

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>												
<b>1a</b> Name of plan   <b>2a</b> 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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶		<b>1c</b> Effective date of plan		<b>2b</b> Employer Identification Number (EIN)		<b>2c</b> Plan Sponsor's telephone number		<b>2d</b> Business code (see instructions)			
<b>1b</b> Three-digit plan number (PN) ▶													
<b>1c</b> Effective date of plan													
<b>2b</b> Employer Identification Number (EIN)													
<b>2c</b> Plan Sponsor's telephone number													
<b>2d</b> Business code (see instructions)													

**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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	<b>Date</b>	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	<b>Date</b>	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	<b>Date</b>	Enter name of individual signing as DFE

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

Form 5500 (2017)  
v. 170203

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>5</b></div> <div style="width: 90%;"></div> </div>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6a(1)</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6a(2)</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6b</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6c</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6d</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6e</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6f</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6g</b></div> <div style="width: 90%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>6h</b></div> <div style="width: 90%;"></div> </div>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;"><b>7</b></div> <div style="width: 90%;"></div> </div>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:   <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☐ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

**Schedule QTA**  
**Special Terminal Report for Abandoned Plans**

**Part I. General Information**

- A. Name of plan The Videre Group 401(k) Plan
- B. Three-digit plan number 001
- C. Name of plan sponsor TNG Management, Inc. DBA Videre Group
- D. Employer identification number (of plan sponsor) 59-3685934
- E. Name of qualified termination administrator Nationwide Trust Company
- F. Employer identification number (of QTA) 31-1592130
- G. Total plan assets (as of the date of deemed termination) \$405,687.74 as of 2/22/2018
- H. Total expenses \$662.60 (\$50.00\*13 participants + 12.60\*1 participants)
- I. Total distributions \$408,676.90
- J. Were there distributions pursuant to 29 CFR 2578.1(d)(2)(vii)(B)?  
Yes ☒ No ☐
- K. Did the plan have assets with no readily ascertainable fair market value?  
Yes ☐ No ☒ (If yes, complete Part III)

**Part II. Itemization of Expenses**

Identify below each service provider and amount received, itemized by expense.

**Expense 1**

Name of service provider Nationwide Trust Company

Employer identification number 31-1592130

Amount received \$662.60

Description of expense The cost of administering the QTA and plan termination

Relationship to QTA N/A

**Expense 2**

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

**Expense 3**

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

**Expense 4**

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

**Expense 5**

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

**Expense 6**

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

**Expense 7**

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

**Part III. Assets with No Readily Ascertainable Value**

If the plan held assets in any of the following categories, check "Yes," enter the current value and state the method of valuation for each such asset.

	Yes	No	Value	Method of Valuation
A. Partnership/joint venture interests				
B. Employer real property				
C. Real estate (other than B)				
D. Employer securities				
E. Participant loans				
F. Loans (other than E)				
G. Tangible personal property				
H. Other (describe)				