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
YBARRA INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2016

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)
YBARRA INVESTMENTS, INC.

2601 UNDERWOOD ROAD
LA PORTE, TX 77571

2b Employer Identification Number (EIN)
76-0468277

2c Plan Sponsor's telephone number
281-470-7900

2d Business code (see instructions)
722511

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.	10/16/2018	BRIAN JENNINGS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	724
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)**	641
a(2) Total number of active participants at the end of the plan year	**6a(2)**	618
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	191
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	809
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	809
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	734
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 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
YBARRA INVESTMENTS, INC. 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
YBARRA INVESTMENTS, INC.

D Employer Identification Number (EIN)
76-0468277

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

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(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
YBARRA INVESTMENTS, INC. 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
YBARRA INVESTMENTS, INC.

D Employer Identification Number (EIN)
76-0468277

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)	7025	17780
(2) Participant contributions	1b(2)	11239	12189
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1030
(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	10784
(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)	585342	1434972
(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	603606	1476755
	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	603606	1476755

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)	290861	
	(B) Participants	2a(1)(B)	426299	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		717160
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5	
	(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)	161	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		166
	(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)	8413	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8413
	(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)		171866
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		897605
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20708	
(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)		20708
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)	3748	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3748
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		24456
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		873149
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: DOEREN MAYHEW TEXAS PLLC **(2)** EIN: 36-4745545

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		60361
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
YBARRA INVESTMENTS, INC. 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
YBARRA INVESTMENTS, INC.

D Employer Identification Number (EIN)
76-0468277

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):

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017

(With Independent Auditor's Report Thereon)

Insight. Oversight. Foresight.℠

DoerenMayhew
CPAs AND ADVISORS

YBARRA INVESTMENTS, INC.
401(K) PROFIT SHARING PLAN AND TRUST

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SUPPLEMENTAL SCHEDULE *

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

DoerenMayhew
CPAs AND ADVISORS

One Riverway, Ste. 1200
Houston, Texas 77056
713.789.7077
doeren.com

INDEPENDENT AUDITOR'S REPORT

Participants and Plan Administrator
of **Ybarra Investments, Inc. 401(k) Profit Sharing Plan and Trust**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ybarra Investments, Inc. 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, and 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 3, which was certified by Mid Atlantic Trust Company, the Trustee 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 Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

DoerenMayhew

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 - Supplemental Schedule

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 the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Houston, Texas
October 15, 2018

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

Assets	2017	2016
Investments at fair value (Notes 3 and 4)	$ 1,436,002	$ 585,342
Receivables:		
Notes receivable from participants (Note 3)	10,784	-
Participant contributions	12,189	11,239
Employer contributions	17,780	7,025
Total receivables	40,753	18,264
Net assets available for benefits	$ 1,476,755	$ 603,606

See accompanying notes to financial statements.

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017

Additions:		
Investment income:		
Net appreciation in fair value of investments (Note 3)	$	171,871
Investment interest and dividend income (Note 3)		8,413
Total investment income		180,284
Interest income on notes receivable from Plan participants		161
Contributions (Note 1):		
Participant contributions		426,299
Employer contributions		290,861
Total contributions		717,160
Total additions		897,605
Deductions from net assets:		
Benefits paid to participants		20,708
Administrative expenses (net of forfeitures)		3,748
Total deductions from net assets		24,456
Net decrease in net assets available for benefits		873,149
Net assets available for benefits:		
Beginning of year		603,606
End of year	$	1,476,755

See accompanying notes to financial statements.

Note 1 - Description of Plan

General

The following description of the Ybarra Investments, Inc. 401(k) Profit Sharing Plan and Trust (the Plan), which was formed effective January 1, 2016 for the benefit of Ybarra Investments, Inc. (the Company or Employer) employees, provides only general information. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC). Participants should refer to the Plan document for a more complete description of the Plan's provisions. Unless otherwise noted, the provisions in the following subsections are as of December 31, 2017.

Administration of the Plan

Mid Atlantic Trust Company serves as the Trustee of the Plan. Among other duties, the Trustee receives contributions, holds and invests the Plan's assets in accordance with the directions of the participants, and makes disbursements as directed by the Plan's Administrator. Paychex serves as the Plan record keeper. The Plan has adopted the Paychex Flexible 401(k) Profit Sharing Plan Nonstandardized Adoption Agreement (the Plan Agreement). The Company is the Plan Administrator and Plan Sponsor.

Eligibility

The Plan is sponsored by the Company and covers all eligible employees of a participating employer, as defined in the Plan Agreement. Employees are eligible to participate in the Plan after completing one year of eligibility service. Eligible employees must be age twenty-one or older, be employed by a subsidiary of the Company that is designated to participate in the Plan, not be a nonresident alien and not be covered by a collective bargaining agreement. Plan entry dates are January 1 and July 1 of each Plan year.

Contributions

Each participant may elect to defer his or her eligible Plan compensation, on a pre-tax basis, of at least 1% and not more than 92%, for each pay period subject to certain limitations. Employee salary deferrals are allowed in 1% increments. In lieu of all or a portion of employee pre-tax contributions, each participant may elect to defer his or her eligible Plan compensation as Roth contributions. The Plan includes an auto-enrollment feature whereby an eligible employee shall automatically be enrolled with a deferral amount of 3% of eligible Plan compensation as before-tax contributions as described in the Plan Agreement. Until the participant manually changes their salary deferral election, the salary deferral will automatically increase by 1% on the first day of each Plan year until the salary deferral reaches 6% of eligible Plan compensation. Each participant's annual contribution shall not exceed the maximum amount allowed for deferral under the IRC. Certain participants are eligible to make a catch-up contribution in accordance with Section 414(v) of the IRC. The amount of a participant's annual compensation which may be taken into account, for purposes of determining the amount of the employer matching contribution or for any other purpose under the Plan, shall not exceed the amount permitted annually by the IRC.

Continued

Note 1 - Description of Plan (Continued)

Contributions (Continued)

Participants are immediately eligible for employer matching contributions. The Company makes safe harbor matching contributions equal to 100% of the first 1% of participant contributions and 50% for participant contributions greater than 1%, but less than or equal to 6%, including participant catch-up contributions.

The Company may also make discretionary profit sharing contributions which, if made, will be made on a pro rata basis according to eligible participants' Plan compensation. In order to be eligible to receive the discretionary profit sharing contribution, the participant must be an employee of the Company on the last day of the Plan year. There were no Employer discretionary profit sharing contributions made for the year ended December 31, 2017.

Rollover contributions from qualified plans are allowed into the Plan. Additionally, transfer contributions by eligible employees are allowed into the Plan for non-forfeitable benefits that are in a defined contribution plan maintained by a participating employer of the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of employer matching contributions, additional employer contributions when provided, Plan earnings, and certain administrative expenses. Matching contributions are allocated based on a percentage of the participant's elective deferral contribution, as defined. Additional contributions, if any, are allocated on a pro rata basis according to eligible the participant's Plan compensation. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Each participant's contributions, rollover contributions and allocated earnings thereon are fully vested and non-forfeitable. Participants acquire a vested interest in their Employer safe harbor matching contributions on a two-year cliff vesting basis. Participants acquire a vested interest in their Employer discretionary profit sharing contributions on a six-year ladder vesting basis, with participants becoming 20% vested after two years of service and vesting an additional 20% annually until fully vested at six years of service.

Continued

Note 1 - Description of Plan (Continued)

Distributions

A participant is eligible for a distribution of his or her vested account balance following termination of employment, attainment of age 59 ½, death, disability, financial hardship or retirement. The Plan values the account of a withdrawing participant at an amount equal to its value as of the latest daily valuation date preceding actual distribution and, if applicable, may include any contributions made on behalf of the participant from the date of the last valuation to the date of distribution. Distributions are made in the form of a lump sum payment or an annuity, subject to the provisions of the Plan Agreement. Distributions to a terminating participant with an account balance of $5,000 or less are automatically distributed from the Plan to the terminating participant. Distributions to a terminating participant with an account balance between $1,000 and $5,000 are automatically rolled into an IRA for the benefit of the terminating participant.

Hardship withdrawals are available to participants after the participant has met the hardship withdrawal requirements stated in the IRC. Participants may withdraw only their employee contributions. Employer matching contributions, transfer balances, and the related earnings thereon, are not eligible for hardship withdrawal.

Forfeitures

Forfeited non-vested accounts may be used to reduce future employer contributions or pay administrative expenses. During 2017, forfeitures of $1,207 were used to pay administrative expenses. No forfeitures were available for use as of December 31, 2017.

Notes Receivable from Participants

Participants may obtain loans from their vested account balances, not including Roth balances. Loans must be for a minimum of $1,000 and may not exceed the lesser of $50,000 or 50% of the participant's vested account balance. Participants may have no more than one loan outstanding at any time. Loans may be repaid over a period not to exceed four and a half years, unless the loan is for the purchase of a primary residence, in which case, the loan period may exceed four and a half years. The loans are collateralized by the participants' account balances and bear interest at 1% plus the prime rate of interest published in the Wall Street Journal on the day of the month in which the loan is requested. Principal and interest are paid to the Plan through payroll deductions and are allowed to be paid off at any time. No loans were outstanding as of December 31, 2017.

Continued

Note 2 - Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual method of accounting and present the net assets available for benefits and changes in those net assets in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from the estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as discussed in Note 4. 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 securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

Expenses incurred in connection with the purchase or sale of securities are charged against the investment funds whose assets are involved in such transactions. Distribution and loan fees are paid by the initiating participant account. Certain administrative costs of the Plan are paid directly by the Company. Additionally, the Company provides various other operational and administrative services to the Plan, for which the costs are incurred directly by the Company.

Subsequent Events

Effective October 1, 2018, the Plan changed its recordkeeper to Transamerica Retirement Solutions Corporation.

The financial statements and related disclosures include evaluation of events up through and including October 15, 2018, which is the date the financial statements were available to be issued.

Continued

Note 3 - Unaudited Information Certified by Trustee

The Plan Administrator has engaged Mid Atlantic Trust Company as of and for the years ended December 31, 2017 and 2016 to act as Trustee of the Plan. The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as of December 31, 2017 and 2016 and for the year ended December 31, 2017, the financial statements have been prepared based on information certified as complete and accurate by the Trustee. This includes the investment information reflected in the accompanying statements of net assets available for benefits, the statement of changes in net assets available for benefits and the schedule of assets (held at end of year). However, the certification does not include the balances of the participant notes receivable for the year ended December 31, 2017.

Investments representing 10% or more of the Plan's net assets available for benefits are considered to be significant concentrations and are as follows at December 31:

	2017	2016
American Funds 2055 Target Date Retirement Fund Class R3 Shares	$ 227,590	$ 92,778
American Funds 2050 Target Date Retirement Fund Class R3 Shares	275,050	96,966
American Funds 2045 Target Date Retirement Fund Class R3 Shares	205,894	90,246
Funds 2035 Target Date Retirement Fund Class R3 Shares	161,669	63,507
American Funds 2060 Target Date Retirement Fund Class R3 Shares	168,196	**
American Funds 2040 Target Date Retirement Fund Class R3 Shares	**	62,043

** Less than 10%

Continued

Note 4 - Fair Value Measurements

GAAP provides 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 below:

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; and 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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While Plan management believes it's 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.

Continued

Note 4 - Fair Value Measurements (Continued)

The tables below segregate all financial assets as of December 31, 2017 and 2016 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,436,002	$ -	$ -	$ 1,436,002
Investments at fair value	$ 1,436,002	$ -	$ -	$ 1,436,002

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 585,342	$ -	$ -	$ 585,342
Investments at fair value	$ 585,342	$ -	$ -	$ 585,342

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan document to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants shall have a 100% vested interest in their account and the net assets will be allocated among the participants and beneficiaries of the Plan in the order provided for by ERISA.

Note 6 - Federal Income Tax Status

The Paychex prototype plan received an opinion letter from the Internal Revenue Service (IRS) dated April 10, 2014, stating that prototype plan, as then stated, remains qualified under the IRC. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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Continued

Note 7 - Risks and Uncertainties

The Plan provides for investment in investment securities that are exposed to various risks, such as interest rate, credit and overall market volatility 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.

Note 8 - Related Party and Party-in-Interest Transactions

Fees paid by the Plan for the investment management services are included in the net appreciation or depreciation in fair value of the related investment.

*** * * End of Notes * * ***

SUPPLEMENTAL SCHEDULE

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American 2050 Target Date Retirement Fund Class R3 Shares	**	$ 275,050
	American Funds	American 2055 Target Date Retirement Fund Class R3 Shares	**	227,590
	American Funds	American 2045 Target Date Retirement Fund Class R3 Shares	**	205,894
	American Funds	American 2060 Target Date Retirement Fund Class R3 Shares	**	168,196
	American Funds	American 2035 Target Date Retirement Fund Class R3 Shares	**	161,669
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	American Funds	American 2030 Target Date Retirement Fund Class R3 Shares	**	105,176
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	American Funds	American 2020 Target Date Retirement Fund Class R3 Shares	**	16,374
	BlackRock	BlackRock Total Return Fund Class R Shares	**	11,107
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	Massachusetts Financial Services (MFS)	MFS Mid Cap Growth Fund Class R2 Shares	**	5,881
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	American Funds	American 2015 Target Date Retirement Fund Class R3 Shares	**	2,976
	Massachusetts Financial Services (MFS)	MFS Mid Cap Value Fund Class R2 Shares	**	2,304
	American Funds	American EuroPacific Growth Fund Class R3 Shares	**	1,697
	American Funds	American New World Fund Class R3 Shares	**	1,664
	Carillon Family of Funds	Carillon Eagle Small Cap Growth Fund Class R3 Shares	**	1,647
	T. Rowe Price	T. Rowe Price International Value Equity Fund Class R Shares	**	1,641
	PIMCO	PIMCO Income Fund Class R Shares	**	1,441
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	T. Rowe Price	T. Rowe Price Government Money Fund	**	1,030
	Putnam Investments	Putnam Equity Income Fund Class R	**	732
	American Funds	American 2010 Target Date Retirement Fund Class R3 Shares	**	495
		Investments at fair value		$ 1,436,002
*	Participant loans	Interest rates ranging from 4.75% to 5.25%	**	10,784
		Total assets (held at end of year)		$ 1,446,786

* Party-in-interest

** Investments are directed by Plan participants and thus, cost is not a required disclosure.

Note: The information in this schedule has been certified as to its completeness and accuracy by the Trustee, Mid Atlantic Trust Company.

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017

(With Independent Auditor's Report Thereon)

Insight. Oversight. Foresight.℠

DoerenMayhew
CPAs AND ADVISORS

YBARRA INVESTMENTS, INC.
401(K) PROFIT SHARING PLAN AND TRUST

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

DoerenMayhew
CPAs AND ADVISORS

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Houston, Texas 77056
713.789.7077
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INDEPENDENT AUDITOR'S REPORT

Participants and Plan Administrator
of **Ybarra Investments, Inc. 401(k) Profit Sharing Plan and Trust**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ybarra Investments, Inc. 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, and 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 3, which was certified by Mid Atlantic Trust Company, the Trustee 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 Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

DoerenMayhew

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 - Supplemental Schedule

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 the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Houston, Texas
October 15, 2018

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

Assets	2017	2016
Investments at fair value (Notes 3 and 4)	$ 1,436,002	$ 585,342
Receivables:		
Notes receivable from participants (Note 3)	10,784	-
Participant contributions	12,189	11,239
Employer contributions	17,780	7,025
Total receivables	40,753	18,264
Net assets available for benefits	$ 1,476,755	$ 603,606

See accompanying notes to financial statements.

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017

Additions:		
Investment income:		
Net appreciation in fair value of investments (Note 3)	$	171,871
Investment interest and dividend income (Note 3)		8,413
Total investment income		180,284
Interest income on notes receivable from Plan participants		161
Contributions (Note 1):		
Participant contributions		426,299
Employer contributions		290,861
Total contributions		717,160
Total additions		897,605
Deductions from net assets:		
Benefits paid to participants		20,708
Administrative expenses (net of forfeitures)		3,748
Total deductions from net assets		24,456
Net decrease in net assets available for benefits		873,149
Net assets available for benefits:		
Beginning of year		603,606
End of year	$	1,476,755

See accompanying notes to financial statements.

Note 1 - Description of Plan

General

The following description of the Ybarra Investments, Inc. 401(k) Profit Sharing Plan and Trust (the Plan), which was formed effective January 1, 2016 for the benefit of Ybarra Investments, Inc. (the Company or Employer) employees, provides only general information. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC). Participants should refer to the Plan document for a more complete description of the Plan's provisions. Unless otherwise noted, the provisions in the following subsections are as of December 31, 2017.

Administration of the Plan

Mid Atlantic Trust Company serves as the Trustee of the Plan. Among other duties, the Trustee receives contributions, holds and invests the Plan's assets in accordance with the directions of the participants, and makes disbursements as directed by the Plan's Administrator. Paychex serves as the Plan record keeper. The Plan has adopted the Paychex Flexible 401(k) Profit Sharing Plan Nonstandardized Adoption Agreement (the Plan Agreement). The Company is the Plan Administrator and Plan Sponsor.

Eligibility

The Plan is sponsored by the Company and covers all eligible employees of a participating employer, as defined in the Plan Agreement. Employees are eligible to participate in the Plan after completing one year of eligibility service. Eligible employees must be age twenty-one or older, be employed by a subsidiary of the Company that is designated to participate in the Plan, not be a nonresident alien and not be covered by a collective bargaining agreement. Plan entry dates are January 1 and July 1 of each Plan year.

Contributions

Each participant may elect to defer his or her eligible Plan compensation, on a pre-tax basis, of at least 1% and not more than 92%, for each pay period subject to certain limitations. Employee salary deferrals are allowed in 1% increments. In lieu of all or a portion of employee pre-tax contributions, each participant may elect to defer his or her eligible Plan compensation as Roth contributions. The Plan includes an auto-enrollment feature whereby an eligible employee shall automatically be enrolled with a deferral amount of 3% of eligible Plan compensation as before-tax contributions as described in the Plan Agreement. Until the participant manually changes their salary deferral election, the salary deferral will automatically increase by 1% on the first day of each Plan year until the salary deferral reaches 6% of eligible Plan compensation. Each participant's annual contribution shall not exceed the maximum amount allowed for deferral under the IRC. Certain participants are eligible to make a catch-up contribution in accordance with Section 414(v) of the IRC. The amount of a participant's annual compensation which may be taken into account, for purposes of determining the amount of the employer matching contribution or for any other purpose under the Plan, shall not exceed the amount permitted annually by the IRC.

Continued

Note 1 - Description of Plan (Continued)

Contributions (Continued)

Participants are immediately eligible for employer matching contributions. The Company makes safe harbor matching contributions equal to 100% of the first 1% of participant contributions and 50% for participant contributions greater than 1%, but less than or equal to 6%, including participant catch-up contributions.

The Company may also make discretionary profit sharing contributions which, if made, will be made on a pro rata basis according to eligible participants' Plan compensation. In order to be eligible to receive the discretionary profit sharing contribution, the participant must be an employee of the Company on the last day of the Plan year. There were no Employer discretionary profit sharing contributions made for the year ended December 31, 2017.

Rollover contributions from qualified plans are allowed into the Plan. Additionally, transfer contributions by eligible employees are allowed into the Plan for non-forfeitable benefits that are in a defined contribution plan maintained by a participating employer of the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of employer matching contributions, additional employer contributions when provided, Plan earnings, and certain administrative expenses. Matching contributions are allocated based on a percentage of the participant's elective deferral contribution, as defined. Additional contributions, if any, are allocated on a pro rata basis according to eligible the participant's Plan compensation. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Each participant's contributions, rollover contributions and allocated earnings thereon are fully vested and non-forfeitable. Participants acquire a vested interest in their Employer safe harbor matching contributions on a two-year cliff vesting basis. Participants acquire a vested interest in their Employer discretionary profit sharing contributions on a six-year ladder vesting basis, with participants becoming 20% vested after two years of service and vesting an additional 20% annually until fully vested at six years of service.

Continued

Note 1 - Description of Plan (Continued)

Distributions

A participant is eligible for a distribution of his or her vested account balance following termination of employment, attainment of age 59 ½, death, disability, financial hardship or retirement. The Plan values the account of a withdrawing participant at an amount equal to its value as of the latest daily valuation date preceding actual distribution and, if applicable, may include any contributions made on behalf of the participant from the date of the last valuation to the date of distribution. Distributions are made in the form of a lump sum payment or an annuity, subject to the provisions of the Plan Agreement. Distributions to a terminating participant with an account balance of $5,000 or less are automatically distributed from the Plan to the terminating participant. Distributions to a terminating participant with an account balance between $1,000 and $5,000 are automatically rolled into an IRA for the benefit of the terminating participant.

Hardship withdrawals are available to participants after the participant has met the hardship withdrawal requirements stated in the IRC. Participants may withdraw only their employee contributions. Employer matching contributions, transfer balances, and the related earnings thereon, are not eligible for hardship withdrawal.

Forfeitures

Forfeited non-vested accounts may be used to reduce future employer contributions or pay administrative expenses. During 2017, forfeitures of $1,207 were used to pay administrative expenses. No forfeitures were available for use as of December 31, 2017.

Notes Receivable from Participants

Participants may obtain loans from their vested account balances, not including Roth balances. Loans must be for a minimum of $1,000 and may not exceed the lesser of $50,000 or 50% of the participant's vested account balance. Participants may have no more than one loan outstanding at any time. Loans may be repaid over a period not to exceed four and a half years, unless the loan is for the purchase of a primary residence, in which case, the loan period may exceed four and a half years. The loans are collateralized by the participants' account balances and bear interest at 1% plus the prime rate of interest published in the Wall Street Journal on the day of the month in which the loan is requested. Principal and interest are paid to the Plan through payroll deductions and are allowed to be paid off at any time. No loans were outstanding as of December 31, 2017.

Continued

Note 2 - Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual method of accounting and present the net assets available for benefits and changes in those net assets in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from the estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as discussed in Note 4. 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 securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

Expenses incurred in connection with the purchase or sale of securities are charged against the investment funds whose assets are involved in such transactions. Distribution and loan fees are paid by the initiating participant account. Certain administrative costs of the Plan are paid directly by the Company. Additionally, the Company provides various other operational and administrative services to the Plan, for which the costs are incurred directly by the Company.

Subsequent Events

Effective October 1, 2018, the Plan changed its recordkeeper to Transamerica Retirement Solutions Corporation.

The financial statements and related disclosures include evaluation of events up through and including October 15, 2018, which is the date the financial statements were available to be issued.

Continued

Note 3 - Unaudited Information Certified by Trustee

The Plan Administrator has engaged Mid Atlantic Trust Company as of and for the years ended December 31, 2017 and 2016 to act as Trustee of the Plan. The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as of December 31, 2017 and 2016 and for the year ended December 31, 2017, the financial statements have been prepared based on information certified as complete and accurate by the Trustee. This includes the investment information reflected in the accompanying statements of net assets available for benefits, the statement of changes in net assets available for benefits and the schedule of assets (held at end of year). However, the certification does not include the balances of the participant notes receivable for the year ended December 31, 2017.

Investments representing 10% or more of the Plan's net assets available for benefits are considered to be significant concentrations and are as follows at December 31:

	2017	2016
American Funds 2055 Target Date Retirement Fund Class R3 Shares	$ 227,590	$ 92,778
American Funds 2050 Target Date Retirement Fund Class R3 Shares	275,050	96,966
American Funds 2045 Target Date Retirement Fund Class R3 Shares	205,894	90,246
Funds 2035 Target Date Retirement Fund Class R3 Shares	161,669	63,507
American Funds 2060 Target Date Retirement Fund Class R3 Shares	168,196	**
American Funds 2040 Target Date Retirement Fund Class R3 Shares	**	62,043

** Less than 10%

Continued

Note 4 - Fair Value Measurements

GAAP provides 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 below:

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; and 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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While Plan management believes it's 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.

Continued

Note 4 - Fair Value Measurements (Continued)

The tables below segregate all financial assets as of December 31, 2017 and 2016 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,436,002	$ -	$ -	$ 1,436,002
Investments at fair value	$ 1,436,002	$ -	$ -	$ 1,436,002

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 585,342	$ -	$ -	$ 585,342
Investments at fair value	$ 585,342	$ -	$ -	$ 585,342

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan document to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants shall have a 100% vested interest in their account and the net assets will be allocated among the participants and beneficiaries of the Plan in the order provided for by ERISA.

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Note 8 - Related Party and Party-in-Interest Transactions

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*** * * End of Notes * * ***

SUPPLEMENTAL SCHEDULE

YBARRA INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

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Note: The information in this schedule has been certified as to its completeness and accuracy by the Trustee, Mid Atlantic Trust Company.