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
- [X] 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
RASA FLOORS & CARPET CLEANING, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
RASA FLOORS & CARPET CLEANING, LLC

2833 EISENHOWER STREET STE 100
CARROLTTON, TX 75007

2b Employer Identification Number (EIN) 27-1519180

2c Plan Sponsor's telephone number

2d Business code (see instructions) 442210

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.	12/19/2018	JACOB HOLZKNECHT
	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**	132
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)**	117
a(2) Total number of active participants at the end of the plan year	**6a(2)**	119
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	119
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	119
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	144
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 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[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)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
RASA FLOORS & CARPET CLEANING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RASA FLOORS & CARPET CLEANING, LLC

D Employer Identification Number (EIN)
27-1519180

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

VANTAGE BENEFITS ADMINISTRATORS INC

33-0784368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64		47077	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: SMITH JACKSON BOYER & BOVARD **b** EIN: 75-2911056

c Position: AUDITOR

d Address: **e** Telephone:

Explanation: ENGAGED NEW FIRM

a Name: **b** EIN:

c Position:

d Address: **e** Telephone:

Explanation:

a Name: **b** EIN:

c Position:

d Address: **e** Telephone:

Explanation:

a Name: **b** EIN:

c Position:

d Address: **e** Telephone:

Explanation:

a Name: **b** EIN:

c Position:

d Address: **e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
RASA FLOORS & CARPET CLEANING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RASA FLOORS & CARPET CLEANING, LLC

D Employer Identification Number (EIN)
27-1519180

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GROUP FIXED INTEREST ANNUITY CONT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	502193

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
RASA FLOORS & CARPET CLEANING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RASA FLOORS & CARPET CLEANING, LLC

D Employer Identification Number (EIN)
27-1519180

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		109200
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	68402	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	162613	219768
(9) Value of interest in common/collective trusts	1c(9)	622735	502193
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5228793	6110777
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6082543	6941938
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6082543	6941938

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)	209451	
	(B) Participants	2a(1)(B)	384923	
	(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)		594374
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	12447	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12447
	(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)	176214	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		176214
	(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)		
	(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		761854
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1544889
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	638417	
(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)		638417
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	47077	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		47077
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		685494
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		859395
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: TURNER, STONE & COMPANY, L.L.P. **(2)** EIN: 75-2508885

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		265000
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
RASA FLOORS & CARPET CLEANING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RASA FLOORS & CARPET CLEANING, LLC

D Employer Identification Number (EIN)
27-1519180

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 75-3182674

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):

Rasa Floors & Carpet Cleaning, LLC 401(k) Plan

Financial Statements

As of December 31, 2017 and 2016

and

For the Year Ended December 31, 2017

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SCHEDULE OF ASSETS (HELD AT END OF YEAR) 13

Your Vision Our Focus



Independent Auditors' Report

To the Trustee of
Rasa Floors & Carpet Cleaning, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rasa Floors & Carpet Cleaning, LLC 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2017, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Managements' 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by Matrix Trust Company, the Custodian 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 Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of and for the year ended December 31, 2017, that the information provided to the plan administrator by the Custodian is complete and accurate.

Turner, Stone & Company, L.L.P.
Accountants and Consultants

12700 Park Central Drive, Suite 1400
Dallas, Texas 75251
Telephone: 972-239-1660 / Facsimile: 972-239-1665
Toll Free: 877-853-4195
Web site: turnerstone.com

INAA GROUP
INTERNATIONAL ASSOCIATION OF ACCOUNTANTS AND AUDITORS

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 *Form 5500, Schedule H, line 4i, Schedule of Assets (Held at End of Year)* as of December 31, 2017 is required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and are 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.

Other Matter – Prior Year Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.108-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Custodian. Their report, dated October 16, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the Custodian, was presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

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 Rules and Regulations for Reporting and Disclosure under ERISA.

Turner, Stone & Company, L.L.P.

Certified Public Accountants
December 14, 2018

RASA FLOORS & CARPET CLEANING, LLC 401 (k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
Assets:		
Non-interest bearing cash	$ 109,200	$ -
Investments at fair value (Note 3)	6,110,777	5,228,793
Group annuity contract (at contract value, Note 4)	502,193	622,735
Total investments	6,722,170	5,851,528
Receivables:		
Notes receivable from participants	219,768	162,613
Employer contributions	68,791	68,402
Participant contributions	90,704	-
Total receivables	379,263	231,015
Total assets	7,101,433	6,082,543
Total liabilities	-	-
Net assets available for benefits	$ 7,101,433	$ 6,082,543

See accompanying notes to the financial statements.

RASA FLOORS & CARPET CLEANING, LLC 401 (k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

Additions:	
Investment income:	
Net appreciation in fair value of investments	$ 761,854
Interest and dividend income	176,214
	938,068
Interest on notes receivable from participants	12,447
Contributions:	
Participants	475,627
Employer	278,242
Total contributions	753,869
Total additions	1,704,384
Deductions:	
Benefits paid to participants	638,417
Administrative expenses	47,077
Total deductions	685,494
Net increase	1,018,890
Net assets available for benefits:	
Beginning of year	6,082,543
End of year	$ 7,101,433

See accompanying notes to the financial statements.

RASA FLOORS & CARPET CLEANING, LLC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of Rasa Floors & Carpet Cleaning, LLC 401(k) Plan (the Plan) provides only general information. The Plan is sponsored by Rasa Floors & Carpet Cleaning, LLC (the Plan Sponsor). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan, established on January 1, 1998, as amended from time to time, covering substantially all employees of the Plan Sponsor. Employees are eligible to participate after being employed with the organization for at least one year and have 1,000 hours of service, as well as obtaining the age of 21 years or older. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as well as all provisions of the federal income tax laws.

The Plan Administrator and Trustee are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Contributions

Each year, participants may make tax-deferred contributions to the Plan not to exceed the amount deductible for federal income tax purposes. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan Sponsor makes safe harbor matching contributions of 100% of participants' contributions up to 3% of compensation, as well as 50% of participants' contributions from 3% to 5% of compensation. The Plan Sponsor made approximately $278,000 in safe harbor matching contributions during the year ended December 31, 2017. Contributions are subject to Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's tax-deferred contributions, employer contributions, and Plan earnings or losses on the assets of their self-directed investment funds. Each participant may elect to change the deferral percentage semi-monthly; investment option changes may be made daily and investment income is recorded daily. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Vesting

Participants are immediately vested in their deferred salary contributions, safe harbor matching contributions, profit-sharing contributions, rollover contributions from other plans and actual earnings thereon. A participant is 100% vested upon retirement, permanent disability, death or reaching age 65 while employed by the Plan Sponsor.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000. The loans are secured by the vested balance in the participant's account and bear interest equal to the prime rate plus 1%. In determining the availability of a Plan loan, a participant may only have one outstanding loan at a time. The term of the loan may not exceed five years. However, if the loan is for the purchase of a principal residence, the Plan may permit a longer repayment term.

Payment of Benefits

Distributions from the Plan will be made in a single lump-sum payment; or if an in-service distribution, may be received in partial distributions. If a participant's vested benefit in the Plan exceeds $5,000, the participant must consent to the distribution before it may be made. If the participant's vested benefit does not exceed $5,000, then the participant's benefit will be distributed in a lump-sum as soon as practicable following the event that led to the participant being entitled to a distribution.

Forfeited Accounts

Forfeitures may be used to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan. During the years ended December 31, 2017 and 2016, no forfeitures were used to pay Plan expenses or reduce the employer matching contribution. At December 31, 2017 and 2016, there were no unallocated forfeitures available to pay Plan expenses or to reduce future employer contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are 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. The Plan Administrator and Custodian determine the Plan's valuation policies utilizing information provided by the investment adviser, Custodian, and insurance company. See Note 3 for discussion of fair value measurements

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis with dividends being recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as those held during the year.

Notes Receivable from Participants

Notes receivable from participants (Note 1) are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are earned. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

During the year ended December 31, 2017, the Plan incurred administrative fees of $47,077 directly with its third-party administrator (Note 4). These charges are reflected in the accompanying statement of changes in net assets available for benefits.

Recent Accounting Pronouncements

During the year ended December 31, 2017 and through December 14, 2018, there were several new accounting pronouncements issued by the Financial Accounting Standards Board (FASB). Each of these pronouncements, as applicable, has been or will be adopted by the Plan. Management does not believe the adoption of any of these accounting pronouncements has had or will have a material impact on the Plan's financial statements.

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Subsequent Events

In preparing the financial statements, the Plan has reviewed, as determined necessary by the Plan's management, events that have occurred after December 31, 2017, up until the issuance of the financial statements, which occurred on December 14, 2018.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Level 1 Fair Value Measurements

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 U.S. 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 following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2017

	Level 1	Total
Mutual funds	$ 6,110,777	$ 6,110,777
Total assets at fair value	$ 6,110,777	$ 6,110,777

Assets at Fair Value as of December 31, 2016

	Level 1	Total
Mutual funds	$ 5,228,793	$ 5,228,793
Total assets at fair value	$ 5,228,793	$ 5,228,793

4. FULLY BENEFIT–RESPONSIVE INVESTMENT CONTRACT

The Plan has an investment in a group annuity contract with the Variable Annuity Life Insurance Company (VALIC), a subsidiary of American International Group, Inc. (AIG). The investment contract is maintained in the general assets of VALIC. This investment choice seeks stability of principal while providing a minimum rate of interest over the life of the contract. The portfolio in the general investment account consists principally of investment grade corporate debt securities and highly rated mortgage-backed and asset-backed securities with a small allocation to more volatile but potentially higher-yield private equity alternative investments.

The fixed-interest option offers fixed-return growth for the long term. The interest rate is declared monthly with interest credited on a daily basis at an annual effective rate. The contract has a minimum guaranteed interest rate and such minimum guaranteed interest rate is reviewed on a yearly basis for resetting.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attributed for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawals or transfer all or a portion of their investment at contract value to other investment choices within the Plan. At December 31, 2017 and 2016, the contract value of group annuity contract was $502,193 and $662,735, respectively.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following: (1) the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code, (2) premature termination of the contracts, (3) Plan termination or merger, (4) changes to the Plan's prohibition on competing investment options, (5) Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The repayment of principal and interest credited to participants holding the investment is a financial obligation of VALIC. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable, for example, a significant decline in creditworthiness of VALIC, the group annuity contract may no longer be considered fully benefit-responsive.

5. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Vantage Benefits Administrators, Inc. (Vantage) is the Plan's Third-Party Administrator and recordkeeper. Matrix Trust Company (Matrix) is the Custodian as defined by the Plan. Therefore, transactions with Vantage and Matrix qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $47,077 for the year ended December 31, 2017.

Vantage provides certain administrative services to the Plan pursuant to a contract between the Plan Sponsor and SunGard. SunGard receives revenue from mutual fund service providers for services SunGard provides to the funds. This revenue is used to offset certain amounts owed to SunGard for its administrative services to the Plan.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

7. TAX STATUS

The Plan, as originally drafted, is a Volume Submitter Profit Sharing Plan with Cash or Deferred Arrangement. The IRS has determined and informed the Sponsor of the prototype plan by a letter dated March 31, 2014, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). However, a determination letter from the IRS has not yet been requested by the Plan Sponsor to determine if the Plan as amended was designed in accordance with applicable sections of the IRC. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and ERISA and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

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

Net assets available for benefits per the financial statements	$	7,101,433
Less participant contributions receivable		(90,704)
Less employer contributions receivable		(68,791)
Net assets available for benefits per the Form 5500	$	6,941,938

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

Net increase in net assets available for benefits per the financial statements	$	1,018,890
Less participant contributions		(90,704)
Less employer contributions		(68,791)
Net increase in net assets available for benefits per the Form 5500	$	859,395

9. RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

It is not possible at this time to reasonably estimate the possible loss or range of loss, if any. We further caution that it is not possible to list all such factors, and you should not consider the identified factors as a complete list of all risks and uncertainties.

10. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

For the years ended December 31, 2017 and 2016, the Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors to not perform any auditing procedures with respect to the information certified by the Custodian of the Plan in 2017 and 2016, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule.

The following information was obtained from data that has been prepared and certified to as complete and accurate by the Custodian of the Plan, as of December 31, 2017 and 2016 and for the year ended December 31, 2017:

	2017	2016
Investments:		
Mutual funds (at fair value)	$ 6,110,777	$ 5,228,793
Investments (at contract value)	502,193	622,735
	$ 6,612,970	$ 5,851,528
Investment income:		
Net appreciation in fair value of investments	$ 938,068	

SUPPLEMENTAL INFORMATION

RASA FLOORS & CARPET CLEANING, LLC 401 (k) PLAN
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

Plan Number: 001 EIN: 27-1519180

(A)	(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) MARKET VALUE
*	Matrix Trust Company	AM FDS INCOME FD OF AMERICA - R3	(1)	$ 17,515
*	Matrix Trust Company	AMERICAN 2015 TARGET DATE RET FD R3	(1)	494
*	Matrix Trust Company	AMERICAN FUNDS 2015 TARGET DATE	(1)	19,210
*	Matrix Trust Company	AMERICAN FUNDS 2020 TARGET DATE	(1)	62,449
*	Matrix Trust Company	AMERICAN FUNDS 2025 TARGET DATE	(1)	43,642
*	Matrix Trust Company	AMERICAN FUNDS 2030 TARGET DATE	(1)	64,393
*	Matrix Trust Company	AMERICAN FUNDS 2035 TARGET DATE	(1)	113,940
*	Matrix Trust Company	AMERICAN FUNDS 2040 TARGET DATE	(1)	235,634
*	Matrix Trust Company	AMERICAN FUNDS 2045 TARGET DATE	(1)	252,637
*	Matrix Trust Company	AMERICAN FUNDS 2050 TARGET DATE	(1)	144,936
*	Matrix Trust Company	AMERICAN FUNDS 2055 TARGET DATE - CLASS R6	(1)	26,729
*	Matrix Trust Company	BLACKROCK MULTI ASSET INCOME PORTFOLIO I	(1)	175,732
*	Matrix Trust Company	BLK STRATEGIC INCOME OPP	(1)	209,632
*	Matrix Trust Company	CALAMOS MARKET NEUTRAL FD I SHARES	(1)	84,022
*	Matrix Trust Company	DFA EMERGING MARKETS CORE EQTY	(1)	176,179
*	Matrix Trust Company	DRIEHAUS EMERGING MKTS GROWTH FD	(1)	4,037
*	Matrix Trust Company	FIDELITY SELECT CONSUMER STAPLES	(1)	892
*	Matrix Trust Company	GROUP FIXED UNALLOCATION ANNUITY CONTRACT	(1)	502,193
*	Matrix Trust Company	JANUS HENDERSON TRITON FUND I SHARES	(1)	132,666
*	Matrix Trust Company	JP MORGAN VAL ADVANTAGE FD INS	(1)	646,114
*	Matrix Trust Company	LORD ABBETT SHT DUR INCOME-A	(1)	406
*	Matrix Trust Company	MFS INTERNATIONAL VALUE FUND -	(1)	2,246
*	Matrix Trust Company	MUTUAL GLOBAL DISCOVERY FUND - R6	(1)	306,742
*	Matrix Trust Company	OPPENHEIMER INTERNATIONAL	(1)	315,364
*	Matrix Trust Company	PARNASSUS MID CAP INSTITUTIONAL - $100K MIN,	(1)	272,539
*	Matrix Trust Company	PIMCO INCOME FD INSTL	(1)	451,144
*	Matrix Trust Company	PRUDENTIAL GLOBAL REAL ESTATE Q	(1)	125,755
*	Matrix Trust Company	PRUDENTIAL TOTAL RETURN BOND CL Q	(1)	190,035
*	Matrix Trust Company	SHORT DURATION INCOME R6	(1)	37,255
*	Matrix Trust Company	SMALLCAP WORLD FUND - CLASS R6	(1)	29,820
*	Matrix Trust Company	T. ROWE PRICE BLUE CHIP GROWTH I	(1)	347,410
*	Matrix Trust Company	VANGUARD 500 INDEX FUND - ADMR	(1)	430,455
*	Matrix Trust Company	VANGUARD 500 INDEX FUND - INV	(1)	3,991
*	Matrix Trust Company	VANGUARD EMERG MKTS STK INDEX	(1)	2,061
*	Matrix Trust Company	VANGUARD EMERGING MRKTS STCK INDX FD ADMI	(1)	14,522
*	Matrix Trust Company	VANGUARD MID-CAP INDEX FD - INV	(1)	51,958
*	Matrix Trust Company	VANGUARD SMALL-CAP INDEX - ADMR	(1)	54,934
*	Matrix Trust Company	VANGUARD TOTAL BD MKT INDEX - ADMR	(1)	252,850
*	Matrix Trust Company	VANGUARD TOTAL BD MKT INDEX - INV	(1)	574
*	Matrix Trust Company	VANGUARD TOTAL INT ST IDX - AD	(1)	257,301
*	Matrix Trust Company	VANGUARD TOTAL INTL STK INDEX FD	(1)	53,533
*	Matrix Trust Company	VANGUARD TOTAL STK MKT INDEX - ADMR	(1)	344,432
*	Matrix Trust Company	VANGUARD TOTAL STK MKT INDEX - INV	(1)	7,974
*	Matrix Trust Company	VICTORY MUNDER INTERNATIONAL SMALL CAP FUND A	(1)	146,623
*	Notes receivable from participants	VARYING MATURITIES AND INTEREST RATES	(1)	219,768
				$ 6,832,738

* Party-in-interest
(1) Participant directed

Asset Reconciliation

Security	12/31/2016 Market Value	Additions/ Purchases	Withdrawals/ Sales	Interest/* Dividends	Gain/** Loss	12/31/2017 Market Value
AF 2055 TARGET DATE - CLASS R3	591.22	17.46	616.05	17.46	7.37	0.00
ALLIANCE/BERN HIGH INCOME- A	916.06	4.31	914.96	4.31	(5.41)	0.00
ALLIANCE/BERN HIGH INCOME- Z	180,438.95	15,312.50	201,694.70	4,482.35	5,943.25	0.00
AM FDS INCOME FD OF AMERICA - R3	14,105.09	2,646.83	433.47	778.57	1,196.10	17,514.55
AMERICAN 2015 TARGET DATE RET FD R3	450.32	12.30	5.72	12.30	36.63	493.53
AMERICAN 2020 TARGET DATE RET FD R3	1,052.15	28.74	1,088.47	28.74	7.58	0.00
AMERICAN 2025 TARGET DATE RET FD R3	1,674.20	48.10	1,736.74	48.10	14.44	0.00
AMERICAN 2030 TARGET DATE RET FD R3	617.01	19.72	642.84	19.72	6.11	0.00
AMERICAN 2035 TARGET DATE RET FD R3	2,825.16	92.66	2,950.33	92.66	32.51	0.00
AMERICAN 2040 TARGET DATE RET FD R3	2,631.77	87.81	2,751.45	87.81	31.87	0.00
AMERICAN 2045 TARGET DATE RET FD R3	5,474.12	178.16	5,722.31	178.16	70.03	0.00
AMERICAN 2050 TARGET DATE RET FD R3	2,389.35	78.14	2,496.81	78.14	29.32	0.00
AMERICAN FUNDS 2015 TARGET DATE	6,010.21	14,043.15	1,618.42	196.42	775.09	19,210.03
AMERICAN FUNDS 2020 TARGET DATE	46,937.58	20,590.18	9,803.62	1,555.29	4,724.36	62,448.50
AMERICAN FUNDS 2025 TARGET DATE	33,950.36	5,474.26	409.97	1,164.74	4,627.59	43,642.24
AMERICAN FUNDS 2030 TARGET DATE	22,233.51	43,078.26	6,673.35	831.60	5,754.26	64,392.68
AMERICAN FUNDS 2035 TARGET DATE	96,487.77	41,965.01	42,337.31	3,677.75	17,824.84	113,940.31
AMERICAN FUNDS 2040 TARGET DATE	120,303.15	92,642.70	6,724.20	4,633.78	29,411.99	235,633.64
AMERICAN FUNDS 2045 TARGET DATE	166,693.42	70,297.35	22,098.37	6,256.59	37,744.16	252,636.56
AMERICAN FUNDS 2050 TARGET DATE	95,601.49	37,646.73	10,321.12	3,627.06	22,009.06	144,936.16
AMERICAN FUNDS 2055 TARGET DATE - CLASS R6	18,682.20	6,978.79	3,256.42	639.70	4,324.37	26,728.94
BLACKROCK MULTI ASSET INCOME PORTFOLIO I	0.00	191,641.95	17,534.96	4,583.71	1,625.15	175,732.14
BLK STRATEGIC INCOME OPP	0.00	230,460.95	21,950.29	4,097.05	1,120.88	209,631.54
BRIDGEWAY MANAGED VOLATILITY PORTFOLIO	140,796.06	8,077.47	152,733.42		3,859.89	0.00
CALAMOS MARKET NEUTRAL FD I SHARES	100,649.53	13,863.31	32,215.73	2,651.48	1,725.14	84,022.25
DFA EMERGING MARKETS CORE EQTY	0.00	177,974.65	23,135.42	3,367.38	21,339.32	176,178.55
DRIEHAUS EMERGING MKTS GROWTH FD	194,016.96	11,919.57	238,289.75	23.64	36,389.72	4,036.50
FIDELITY SELECT CONSUMER STAPLES	0.00	1,330.25	407.17	65.39	(30.73)	892.35
GROUP FIXED UNALLOCATION ANN CONT	624,201.93	7,269.46	139,322.52		10,044.55	502,193.42
JANUS HENDERSON TRITON FUND I SHARES	78,470.52	58,199.46	23,882.38	6,373.19	19,878.72	132,666.32
JOHN HANCOCK II LIFESTYLE AGGRESSIVE - R1	0.00	1,272.91	1,302.62		29.71	0.00
JP MORGAN VAL ADVANTAGE FD INS	541,055.03	191,373.00	152,303.61	14,138.52	65,989.58	646,114.00
LORD ABBETT SHT DUR INCOME-A	713.35	22.95	323.73	22.95	(6.95)	405.62
MFS INTERNATIONAL VALUE FUND -	1,556.30	291.11	17.50	55.87	415.63	2,245.54
MUTUAL DISCOVERY FUND - Z	0.00	273.25	276.41		3.16	0.00
MUTUAL GLOBAL DISCOVERY FUND- R6	327,309.07	93,918.99	127,375.64	16,958.00	12,889.17	306,741.59
OPPENHEIMER INTERNATIONAL	273,790.52	45,843.38	63,082.68	3,417.59	71,035.39	327,586.61
Parnassus Mid Cap Institutional - $100k min,	239,854.05	54,349.96	49,092.09	11,598.60	27,426.97	272,538.89

Broadridge Matrix TRUST COMPANY

Account Information

Name: Rasa Floors 401k
Account#: 07C672NY
Period: 01/01/2017 - 12/31/2017

Asset Reconciliation

Security	12/31/2016 Market Value	Additions/ Purchases	Withdrawals/ Sales	Interest/* Dividends	Gain/** Loss	12/31/2017 Market Value
PIMCO INCOME FD INSTL	178,982.48	294,880.48	27,637.41	13,654.29	4,918.26	451,143.81
PIMCO INCOME FUND CLASS A	27.12	0.27	27.97	0.27	0.58	0.00
Prudential Global Real Estate Q	136,681.99	20,433.27	39,554.44	6,164.72	8,193.87	125,754.69
PRUDENTIAL TOTAL RETURN BOND - A	778.49	1.78	780.82	1.78	0.55	0.00
PRUDENTIAL TOTAL RETURN BOND CL Q	142,096.09	68,643.72	26,455.90	5,180.49	5,750.61	190,034.52
Short Duration Income R6	38,196.59	6,746.81	7,160.75	1,497.40	(527.40)	37,255.25
SMALLCAP WORLD FUND - CLASS R6	25,025.43	1,259.13	1,900.69	1,259.13	5,436.15	29,820.02
T. Rowe Price Blue Chip Growth I	405,080.90	49,396.03	220,880.11	10,287.98	113,813.18	347,410.00
TEMPLETON GLOBAL BOND FD - A	750.42	0.00	748.54		(1.88)	0.00
TEMPLETON GLOBAL BOND FUND	128,476.03	9,185.51	139,712.51	1,757.88	2,050.97	0.00
VANGUARD 500 INDEX FUND - ADMR	357,876.33	77,832.71	75,896.99	7,729.05	70,642.52	430,454.57
VANGUARD 500 INDEX FUND - INV	2,876.28	538.89	58.02	66.35	634.18	3,991.33
VANGUARD EMERG MKTS STK INDEX	1,371.35	258.70	11.27	43.42	442.09	2,060.87
VANGUARD EMERGING MRKTS STCK INDX FD ADMI	8,467.23	3,777.46	485.17	310.62	2,762.43	14,521.95
VANGUARD MID-CAP INDEX FD - INV	48,990.35	5,602.49	10,844.09	675.04	8,209.56	51,958.31
VANGUARD SMALL-CAP INDEX - ADMR	53,397.94	4,933.35	10,585.21	771.28	7,187.84	54,933.92
VANGUARD TOTAL BD MKT INDEX - ADMR	360,852.79	34,571.54	147,694.31	8,760.32	5,120.27	252,850.29
VANGUARD TOTAL BD MKT INDEX - INV	798.10	17.96	251.88	17.96	10.09	574.27
VANGUARD TOTAL INT ST IDX - AD	175,106.96	54,445.68	16,296.04	6,485.90	44,046.20	257,302.80
VANGUARD TOTAL INTL STK INDEX FD	67,567.45	1,809.18	30,730.68	1,798.36	14,887.14	53,533.09
VANGUARD TOTAL STK MKT INDEX - ADMR	306,004.95	40,756.94	59,691.81	6,106.31	57,362.05	344,432.13
VANGUARD TOTAL STK MKT INDEX - INV	5,779.90	990.81	46.56	127.45	1,249.43	7,973.58
Victory Munder International Small Cap Fund A	61,339.21	99,844.73	23,413.47	7,753.11	8,852.82	146,623.29
Total	**5,849,002.79**	**2,215,253.22**	**2,208,407.19**	**176,213.73**	**769,342.33**	**6,625,191.15**

*The interest/dividends column is informational only. The numbers in this column are not part of the Gain(Loss) and MarketValue calculations. All Interest and Dividends are included in the Additions/Purchases column for purposes of all calculations.

**The Gain(loss) column reflects the change in MarketValue for the specified reporting period.