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 sections 6057(b) and 6058(a) of the Internal

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | | <u>t Identification Informatior</u> | 1 | | | | | | | |
|---------------------|-------------------------|--|-------------------------------|---|-----------------------------------|--------------------------------|--|--|--|--|
| For calend | dar plan year 2014 or | fiscal plan year beginning 01/01/2 | 2014 | and ending 12 | 2/31/2014 | | | | | |
| A This re | eturn/report is for: | a single-employer plan | | plan (not multiemployer) loyer information in accor | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | |
| B This ret | turn/report is | the first return/report | the final return/report | | | | | | | |
| | | urn/report (less than 12 m | months) | | | | | | | |
| C Check | box if filing under: | DFVC program | | | | | | | | |
| | | special extension (enter desc | ription) | | | | | | | |
| Part II | Basic Plan Inf | ormation—enter all requested ir | ıformation | | | | | | | |
| 1a Name WOLFSTON | | OCH, P.S., INC. PROFIT SHARING | 3 AND 401(K) PLAN & TR | UST | 1b Three-digit plan number (PN) ▶ | | | | | |
| | | | | | 1c Effective da | | | | | |
| | sponsor's name and a | ddress; include room or suite numb ICH, PS INC. | per (employer, if for a singl | le-employer plan) | 2b Employer lo | dentification Number | | | | |
| 1111 THIRD | AVENUE, SUITE 18 | 00 | | | 2c Sponsor's | telephone number 6-682-3840 | | | | |
| SEATTLE, V | | | | | 2d Business co | ode (see instructions) | | | | |
| 3a Plan a | administrator's name | and address XSame as Plan Spon | isor. | | 3b Administrat | | | | | |
| | | | | | | | | | | |
| name | e, EIN, and the plan n | he plan sponsor has changed since umber from the last return/report. | the last return/report filed | for this plan, enter the | 4b EIN | | | | | |
| | sor's name | | | | 4c PN | _ | | | | |
| _ | | s at the beginning of the plan year | | | 5a | 23 | | | | |
| | | s at the end of the plan year | | | 5b | 20 | | | | |
| comp | lete this item) | n account balances as of the end of | | | 5c | 19 | | | | |
| d(1) To | tal number of active p | articipants at the beginning of the p | lan year | | 5d(1) | 14 | | | | |
| | | participants at the end of the plan ye | | | 5d(2) | 10 | | | | |
| | | terminated employment during the | | | 5e | 1 | | | | |
| | | e or incomplete filing of this retur | | | | | | | | |
| SB or Sch | | other penalties set forth in the instru and signed by an enrolled actuary, nolete. | | | | | | | | |
| SIGN | | d/valid electronic signature. | | | | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | lual signing as plar | administrator | | | | |
| SIGN HERE | | | | | | | | | | |
| | Signature of emp | loyer/plan sponsor name, if applicable) and address (i | Date | Enter name of individ | | oloyer or plan sponsor | | | | |
| i reparers | , name (moldding iillii | пать, п арупсавіє) апи ацитесь (і | notate room or suite numb | ου, η (οριισπαι) | i Toparer S telepi | none number (optional) | | | | |

| | Form 5500-SF 2014 | | Page 2 | | | | | |
|------------|--|--------------------------|---------------------------------|---------|-------------|-----------------|------------------|--------|
| b | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con | an indeper and condit | X Yes | No No | | | | |
| C | f the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA section 40 | 21)? | | Yes | No Not determ | mined |
| Par | t III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End of Year | |
| | Total plan assets | 7a | 43240 | 005 | _ | | 37193 | 62 |
| | Total plan liabilities | 7b | 420.40 | 205 | - | | 274.00 | 00 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 43240 | JU5 | | | 37193 | 02 |
| | ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) Total | |
| | 1) Employers | 8a(1) | 113 | 326 | | | | |
| | (2) Participants | 8a(2) | 382 | 217 | | | | |
| | 3) Others (including rollovers) | 8a(3) | | | | | | |
| | Other income (loss) | 8b | 3093 | 338 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 3588 | 81 |
| | Benefits paid (including direct rollovers and insurance premiums or provide benefits) | 8d | 9635 | 524 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | |
| g | Other expenses | 8g | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 9635 | 24 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -6046 | 43 |
| Par | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| b Part | If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions | eature cod | es from the List of Plan Chara | cterist | ic Coc | les in t | he instructions: | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| | Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations) | ıciary Corr | ection Program) | 10a | | X | | |
| | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | |
| | Was the plan covered by a fidelity bond? | | | 10c | X | | | 500000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | <u></u> | | 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 ben | efits under the plan? (See | 10e | | X | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | nd.) | 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 the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | X No |
| <u>11a</u> | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | <u> </u> | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ection : | 302 of | ERISA? Yes | 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 beir granting the waiver. | - | | | , and 6 | enter th Day | | ling |

| | Form 5500-SF 2014 Page 3 - 1 | | | | | |
|------|--|--------|-----|--------|------|-----------------|
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 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 | 120 | ; | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 120 | ı | | | |
| 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? | | Ye | es X N | 0 | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | contro | ol | | Ye | s X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | ΕIN | l(s) | 13c(| 3) PN(s) |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |

14a Name of trust WOLFSTONE, PANCHOT & BLOCH, P.S., I

14b Trust's EIN 272281819

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| | ansieri beneik desiran, desperater | ► Complete all entries in ac | cordance with the instru | ictions to the ronn 33 | JU-SF. | |
|-----------------|--|---|------------------------------|---|-----------------------------|--------------------------------|
| | | Identification Information | | | | |
| For | calendar plan year 2014 or fis | cal plan year beginning | 01/01/2014 | and ending | 12/31/2014 | |
| | This return/report is for: | a single-employer plan a one-participant plan | | olan (not multiemployer) byer information in accor | | |
| B | This return/report is: | the first return/report | 븓 | | 4. | |
| | | an amended return/report | a short plan year retu | ırn/report (less than 12 ı | months) | |
| С | Check box if filing under: | Form 5558 | automatic extension | | DFVC pro | gram |
| Inchise Inchise | | | | | | |
| 44.1-17. | | rmation enter all requested i | nformation | | 1b Three-digit | |
| 1a | Name of plan | & Bloch, P.S., Inc. Pro | ofit Sharing and | 401(k) Plan & | plan number | 001 |
| | worrscone, Panenot | a broch, F.S., inc. II. | orre ordering and | 101(11) 112011 | 1c Effective dat 01/01/19 | e of plan |
| 2a | Plan sponsor's name and ac Wolfstone, Panchot | dress; include room or suite numbe & Bloch, PS Inc. | er (employer, if for a singl | e-employer plan) | 2b Employer Id (EIN) 91- | entification Number 1504890 |
| | | | | | 2c Sponsor's te (206) 68 | lephone number 2-3840 |
| | 1111 Third Avenue, Suite | ≥ 1800 | | | 2d Business co 541110 | de (see instructions) |
| 3a | US Seattle WA 98101 Plan administrator's name a | nd address X Same as Plan Spo | onsor Name | | 3b Administrate | or's EIN |
| - u | 1 In administration of the control of | | | | | |
| | | | | | | r's telephone number |
| 4 | If the name and/or EIN of th name, EIN, and the plan nu | e plan sponsor has changed since mber from the last return/report. | the last retum/report filed | for this plan, enter the | 4b EIN | |
| a | | | | | 4c PN | |
| 5a | | at the beginning of the plan year | | | | 23 |
| b | | at the end of the plan year | | | . 5b | 20 |
| С | Number of participants with complete this item) | account balances as of the end of | the plan year (defined bei | nefit plans do not | | 19 |
| d | (1) Total number of active pa | rticipants at the beginning of the pla | an year | | . 5d(1) | 14 |
| d | (2) Total number of active pa | rticipants at the end of the plan yea | F | ********************* | 5d(2) | 10 |
| е | Number of participants that | terminated employment during the | plan year with accrued be | | 5e | 1 |
| _ | | or incomplete filing of this retu | n/report will be assesse | ed unless reasonable c | ause is established | |
| U S | nder penalties of periury and o | other penalties set forth in the instru and signed by an enrolled actuary, | ctions, I declare that I ha | ve examined this return/ | report, including, if a | oplicable, a Schedule |
| | SIGN Jawin of | Moderand | 7/6/15 | Edwin G. Woodv | vard | |
| 2330 | HERE Signature of plan add | | Date | Enter name of individ | lual signing as plan a | dministrator |
| | | | | | | |
| 33332 | SIGN | | Data | Enter name of individ | lual cianina as emple | wer or plan enongor |
| 300000 | HERE Signature of employe | er/plan sponsor name, if applicable) and address; i | Date | <u> </u> | | one number (optional) |
| | reparers name (including tirm | name, ii applicable) and address, i | nade four or sale nar | net (ohtotisti) | repaid a telepi | one named (opnone) |
| ı | | | | | | |

| | Form 5500-SF 2014 | | Page 2 | | | | | |
|--|--|--|--|--|------------|--|---------------------------------------|--------------|
| Sa We | ere all of the plan's assets during the plan year invested in eligible | assets? (S | See instructions.) | ******* | | | | X Yes No |
| | e you claiming a waiver of the annual examination and report of a | | ent qualified public accountant (| | | | | |
| un | r 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) I answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | |
| lf y | you answered "No" to either line 6a or line 6b, the plan canno the plan is a defined benefit plan, is it covered under the PBGC ins | t use Forn | n 5500-Sir and must instead u ocram (see ERISA section 4021 | SE FO 12 | riii əə | υυ. Tyes | П № Г | Not determin |
| | | diance pro | ogram (acc Enton accion roza | ,. •· | | | | |
| Part - | | | (a) Beginning of Year | | | | (b) End of | Vear |
| | an Assets and Liabilities | 70 | 4,324,00 | | | | · · · · · · · · · · · · · · · · · · · | 3,719,362 |
| | otal plan assets | 7a 7b | 4,324,00 | ,,, | | | | 3,713,302 |
| | otal plan liabilitieset plan assets (subtract line 7b from line 7a) | 7c | 4,324,00 |)5 | | | | 3,719,362 |
| | come, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Tot | |
| | ontributions received or receivable from: | | 11 20 | | | A STA | | |
| |) Employers | 8a(1) | 11,32 38,21 | | | | | 5.0 |
| |) Participants | 8a(2) | 30,23 | | | | | |
| |) Others (including rollovers) | 8a(3) 8b | 309,33 | 38 | | | | |
| | ther income (loss)otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 3007 | -30 | 26/20/20/5 | 5800,010 | | 358,881 |
| | enefits paid (including direct rollovers and insurance premiums | - 30 | | | | | | 303,031 |
| to | provide benefits) | 8d | 963,52 | | | | | |
| e C | ertain deemed and/or corrective distributions (see instructions) | 8e | | 0 | Constant | | | |
| f A | dministrative service providers (salaries, fees, commissions) | 8f | | | | | | |
| | ther expenses | 8g | | | | | | 062 504 |
| | otal expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 300 | | | | 963,524 |
| _ | et income (loss) (subtract line 8h from line 8c) | 8i | | | | | | (604,643) |
| j Tr | ransfers to (from) the plan (see instructions) | . 8j | | | 1000 | | b. 10 90 65 67 | |
| 9a If | the plan Characteristics the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare fer | | | | | | | |
| 9a If | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D | | | | | | | |
| 9a If | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare fermions. | | | | Codes | in the | instructions | × |
| 9a If b If Part | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare for Compliance Questions During the plan year: | ature code | s from the List of Plan Characte | | | | instructions | |
| 9a If b If Part | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature. Compliance Questions | ature code | s from the List of Plan Character | | Codes | in the | instructions | × |
| 9a If b If Par 10 a | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D 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 pension of the plan pension of the plan pension of the plan pension of the plan and pension of the plan pension of the plan and pension of the pensio | ature code | s from the List of Plan Character the time period described in ction Program) | ristic (| Codes | in the | instructions | × |
| 9a If b If Part 10 a b | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D 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 pension of the plan year: Was there a failure to transmit to the plan any participant contribution of the plan year. Yes 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest.) | ature code tions within ciary Corre ? (Do not i | s from the List of Plan Character In the time period described in action Program) | ristic (| Yes | No X | instructions | ¥ |
| 9a If b If Part 10 a b c | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feather than the plan provides welfare benefits, enter the applicable welfare feather than the plan provides welfare feather than the plan pension to the plan and participant contribution to the plan and participant contribution to the plan and policipant contribution to the plan and policipant contribution than the plan pension to the plan and policipant contribution than the plan and policipant contribution than the plan pension for the plan provides welfare feather than the plan and policipant contribution that the plan and policipant contributio | tions within clary Corre | n the time period described in action Program) | 10a | Yes | No X | instructions | mount |
| 9a If b If Part 10 a b c d | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare feature plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plan and provides plan applicable pension for the plan plan applicable pension for the plan | tions within clary Corres? (Do not infidelity bother person | n the time period described in action Program) | 10a 10b 10c | Yes | No X | instructions | mount |
| 9a If b If Part 10 a b c d | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan pear: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all | tions within clary Corres? (Do not infidelity borner person of the ben | n the time period described in action Program) | 10a 10b 10c | Yes | No X | instructions | : \mount |
| 9a If b If Part 10 a b c d | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare feature plan pensions. Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) | tions within ciary Corre? (Do not infidelity bother person of the ben | n the time period described in ction Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10a 10b 10c | Yes | No X | instructions | : \mount |
| 9a If b If Part 10 a b c d | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather the plan pear: Was there a failure to transmit to the plan any participant contributive 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantary and the pl | tions within ciary Corre? (Do not infidelity borner person of the ben | in the time period described in action Program) Include transactions reported Ind., that was caused by fraud Is by an insurance carrier, efits under the plan? (See | 10a 10b 10c 10d | Yes | No x x x x x | instructions | : \mount |
| 9a If b If Part 10 a b c d e | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare plan provides welfare feature and plan provides welfare feature and plan plan provides plan plan plan plan plan plan plan plan | tions within clary Corre ? (Do not in fidelity both of the ben in fine person of the ben in fine person of the series of year eas of year | n the time period described in ction Program) nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10a 10b 10c 10d | Yes | No X X | instructions | : \mount |
| 9a If b If Part 10 a b c d e | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature. Was there a failure to transmit to the plan any participant contributive plan plan plan provides and DOL's Voluntary Fidutive plan plan plan plan plan plan plan plan | tions within ciary Corres? (Do not infective bonder person of the benomer so of year experience (See instruments) | n the time period described in action Program) nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10a 10b 10c 10d | Yes | No x x x x x | instructions | mount |
| 9a If b If Part 10 a b c d e | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare plan provides welfare feature to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? | tions within ciary Correst (Do not in fidelity both fidelity fidelit | n the time period described in action Program) nd, that was caused by fraud nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10a 10b 10c 10d 10e 10f 10g | Yes | No X X X X X X X | instructions | : \mount |
| 9a If b If Part 10 a b c d e | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature. Was there a failure to transmit to the plan any participant contributive plan plan plan provides and DOL's Voluntary Fidutive plan plan plan plan plan plan plan plan | tions within ciary Correst (Do not in fidelity both fidelity fidelit | n the time period described in action Program) nd, that was caused by fraud nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10a 10b 10c 10d 10e 10d 10e | Yes | No X X X X X X X | instructions | mount |
| 9a If b If Part 10 a b c d e f g h | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature. Welford the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at 10 have any participant loans? (If "Yes," enter provided to exceptions to providing the notice applied under 29 CFR 2520.10. | tions within ciary Corres? (Do not infective benowed the benomer person of the benomer so of year experience (See instruments? (If 'ments? | in the time period described in action Program) Indication Program) Indication Program Indication Progr | 10a 10b 10c 10d 10e 10f 10g 10h | Yes | No X X X X X X X X X X X | instructions | mount |
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| 9a If b If 10 a b c d e f g h i Part 11a | the plan provides pension benefits, enter the applicable pension for 2F 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature plan provides welfare benefits, enter the applicable welfare feature. We there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant required contribution for current year of the plan have any participant req | tions within ciary Corres? (Do not infidelity borner person of the benner person of the perso | in the time period described in action Program) Include transactions reported Include transactio | 10a 10b 10c 10d 10d 10g 10h 10i | Yes | No X X X X X X X X X X X X X X X X X X X | instructions A | 500,00 |
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| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | | | |
| b Enter the minimum required contribution for this | plan year | | <u></u> | 12b | | | | | |
| | | | | | | | | | |
| C Enter the amount contributed by the employer to | o the plan for this plan year | ************ | | 12c | | | | | |
| d Subtract the amount in line 12c from the amoun negative amount) | | | | 12d | <u></u> | | | | |
| e Will the minimum funding amount reported on li | | | | <u> </u> | Yes 🗌 | No N/A | | | |
| Part VII Plan Terminations and Trans | fers of Assets | | | | | | | | |
| 13a Has a resolution to terminate the plan been ado | | | | Y | es X No | | | | |
| If "Yes," enter the amount of any plan assets the | • | | | 13a | | <u>-</u> . | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co | | | | | | Yes X No | | | |
| c If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See | | nother plan(s), ide | ntify the plan(s) to | | | | | | |
| 13c(1) Name of plan(s): | | | 130 | (2) EIN | (s) | 13c(3) PN(s) | | | |
| | | | | | • | | | | |
| | | | | | | | | | |
| | | <u></u> . | <u>l.</u> | | | | | | |
| Part VIII Trust Information (optional) | | | | | | | | | |
| 14a Name of trust | | | | | | | | | |
| Wolfstone, Panchot & Bloch, P.S. | , I | | | | 27-2281 | .819 | | | |