## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

| For calendar  | r pian year 2014 or i  | fiscal plan year beginning 01/01   | /2014  | and ending 12/  | /31/2014   |   |
|---|--|--|--|---|--|---|
| A This retu   | rn/report is for:  | a single-employer plan   | <u> </u>   | plan (not multiemployer) (  |  |   |
| 71 TINO TOTA  | ini/report to for:   | a one-participant plan   | a foreign plan   | noyor information in accord   | dance with the form  | ii iiioti dottorioj                                     |
| <b>B</b> This retur   | n/report is  | the first return/report  | the final return/repor   | t   |  |   |
|   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | an amended return/report   | H  | urn/report (less than 12 mo   | onths)   |   |
| C Check bo  | ox if filing under:  | Form 5558  | automatic extension  | n   | DFVC pr  | rogram  |
|   | -  | special extension (enter des   | scription)   |   |  |   |
| Part II   |  | ormation—enter all requested   | information  |   | 1  |   |
| 1a Name of GOLDBLOOM  | •  | 401 (K) AND PROFIT SHARING I   | PLAN   |   | <b>1b</b> Three-digit plan number (PN) ▶   |   |
|   |  |  |  |   | 1c Effective da  |   |
| <b>2a</b> Plan spo  | onsor's name and a<br>I ADVISORY, LLC  | ddress; include room or suite num  | nber (employer, if for a sing  | le-employer plan)   | <b>2b</b> Employer Id  | dentification Number                                    |
| 0024 NODTUI   | JP WAY, SUITE 120  | 0  |  |   | 2c Sponsor's t   | relephone number<br>6-528-2001                          |
| BELLEVUE, W   |  | U  |  |   | 2d Business co   | ode (see instructions)                                  |
| 3a Plan adı   | ministrator's name a   | and address XSame as Plan Spo  | onsor.   |   | <b>3b</b> Administrate   |   |
|   |  |  |  |   |  |   |
|   |  |  |  |   | 3c Administrate  | or's telephone number                                   |
|   |  | ne plan sponsor has changed sinc<br>umber from the last return/report.   | ce the last return/report filed  | for this plan, enter the  | 4b EIN   | or's telephone number                                   |
| name, I<br><b>a</b> Sponsor   | EIN, and the plan nur's name   | umber from the last return/report.   | ·<br>  |   | 4b EIN<br>4c PN  | or's telephone number                                   |
| name, I a Sponsor 5a Total nu   | EIN, and the plan now<br>r's name<br>umber of participant  | umber from the last return/report.   | r  |   | 4b EIN<br>4c PN<br>5a  | 6   |
| name, I a Sponsor 5a Total nu b Total nu  | EIN, and the plan now<br>r's name<br>umber of participant<br>umber of participant  | umber from the last return/report.  s at the beginning of the plan yeas at the end of the plan year  | r  |   | 4b EIN<br>4c PN<br>5a  |   |
| name, I a Sponsor 5a Total nu b Total nu c Number complete  | EIN, and the plan not r's name umber of participant umber of participant r of participants with the this item)   | s at the beginning of the plan yeas at the end of the plan year account balances as of the end of  | rof the plan year (defined be  | enefit plans do not   | 4b EIN<br>4c PN<br>5a  | 6   |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total  | EIN, and the plan not r's name umber of participant umber of participant of participants with the this item)   | s at the beginning of the plan years at the end of the plan years account balances as of the end of the plan year articipants at the beginning of the      | rof the plan year (defined be  | enefit plans do not   | 4b EIN  4c PN  5a  5b  5c  5d(1)   | 6   |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total   | EIN, and the plan notes of participant number of participant of participant of participants with the this item)  | s at the beginning of the plan years at the end of the plan years account balances as of the end of the plan year articipants at the end of the plan years | rof the plan year (defined be plan year  | enefit plans do not   | 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)  | 6 8   |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number  | EIN, and the plan notes of participant umber of participant umber of participants with the this item)  | s at the beginning of the plan years at the end of the plan years account balances as of the end of the plan year articipants at the beginning of the      | rof the plan year (defined be plan yearplan year   | enefit plans do not   | 4b EIN  4c PN  5a  5b  5c  5d(1)   | 6 8   |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number less than Caution: A Under penal SB or Sched                             | EIN, and the plan not r's name umber of participant umber of participants with the this item)  | s at the beginning of the plan years at the end of the plan years at the end of the plan years   | rof the plan year (defined be plan yearyearyear with accrued be curn/report will be assesse ructions, I declare that I have  | enefit plans do not enefits that were ed unless reasonable cau  | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if a  | 6<br>8<br>8<br>6<br>6                                   |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number less than Caution: A Under penal SB or Sched belief, it is tri           | EIN, and the plan not r's name umber of participant umber of participant or of participants with the this item)  | s at the beginning of the plan years at the end of the plan years at the end of the plan years   | rof the plan year (defined be plan yearyearyear with accrued be curn/report will be assesse ructions, I declare that I have  | enefit plans do not enefits that were ed unless reasonable cau  | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if a  | 6<br>8<br>8<br>6<br>6                                   |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number less than Caution: A Under penal SB or Sched belief, it is tru           | EIN, and the plan not r's name umber of participant umber of participant or of participants with the this item)  | s at the beginning of the plan years at the end of the plan years at the end of the plan years   | of the plan year (defined be plan year   | enefit plans do not enefits that were ed unless reasonable cau we examined this return/report   | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if all t, and to the best of the second  | 6 8 8 6 6 6 1. pplicable, a Schedule f my knowledge and |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Number less that Caution: A Under penal SB or Sched belief, it is tre SIGN HERE | EIN, and the plan nor's name  umber of participant umber of participants with te this item)  | s at the beginning of the plan years at the end of the plan years at the end of the plan years   | of the plan year (defined be plan year   | enefit plans do not enefits that were | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if all t, and to the best of the second  | 6 8 8 6 6 6 1. pplicable, a Schedule f my knowledge and |
| name, I a Sponsor 5a Total nu b Total nu c Number complet d(1) Total e Number less than Caution: A Under penal SB or Sched belief, it is tru SIGN HERE            | EIN, and the plan nor's name  umber of participant umber of participant of participants with the this item) I number of active p of participants that on 100% vested  penalty for the late titles of perjury and of dule MB completed a ue, correct, and con- illed with authorized  Signature of plan | s at the beginning of the plan years at the end of the plan years at the end of the plan years   | plan year (defined be plan year with accrued be plan year with accrued be plan year will be assessed ructions, I declare that I have as well as the electronic versions of the plan year will be assessed ructions, I declare that I have as well as the electronic versions. Date | enefit plans do not enefits that were end unless reasonable cau ve examined this return/report LES REVZON Enter name of individue   | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if alt, and to the best of the be | 6 8 8 6 6 6 1. pplicable, a Schedule f my knowledge and |

465 FURNACE STREET SUITE 6 MARSHFIELD, MA 02050

|           | Form 5500-SF 2014  |                             | Page <b>2</b>                     |         |        |          |           |          |                    |         |      |
|-----------|--|-----------------------------|-----------------------------------|---------|--------|----------|-----------|----------|--------------------|---------|------|
| b         | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann   | an independ<br>and conditio | ent qualified public accountans.) | nt (IQ  | PA)    |          |           |          | □ .                | es [    | No   |
| C         | f the plan is a defined benefit plan, is it covered under the PBGC ir  | nsurance pro                | gram (see ERISA section 40        | 21)? .  |        | Yes      | No        | <u> </u> | lot de             | termine | ed   |
| Par       | t III Financial Information  |                             |                                   |         |        |          |           |          |                    |         |      |
| 7         | Plan Assets and Liabilities  |                             | (a) Beginning of Yea              | ır      |        |          | (b) Eı    | nd of    | Year               |         |      |
| а         | Total plan assets  | . 7a                        | 1670                              | 88      |        |          |           |          | 17                 | 4439    |      |
| b         | Total plan liabilities   | . 7b                        |                                   |         |        |          |           |          |                    |         |      |
| <u> </u>  | Net plan assets (subtract line 7b from line 7a)  | . 7с                        | 1670                              | 88      |        |          |           |          | 17                 | 4439    |      |
|           | Income, Expenses, and Transfers for this Plan Year   |                             | (a) Amount                        |         |        |          | (b        | ) Tot    | al                 |         |      |
|           | Contributions received or receivable from: (1) Employers   | . 8a(1)                     | 104                               | 181     |        |          |           |          |                    |         |      |
|           | (2) Participants   |                             | 280                               | )15     |        |          |           |          |                    |         |      |
|           | (3) Others (including rollovers)   |                             | 249                               | 983     |        |          |           |          |                    |         |      |
| b         | Other income (loss)  | . 8b                        | -448                              | 351     |        |          |           |          |                    |         |      |
| С         | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | . 8c                        |                                   |         |        |          |           |          | 1                  | 8628    |      |
|           | Benefits paid (including direct rollovers and insurance premiums   | 0.1                         | 108                               | R∩1     |        |          |           |          |                    |         |      |
|           | to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  |                             | 100                               | 70 1    |        |          |           |          |                    |         |      |
|           | Administrative service providers (salaries, fees, commissions)   | . 8e<br>. 8f                | 4                                 | 176     |        |          |           |          |                    |         |      |
|           | Other expenses   |                             |                                   |         |        |          |           |          |                    |         |      |
|           | Total expenses (add lines 8d, 8e, 8f, and 8g)  |                             |                                   |         |        |          |           |          | 1                  | 1277    |      |
|           | Net income (loss) (subtract line 8h from line 8c)  |                             |                                   |         |        |          |           |          |                    | 7351    |      |
|           | Transfers to (from) the plan (see instructions)  | . 8i                        |                                   |         |        |          |           |          |                    |         |      |
| Par       | t IV Plan Characteristics  | 9)                          |                                   |         |        |          |           |          |                    |         |      |
| b<br>Part | If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides wel | eature codes                | s from the List of Plan Charad    | cterist | ic Cod | des in t | he instru | ıctior   | ns:                |         |      |
| 10        | During the plan year:  |                             |                                   |         | Yes    | No       |           | Α        | mour               | nt      |      |
| a         | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide   |                             |                                   | 10a     |        | X        |           |          |                    |         |      |
| b         | Were there any nonexempt transactions with any party-in-interest on line 10a.)   |                             |                                   | 10b     |        | X        |           |          |                    |         |      |
| С         | Was the plan covered by a fidelity bond?   |                             |                                   | 10c     | X      |          |           |          |                    | 40      | 0000 |
| d         | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?   |                             |                                   | 10d     |        | X        |           |          |                    |         |      |
| е         | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)   | of the benef                | its under the plan? (See          | 10e     |        | X        |           |          |                    |         |      |
| f         | Has the plan failed to provide any benefit when due under the pla  | ın?                         |                                   | 10f     |        | X        |           |          |                    |         |      |
| g         | Did the plan have any participant loans? (If "Yes," enter amount a   | as of year en               | d.)                               | 10g     |        | X        |           |          |                    |         |      |
| h         | If this is an individual account plan, was there a blackout period? 2520.101-3.)   |                             |                                   | 10h     |        | X        |           |          |                    |         |      |
| i         | If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10   | he required i               | notice or one of the              | 10i     |        |          |           |          |                    |         |      |
| Part      |  |                             |                                   |         |        | •        |           |          |                    |         |      |
| 11        | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   |                             |                                   |         |        |          |           |          | Y                  | es X    | No   |
| 11a       | Enter the unpaid minimum required contribution for current year for  |                             |                                   |         |        | 11a      |           |          | _                  |         |      |
| 12        | Is this a defined contribution plan subject to the minimum funding   |                             |                                   |         |        |          | ERISA?    |          | Y                  | es X    | No   |
|           | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below   |                             |                                   |         |        |          |           |          |                    |         |      |
| а         | If a waiver of the minimum funding standard for a prior year is being ranting the waiver.  | -                           |                                   |         | and e  | _        | ne date d |          | e lettei<br>'ear _ | ruling  |      |

|      | Form 5500-SF 2014   | Page <b>3</b> - 1          |                      |         |         |                 |      |
|------|---|----------------------------|----------------------|---------|---------|-----------------|------|
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For   | m 5500), and skip to lin   | e 13.                |         |         |                 |      |
| b    | Enter the minimum required contribution for this plan year  |                            |                      | 12b     |         |                 |      |
|      |   |                            |                      |         |         |                 |      |
| С    | Enter the amount contributed by the employer to the plan for this plan year   |                            |                      | 12c     |         |                 |      |
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)  |                            |                      | 12d     |         |                 |      |
| е    | Will the minimum funding amount reported on line 12d be met by the funding  | deadline?                  |                      |         | Yes     | No              | N/A  |
| Part | VII Plan Terminations and Transfers of Assets   |                            |                      |         |         |                 |      |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?   |                            |                      | Y       | es X No |                 |      |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer the   | nis year                   |                      | 13a     |         |                 |      |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?  |                            | •                    | ontrol  |         | Yes             | ( No |
| С    | If during this plan year, any assets or liabilities were transferred from this pla<br>which assets or liabilities were transferred. (See instructions.) | in to another plan(s), ide | ntify the plan(s) to | )       |         |                 |      |
| 1    | 3c(1) Name of plan(s):  |                            | 130                  | c(2) EI | N(s)    | <b>13c(3)</b> P | N(s) |
|      |   |                            |                      |         |         |                 |      |
|      |   |                            | 1                    |         |         | l               |      |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

the Employee ZU14

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part          | I Annual Report  | Identification Information   |  |                           |                    |   |   |  |  |
|---------------|--|--|--|---------------------------|--------------------|---|---|--|--|
| For cale      | ndar plan year 2014 or fi  | scal plan year beginning   | 01/01/2014   | and                       | ending             | 12/31/2                                 | 014   |  |  |
|               | return/report is for:  | x a single-employer plan   | a multiple-employer of participating emplo<br>a foreign plan |                           |                    |   | this box must attach a list form instructions)      |  |  |
| <b>B</b> This | return/report is:  | the first return/report  | the final return/report                                      |                           |                    |   |   |  |  |
|               |  | an amended return/report   | a short plan year retu                                       | ırn/report (              | less than 12 r     | months)                                 |   |  |  |
| C Che         | ck box if filing under:  | Form 5558  | automatic extension  |                           |                    | DFVC                                    | program   |  |  |
|               |  | special extension (enter description   | n)   |                           |                    |   |   |  |  |
| Part I        | I Basic Plan Info  | ormation enter all requested infor   | mation   |                           |                    |   |   |  |  |
| 1a Na         | me of plan   |  |  |                           |                    | 1b Three-di                             |   |  |  |
| Go            | ldbloom Advisory   | , LLC 401 (k) and Profit S   | haring Plan  |                           |                    | plan nun<br>(PN) ▶                      | 001   |  |  |
|               |  |  |  |                           |                    | 1c Effective 01/01/                     |   |  |  |
|               |  | ddress; include room or suite number (e  | mployer, if for a singl                                      | e-employe                 | r plan)            | 2b Employe                              | er Identification Number                            |  |  |
| Go            | ldbloom Advisory   | , LLC  |  |                           |                    | (EIN) 2                                 | 20-3767048  |  |  |
| 200           |  | 100  |  |                           |                    |   | 's telephone number<br>528–2001                     |  |  |
| 282           | 21 Northup Way, Suite  | 120  |  |                           |                    |   | s code (see instructions)                           |  |  |
|               | Bellevue WA 98005  |  |  |                           |                    | 524210                                  | 1   |  |  |
| 3a Pla        | n administrator's name a   | and address X Same as Plan Sponso  | r Name   |                           |                    | 3b Administrator's EIN                  |   |  |  |
| 4 If tl       | ne name and/or FIN of th   | e plan sponsor has changed since the l   | ast return/report filed                                      | for this pla              | n enter the        | 4b EIN                                  | crator's telephone number                           |  |  |
|               |  | mber from the last return/report.  | act returning part med                                       | ioi tino pia              | ii, ontor the      | 10 2111                                 |   |  |  |
| a Sp          | onsor's name   |  |  |                           |                    | 4c PN                                   |   |  |  |
|               |  | at the beginning of the plan year  |  |                           |                    | 5a                                      | 6   |  |  |
|               |  | at the end of the plan year  |  |                           |                    | 5b                                      | 8   |  |  |
|               |  | account balances as of the end of the p  |  |                           |                    | 5c                                      | 8   |  |  |
| d(1) T        | otal number of active par  | rticipants at the beginning of the plan ye   | ar   | •••••                     | ••••••             | 5d(1)                                   | 6   |  |  |
| d(2) T        | otal number of active par  | rticipants at the end of the plan year   | •••••  |                           |                    | 5d(2)                                   | 6   |  |  |
|               | mber of participants that strength than 100% vested                                  | terminated employment during the plan  | year with accrued be   | nefits that               | were               | 5e                                      |   |  |  |
| Cautio        | n: A penalty for the late  | or incomplete filing of this return/rep  | oort will be assesse   | d unless r                | easonable ca       | ause is establis                        | hed.  |  |  |
| SB or S       | penalties of perjury and o<br>schedule MB completed a<br>t is true, correct, and com | ther penalties set forth in the instruction<br>and signed by an enrolled actuary, as w<br>plete. | s, I declare that I hav<br>ell as the electronic v           | e examine<br>ersion of th | d this return/repo | eport, including,<br>ort, and to the be | if applicable, a Schedule<br>st of my knowledge and |  |  |
| SIGN          | MACL   |  |  | Steven                    | Goldbloo           | om                                      |   |  |  |
| HERE          | Signature of plan adm  | ninistrator  | Date 3/24/1  | Enter nar                 | me of individu     | al signing as pla                       | n administrator                                     |  |  |
| SIGN          |  |  | 71   |                           |                    |   |   |  |  |
| HERE          | Signature of employe   | r/plan sponsor   | Date   | Enter nar                 | ne of individu     | al signing as em                        | ployer or plan sponsor                              |  |  |

MA 02050

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Revzon Consulting Group

US Marshfield

465 furnace Street Suite 6

Preparer's telephone number (optional)

(781) 740-1004

|          | Form 5500-SF 2014   |   | Page 2   |         |         |           |                    |                             |
|----------|---|---|--|---------|---------|-----------|--------------------|-----------------------------|
| 6a       | Were all of the plan's assets during the plan year invested in eligible   | assets? (                               | See instructions.)                               |         |         |           |                    | X Yes No                    |
|          | Are you claiming a waiver of the annual examination and report of ar  |   |  |         |         |           |                    |                             |
|          | under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar  |   |  |         |         |           | •••••              | X Yes No                    |
|          | If you answered "No" to either line 6a or line 6b, the plan canno   | t use For                               | n 5500-SF and must instead                       | use F   | orm !   | 5500.     |                    |                             |
| С        | If the plan is a defined benefit plan, is it covered under the PBGC ins   | surance pr                              | ogram (see ERISA section 402                     | (1)?    | [       | Yes       | No No              | Not determined              |
| Pa       | rt III Financial Information  |   |  |         |         |           |                    |                             |
| 7        | Plan Assets and Liabilities   |   | (a) Beginning of Year                            |         |         |           | (b) End o          | f Year                      |
| а        | Total plan assets   | 7a                                      | 167,08   | 88      |         |           |                    | 174,439                     |
| b        | Total plan liabilities  | 7b                                      |  |         |         |           |                    |                             |
| С        | Net plan assets (subtract line 7b from line 7a)   | 7c                                      | 167,08   | 38      |         |           |                    | 174,439                     |
|          | Income, Expenses, and Transfers for this Plan Year  | 000000000000000000000000000000000000000 | (a) Amount                                       |         |         |           | (b) To             | otal                        |
| a        | Contributions received or receivable from: (1) Employers  | 8a(1)                                   | 10,48  | 31      |         |           |                    |                             |
| -        | (2) Participants  | 8a(2)                                   | 28,03  |         |         | -5,00     |                    | al facilities de la company |
|          | (3) Others (including rollovers)  | 8a(3)                                   | 24,98  | 33      |         | a distrib | or meaning factors | 新的 <b>的</b> 国际 (1875年)      |
| b        | Other income (loss)   | 8b                                      | (44,85)  |         |         | Admidt.   | region and the     | <b>建建筑建筑</b>                |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                                      | GREETE PROPERTY IN CONTRACTOR                    |         |         |           |                    | 18,628                      |
|          | Benefits paid (including direct rollovers and insurance premiums  |   |  |         |         | SICHES    |                    |                             |
|          | to provide benefits)  | 8d                                      | 10,80  | )1      |         |           |                    |                             |
|          | Certain deemed and/or corrective distributions (see instructions)   | 8e                                      | 4.5  | 7.0     | 1 1 1 1 |           |                    |                             |
| <u>f</u> | Administrative service providers (salaries, fees, commissions)  | 8f                                      | 4  | 76      |         |           |                    |                             |
|          | Other expenses  | 8g                                      | TERROLDERS CONTROL                               |         |         |           |                    | 11,277                      |
| -        | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h<br>8i                                |  | nugar.  |         |           |                    | 7,351                       |
| -        | Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)              | 8j                                      | eros protogo, o de como aperora saltema o finado |         | 270.00  | e 1846 19 |                    | 7,7332                      |
|          | rt IV Plan Characteristics  | oj                                      |  |         |         |           |                    |                             |
|          | If the plan provides pension benefits, enter the applicable pension fe  | atura and                               | as from the List of Dian Charact                 | torioti | o Cod   | oo in ti  | ha inatruati       | ono:                        |
| Ja       | 2A 2E 2F 2G 2J 2T 3D  | ature coue                              | es nom the List of Plan Charac                   | tensu   | c coa   | es III u  | ne mstructi        | ons.                        |
| -        |   |   | from the List of Dlaw Observato                  |         | 0-4-    | - i Al-   |                    |                             |
| b        | If the plan provides welfare benefits, enter the applicable welfare fear  | iture codes                             | s from the List of Plan Characte                 | ristic  | Code    | s in the  | e instructio       | ns:                         |
| Da       | at V Compliance Overtions   |   |  |         | -       |           |                    |                             |
| 10       | rt V Compliance Questions  During the plan year:  |   |  |         | Yes     | No        |                    | Amount                      |
| a        | Was there a failure to transmit to the plan any participant contribut   | ions within                             | the time period described in                     |         | 165     | NO        |                    | Amount                      |
|          | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc  |   |  | 10a     |         | Х         |                    |                             |
| b        | , , , , , , , , , , , , , , , , , , ,   |   |  | 401     | 7       | v         |                    |                             |
|          | on line 10a.)   |   |  | 10b     |         | X         |                    | 40.000                      |
|          | Was the plan covered by a fidelity bond?  |   |  | 10c     | Х       |           |                    | 40,000                      |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?                              |   |  | 10d     |         | x         |                    |                             |
| е        | Were any fees or commissions paid to any brokers, agents, or other  |   |  |         |         |           |                    |                             |
|          | insurance service, or other organization that provides some or all o  |   |  | 40      |         | v         |                    |                             |
| E        | instructions.)  |   |  | 10e     |         | X         |                    |                             |
|          | Has the plan failed to provide any benefit when due under the plan  | 1?                                      |  | 10f     |         | Х         |                    |                             |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as   | of year e                               | nd.)   | 10g     |         | Х         |                    |                             |
| h        | 1 ,   |   |  | 10h     |         |           |                    |                             |
|          | 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the |   |  |         |         | Х         |                    |                             |
| i        | exceptions to providing the notice applied under 29 CFR 2520.101.   |   |  | 10i     |         |           |                    |                             |
| Pai      | rt VI Pension Funding Compliance  | -                                       |  | 101     |         |           |                    |                             |
| -        |   | onto O (ICII)                           | /aa II aaa in-tti                                | ale t   | C a !-  | ll 07     | ) /Ea              |                             |
| 11       | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)                | ••••••                                  |  |         |         |           |                    | Yes X No                    |
|          | a Enter the unpaid minimum required contribution for current year fro   |   |  |         |         |           |                    |                             |
| 12       | Is this a defined contribution plan subject to the minimum funding r  | requireme                               | nts of section 412 of the Code of                | or sec  | tion 3  | 02 of E   | ERISA?             | Yes X No                    |
|          | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,   |   |  |         |         |           |                    |                             |
| a        | If a waiver of the minimum funding standard for a prior year is bein  | ig amortize                             | ed in this plan year, see instruct               |         | and e   | nter th   |                    | he letter ruling            |