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 Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	<u>t Identification Information</u>				
For calend	lar plan year 2017 or t	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	-	
_		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m
		special extension (enter desci	<u>' </u>			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name	of plan ONAL TELCOM, LTD). 401(K) PLAN			1b Three-diging plan number (PN) ▶	
					1c Effective of	late of plan 08/07/1996
		oyer, if for a single-employer plan)	D. Box)		2b Employer (EIN)	Identification Number 91-1579975
•	r town, state or provin ONAL TELCOM, LTD	ce, country, and ZIP or foreign post	al code (if foreign, see in	structions)	2c Sponsor's	telephone number
						code (see instructions)
417 - 2ND A SEATTLE, V						517000
02/11/22, 1						
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	itor's EIN
					3c Administra	tor's telephone number
		ne plan sponsor or the plan name ha			4b EIN	
	sor's name	onsor's name, EIN, the plan name a	and the plan number from	rine iast retum/report.	4d PN	
C Plan N	Name					
5a Total	number of participant	s at the beginning of the plan year			5a	48
b Total	number of participant	s at the end of the plan year			5b	48
		account balances as of the end of			5c	24
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	an year		5d(1)	37
		articipants at the end of the plan year			5d(2)	41
than	100% vested	o terminated employment during the			5e	0
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca		
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, and the control of the control				
SIGN		d/valid electronic signature.	04/12/2018	LESLIE BEACH		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor

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	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	an indeper	ndent qualified public a	ccount	ant (IQ	PA)		X Yes	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	No
•	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in					_	_	☐ Not dete	rminad
C	If "Yes" is checked, enter the My PAA confirmation number from the		= '					. (See instru	
			remain ming for this p	ian you				. (OCC IIIOII C	otiono.,
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning ((b) End	of Year	
<u>a</u>	Total plan assets	7a	239	99160				2455006	
b	Total plan liabilities	7b		0				854	
	Net plan assets (subtract line 7b from line 7a)	7c		99160				2454152	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		13061					
	(2) Participants	8a(2)	13	39709					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	32	22112					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						474882	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	19890					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						419890	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						54992	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С				10c	X			2700	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person e or all of	s by an insurance the benefits under	10e		Х			
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-	end.)	10g	X			638	63
h	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 2520.101			10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
lf y	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	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 (enter a minus sign to the left of a 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?		Yes	X No)
	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 control of the PBGC?			Yes 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)	EIN(s)		13c(3)	PN(s)

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

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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	t identification information				
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/	
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp	n (not multiemployer) (F ployer information in acc		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	report (less than 12 mo	nths)	
C Check box if filing under:	Form 5558	automatic extension	Г	DFVC progra	am
	special extension (enter desc		L		
Part II Basic Plan Inf	formation—enter all requested in	nformation			
1a Name of plan	The state of the s			1b Three-dig	it
INTERNATIONAL TELCO	M ITD 401/k) DIAN			plan num	
INTERNATIONAL TELECO	4, LID. 401(K) FLAN		_	(PN)	
				1c Effective 08/07/1	
	loyer, if for a single-employer plan)				Identification Number
	oom, apt., suite no. and street, or P.G		uotiona)	(EIN) 91	-1579975
INTERNATIONAL TELCO	nce, country, and ZIP or foreign pos DM, LTD。	ital code (il foreign, see instit	ictions)	2c Sponsor's 206-312	s telephone number
			-		code (see instructions)
417 - 2ND AVE. W.				517000	code (see instructions)
SEATTLE	WA 98119			01	
3a Plan administrator's name	and address 🛛 Same as Plan Spo	onsor		3b Administr	ator's EIN
				3c Administr	ator's telephone number
	he plan sponsor or the plan name h	•	·	4b EIN	
a Sponsor's name	oonsor's name, EIN, the plan name	and the plan number from the	e iast return/report	4d PN	
C Plan Name					
5a Total number of participan	ts at the beginning of the plan year			5a	48
	ts at the end of the plan year			5b	48
	h account balances as of the end of		·	5c	24
1.25.2536	participants at the beginning of the p			5d(1)	37
d(2) Total number of active p	participants at the end of the plan ye	ear		5d(2)	41
	no terminated employment during th			5e	
than 100% vested	e or incomplete filing of this retur	m/report will be assessed t	Inless researchle cau		O
Under penalties of perjury and	other penalties set forth in the instru	uctions, I declare that I have e	examined this return/rep	ort, including, i	f applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	as well as the electronic vers	sion of this return/report	, and to the bes	t of my knowledge and
SIGN /	181 12	4/12/20	Keslie Beach		
HERE Signature of plan	administrator	Date	Enter name of individu	al signing as o	an administrator
SIGN				organing do p	
HERE	lover/plan enoneor	Dato	Enter name of individu	al cianina ac o	mployor or plan enoneor

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Pа	αe	~

b Are you claiming a waker of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FCF 229 1014-46 (See instructions on waiver digitally and conditions)	62	Micros all of the plants pages during the plants of in stigits	la sasata0	(Can instructions)			_		⊠ Yes ☐ No
tryou answerd "No" to ether tine 6 are intered tipsellipting and conditions. If you answerd "No" to ether tine 6 are intered tipsellipting and conditions. If you answerd "No" to ether tine 6 are intered tipsellipting tipsellipting to the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year. See instruction 7 Plan Assets and Liabitios (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabitios 8 Table 1 Plan tipsellipting to the PBGC premium filing for this plan year (b) End of Year 8 Total plan essets (subtract line 7b from line 7a). 7 Plan Assets and Liabitios 7 Plan Assets and Liabitios 8 Table 1 Plan Liabitios 9 Table plan essets (subtract line 7b from line 7a). 7 Plan Assets and Liabitios 1 Table plan essets (subtract line 7b from line 7a). 8 Total plan essets (subtract line 7b from line 7a). 8 Income, Expenses, and Transfers for this Plan Year (b) End of Year (c) Amount (b) Total 8 Contributions received or receivable from (l) Employers 8 Bat(1) 1 3, 0 61 (l) Employers 8 Bat(2) 1 33, 0 709 (l) Employers 8 Bat(2) 1 339, 709 (l) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 Bat(2) 1 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 Cartain deemed and/or corroctive distributions (see instructions) 8 Cartain deemed and/or corroctive distributions (see instructions) 8 Cartain deemed and/or corroctive distributions (see instructions) 9 Other expenses 10 Other expenses 10 Other expenses 10 National expenses (add lines 8d, 8e, 8d, and 8g) 11 Total expenses (add lines 8d, 8e, 8d, and 8g) 12 Total income (add lines 8d, 8e, 8d, and 8g) 13 Total expenses (add lines 8d, 8e, 8d, and 8g) 14 National expenses (add lines 8d, 8e, 8d,								****************	₩ 163 140
c (if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	almi.z				X Yes No
Part III Financial Information Repair Re									
Pear III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7a	C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			_ (See instructions.)
a Total plan assets	Pai	rt III Financial Information							
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year	- [(b) End	l of Year
b Total plan liabilities	а	Total plan assets	7a	2,	399,	160		14.110	2,455,006
c Net plain assets (subtract line 7b from line 7a)			7b			0			854
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			7c	2,	399,	160			2,454,152
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
(2) Participants. 8a(2) 139,709 (3) Others (including rollovers). 8a(3) b Other income (loss). 8b 322,112 c Total income (loss) 8d(1), 8a(2), 8a(3), and 8b). 8c 474, d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 419,890 e Certain deemed and/or corrective distributions (see instructions). 8d 419,890 e Certain deemed and/or corrective distributions (see instructions). 8e f Administrative service providers (salaries, fees, commissions). 8f 9 g Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 419, 890 i Not income (loss) (subtract line 8h from line 8c). 8g 9 i Not income (loss) (subtract line 8h from line 8c). 8g 9 if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused the plan's (See instructions). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (if 'Yes,' enter amount as of year-end). 100 X 101 X 102 X 103 X 104 X 105 X 106 X 107 X 107 X 108 X 109 X 109 X 109 X 109 X	а				12	0.61			100
(3) Others (including rollovers)		(1) Employers				_			
b Other income (loss)					139,	709	_		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)			0.00			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	b_	Other income (loss)	8b		322,	112			151 000
e Certain deemed and/or corrective distributions (see instructions). 8 d 419,890 e Certain deemed and/or corrective distributions (see instructions). 9 d Administrative service providers (salaries, fees, commissions). 8 f			8c)					474,882
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 419, i Net income (loss) (subtract line 8h from line 8c) 8i	d		8d		419,	890			
f Administrative service providers (salaries, fees, commissions)									
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 41.9, i Net income (loss) (subtract line 8h from line 8c) 8l 54, j Transfers to (from) the plan (see instructions) 8l Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b c Was the plan covered by a fidelity bond? 10c X 270, d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c or other organization that provides some or all of the benefits under the plan? (See instructions) 10c X 1						-			
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 419, i Net income (loss) (subtract line 8h from line 8c) 8i 54, j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b C Was the plan covered by a fidelity bond? 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10c f Has the plan have any pearticipant loans? (If "Yes," enter amount as of year-end.) 10g X 10g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 2520.101-3.) 10h									
i Net income (loss) (subtract line 8h from line 8c). 8		The State of the S							419,890
Part IV Plan Characteristics		11/4 1/4				_			54,992
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10	-i					-	_		01,002
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Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	Ja		leature co	des ilotti tile List of Fi	an Ona	racter	SIIC COI	762 111 (16 1113	di delloris.
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Code	es in the insti	ructions:
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a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 10g X 63, h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).	_					_			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10a X 63, h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	_					Yes	No		Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 63, h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		x		
reported on line 10a.)	b						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See 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 as of year-end.) • Tog X • Tog					10b		X		
by fraud or dishonesty? 10d	С	Was the plan covered by a fidelity bond?			10c	X			270,000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 63, h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h	е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e		х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10a	Х			63,863
	h						Х		
exceptions to providing the notice applied under 29 CFR 2520.101-3	i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the					

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Part	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	plete Sch	edule S	В	Y	es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				_ Y	es 🛭 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver		d enter (Day		of the letter Year	ruling
ff	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		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	N/A
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
	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 control of the PBGC?			[Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he plan(s)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
					-	