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).

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

Parti	Annuai Repon	t identification information						
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12	/31/2017			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
D —		a one-participant plan	a foreign plan					
B This retu	ırn/report is							
		an amended return/report	a short plan year retu	ırn/report (less than 12 mo	onths)			
C Check b	oox if filing under:	Form 5558	automatic extension	[DFVC progra	am		
		special extension (enter desc	· · ·					
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name GREENWICI	of plan H BAY LAW RETIRE	MENT PLAN 401(K)			1b Three-dig plan num (PN) ▶			
					1c Effective	date of plan 01/01/2015		
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer (EIN)	Identification Number 47-1067362		
	town, state or proving WASSOCIATES, LLC	ce, country, and ZIP or foreign post C	al code (if foreign, see ins	structions)	2c Sponsor's	s telephone number 01-615-8584		
4060 POST F WARWICK, F					2d Business	code (see instructions) 541110		
3a Plan ad	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN ator's telephone number		
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN			
a Sponse C Plan N					4d PN			
5a Total r	number of participants	s at the beginning of the plan year			5a	3		
b Total number of participants at the end of the plan year					5b	3		
		account balances as of the end of		· ·	5c	3		
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	3		
d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less					5d(2)	3		
than '	100% vested				5e	0		
		or incomplete filing of this return						
SB or Sche		ther penalties set forth in the instru- and signed by an enrolled actuary, a oplete.						
SIGN	Filed with authorized	d/valid electronic signature.	04/16/2018	SEAN O'LEARY	SEAN O'LEARY			
HERE	Signature of plan	administrator	Date	Enter name of individu	ndividual signing as plan administrator			
SIGN HERE								
TILIXE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as eı	mployer or plan sponsor		

Form 5500-SF 2017 Page **2**

the pounds of t		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes	□ No		
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 conditions.)						^ res	No	
Part III Financial Information (See instruction Financial Information (See instruction Financial Information Fin	С								mined	
7 Plan Assets and Liabilities 7 Ta 121999 159608 8 Total plan assets (subtract line 7b from line 7a)								(See instruc	tions.)	
7 Plan Assets and Liabilities 7 Ta 121999 159608 8 Total plan assets (subtract line 7b from line 7a)	Pa	rt III Financial Information								
a Total plan assets	_			(a) Beginning	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а		7a					(17)		
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 5517 (2) Participants. (3) Others (including rollovers). 8a(2) 9741 (3) Others (including rollovers). 8a(3) 8a(3) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b 22401 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 37659 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 9 C Ertain deemed and/or corrective distributions (see instructions). 8e 1 f Administrative service providers (salaries, fees, commissions). 8f 1 g Other expenses. 8g 50 f Not income (loss) (subtract line 8h from line 8c). 8g 50 Fart IV Plan Characteristics 9a If the plan provides pension 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 250.3-0.102? (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, or other organization that provides some or all of the benefits under the plan? (See instructions). 10 B H the plan failed to provide any benefit when due under the plan? 4 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 B H the plan failed to provide any benefit when due under the plan? 10 B H the situations and a post when a participant contributions and 20 CFR 250.01-03). 10 C Was the plan have any participant loans? (If Yes, enter amount	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	12	21999				159608	
(1) Employers 8a(1) 6517 (2) Participants 9a(2) 97411 (3) Others (including rollovers) 8a(2) 9741 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 22401 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 37659 d Benefits paid (including forct rollovers and insurance premiums to provide benefits) 8d 9c	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt (b			(b) ·	Γotal	
(3) Others (including rollovers)	a		8a(1)		5517					
b Other income (loss)		(2) Participants	8a(2)		9741					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	<u>b</u>	Other income (loss)	8b	2	22401					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			8c						37659	
e Certain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	a		8d							
g Other expenses	е		8e							
h Total expenses (add lines 8d, 8e, 8t, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		50					
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						50	
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 2F 2G 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.) 10a	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						37609	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 3D	j_	Transfers to (from) the plan (see instructions)	8j							
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.) 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	Par	t IV Plan Characteristics								
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)	9a		feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
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.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		9 , ,				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
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.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions								
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.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	•			10c		X			
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.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					Χ			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X			237	70
	h						Χ			
	i									

Form 5500-SF 2017	Page 3- 1
-------------------	------------------

Part	VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1 302 of		Yes X No		
	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	l enter t _ Day		of the letter ruling Year		
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?						
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**

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**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 A This return/report is for:		t Identification Information						
A This return/report is for: a one-participant plan a foreign plan B This return/report the first return/report the first return/report an amended return/report a short plan pear return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program	For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20:	17		
B This return/report is the first return/report the final return/report and an amended return/report and and an amended return/report and an amended return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 5 Administrator's telephone number and Pin Name. 5 Administrator's telephone number and Pin Name. 6 Plan Name. 5 Administrator's telephone number and plan number from the last return/report. 6 Administrator's telephone number and plan number of participants at the end of the plan year. 7 Administrator's telephone number and plan number of participan	A This return/report is for: list of participating employer information in accordance with the form instructions.)							
an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under:	B This return/report is							
C Check box if filing under:								
Special extension (enter description) Part I		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)			
Part II								
The name of plan Greenwich Bay Law Retirement Plan 401(k) 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLeary Law Associates, LLC 2b Employer Identification Number (EIN) 47−1067362 2c Sponsor's telephone number 401-615-8584 2d Business code (see instructions) 541110 Warwick RI 02886 3a Plan administrator's name and address ⊠ Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the end of the plan year. 5b Total number of participants at the end of the plan year. 5b Total number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year (only defined contribution places).	Part II Basic Plan Inf	<u> </u>						
Greenwich Bay Law Retirement Plan 401 (k) Columbia Plan number (PN)		ormation—enter an requested in	nonnation		16 The 18 18			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLeary Law Associates, LLC 4060 Post Road Warwick RI 02886 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year (only defined contribution place).		etirement Plan 401(k)			plan number	001		
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLeary Law Associates, LLC 2c Sponsor's telephone number 401-615-8584 2d Business code (see instructions) 541110 Warwick RI 02886 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year								
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLeary Law Associates, LLC 2c Sponsor's telephone number 401-615-8584 2d Business code (see instructions) 541110 Warwick RI 02886 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	2a Plan sponsor's name (empl	oyer, if for a single-employer plan)) Boy)					
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year	City or town, state or provin	ce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)				
A 1 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name Total number of participants at the end of the plan year	OLeary Law Associat	es, LLC		•				
3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year conty defined contribution plans c Number of participants with account balances as of the end of the plan year (only defined contribution plans).	4060 Post Road				2d Business code (see instructions)			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a	Warwick	RI 02886						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a	3a Plan administrator's name a	and address X Same as Plan Spo	nsor.		3b Administrator	e FIN		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a						- Administrator o En		
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a						3c Administrator's telephone number		
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a								
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a								
a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last r	return/report filed for	4b EIN			
C Plan Name 5a Total number of participants at the beginning of the plan year		onsor's name, EIN, the plan name a	and the plan number from t	he last return/report.	Ad Du			
b Total number of participants at the end of the plan year	Tu riv							
b Total number of participants at the end of the plan year	5a Total number of participants	s at the beginning of the plan year			5a	3		
C Number of participants with account balances as of the end of the plan year (only defined contribution plans								
complete this item)	C Number of participants with account balances as of the end of the plan year (only defined contribution plans							
d(1) Total number of active participants at the beginning of the plan year 5d(1)					5d(1)			
d(2) Total number of active participants at the end of the plan year						***************************************		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established	Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.	SB or Schedule MB completed a	nd signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ve	examined this return/re rsion of this return/repor	port, including, if app t, and to the best of r	licable, a Schedule ny knowledge and		
SIGN Jonathan Whatey Kan OKENRY				Jonathan Whale	Ex Seal of	ENDY		
HERE Signature of plan administrator Date Entername of individual signing as plan administrator	HERE Signature of plan a	ndministrator	Date .	Entername of individ		· · · · · · · · · · · · · · · · · · ·		
SIGN 41618 (1-00)			416/18	(11-	999/1			
HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.	Signature of emplo		Date	Enter name of individ	ual signing as emplo			