been prepared on the liquidation basis in accordance with US GAAP. This basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets is reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. The estimated net realizable cash value for investments as of December 31, 2017, is equivalent to fair value. The Plan's accompanying 2016 financial statements have been prepared on an ongoing basis.

Investment Valuation and Income Recognition

The Plan's investments were stated 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.

Purchases and sales of investments were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Net appreciation in fair value of investments included the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2: Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits were recorded when paid.

Use of Estimates

The process of preparing financial statements in accordance with US GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and gains, and expenses and losses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Note 3: Concentrations, Risks, and Uncertainties

The Plan had investments in various 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 could have occurred and that such changes could have materially affected participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 4: Information Certified by the Plan's Custodian

Certain information disclosed in the accompanying 2017 and 2016 financial statements and supplemental schedule, including investments held at December 31, 2017 and 2016, and net appreciation in fair value of investments and dividends for the year ended December 31, 2017 and for the period of November 1, 2016 (inception) through December 31, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Mid Atlantic Trust Company, the custodian of the Plan.

Note 5: Tax Status

The Plan was based on a prototype nonstandardized profit-sharing plan designed by the Plan's recordkeeper. The recordkeeper received a favorable opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2014, stating that the prototype plan was designed in accordance with the provisions of the IRC. The Plan did not file for its own determination letter with the IRS. However, the plan administrator believed that the Plan was designed and was operated in compliance with the applicable requirements of the IRC. The related trust, therefore, was not subject to tax under present income tax law. Although the Plan was amended since receiving the determination letter, the plan administrator believed that the Plan was designed and was operated in compliance with the applicable requirements of the IRC and, therefore, believed that the Plan was qualified and the related trust was tax exempt.

Note 5: Tax Status (Continued)

US GAAP required Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan had taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator analyzed the tax positions taken by the Plan and concluded that as of December 31, 2017 and 2016, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6: Party-in-Interest Transactions

The Plan has a number of other service providers. The transactions between the Plan and these service providers were parties in interest transactions under ERISA.

Note 7: Withdrawn Participants

At December 31, 2017 and 2016, there were no participants who had elected to withdraw from the Plan but have not been paid.

Note 8: Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the 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 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.

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; or
- 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.

Note 8: Fair Value Measurements (Continued)

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.

There was no change in the methodology used at December 31, 2017 and 2016. The following is a description of the valuation methodology that was used for assets measured at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method could have produced a fair value calculation that may not have been indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believed its valuation method was appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could have resulted in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, which were measured on a recurring basis, at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 135,176	$ -	$ -	$ 135,176

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, which were measured on a recurring basis, at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 19,720	$ -	$ -	$ 19,720

Note 9: Reconciliation to the Form 5500

The financial statements have been prepared on the accrual basis as required by US GAAP. However, the Form 5500 has been prepared on a modified cash basis. As a result, there are differences between the financial statement amounts and the amounts included on the Form 5500.

Note 9: Reconciliation to the Form 5500 (Continued)

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2017 and 2016:

	2017	2016
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SUPPLEMENTAL INFORMATION

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

Form 5500, Schedule H, Line 4i
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Plan: #001

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	American Funds	American Funds Capital Income Builder Class R-3	**	875
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* Party in interest
** Cost information not available as permitted for participant-directed accounts