Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Parti	Allilual Nepol	t identification information									
For calenda	ar plan year 2017 or	fiscal 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 =0:	one for a sent to	a one-participant plan	a foreign plan								
B This retu	irn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	m					
		special extension (enter desc	' '								
Part II	Basic Plan Inf	ormation—enter all requested in	formation								
1a Name	of plan				1b Three-digit	i					
PRODUCT D	EVELOPMENT SYS	STEMS & SOLUTIONS INC 401(K)	PROFIT SHARING PLAN		plan numb						
		· · ·			(PN) ▶	001					
					1c Effective d	ate of plan					
						01/01/2003					
		oyer, if for a single-employer plan)			2b Employer I	dentification Number					
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	om, apt., suite no. and street, or P.0	,	tructions)	(EIN)	52-2371525					
		ice, country, and ZIP or foreign pos STEMS & SOLUTIONS, INC.	tal code (if foreign, see ins	tructions)	2c Sponsor's	telephone number					
PRODUCT L	PEVELOPINENT SYS	TEMS & SOLUTIONS, INC.			58	5-586-1758					
					2d Business c	ode (see instructions)					
20 SAN RAF						541990					
ROCHESTE	R, NY 14618										
3a Plan ad	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN					
					3c Administra	tor's telephone number					
4 If the n	name and/or FIN of th	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN						
		onsor's name, EIN, the plan name									
a Sponso	or's name				4d PN						
C Plan N	ame										
					5a	6					
		s at the beginning of the plan year.			5b	6 5					
		s at the end of the plan year a account balances as of the end of									
		account balances as of the end of		-	5c	5					
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	4					
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)	4					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0							
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau	se is establishe	ed.					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.									
SIGN	Filed with authorize	d/valid electronic signature.	04/10/2018	KATHERINE CREVEL	ING						
HERE	Signature of plan	administrator	Date	Enter name of individu	dividual signing as plan administrator						
SIGN											
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor					

Form 5500-SF 2017 Page **2**

If you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								_		
c if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		`		,					× Ye:	s 🗌 NO
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	c						_	. —	□ Not det	ermined
7 Plan Assets and Liabilities 7 7 a 1471962 182245 182245 1 182245				-					(See instr	
7 Plan Assets and Liabilities 7 7 a 1471962 182245 182245 1 182245	Pai	t III Financial Information								
a Total plan assets				(a) Reginning	of Vear			(b) End	d of Year	
b Total plan liabilities			7a					(6) Lik	1822453	
C Net plan assets (subtract line 7b from line 7a)		·								
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		·		14	71962				1822453	
a Contributions received or receivable from: (1) Employees (2) Participants. 8a(1) 5068 (2) Participants. 8a(2) 66000 (3) Others (including rollovers). 8a(3) b Other income (loss). 5 Bb 325875 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 325875 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 33694 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 46330 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 6 Certain deemed and/or corrective distributions (see instructions) 8e 7 Administrative service providers (salaries, fees, commissions) 8f 122 g Other expenses				(a) Amoun	ıt			(b)	Total	
(2) Participants. (3) Others (including follovers). (3) Others (including follovers). (3) Other income (loss). (4) Other income (loss). (5) Other income (loss). (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)				(4) 1 11110 1111	-			<u> </u>		
(3) Others (including rollovers)		(1) Employers	8a(1)		5068					
b Other income (loss)		(2) Participants	8a(2)	(66000					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			8b	33	25875					
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 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h li Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Fart IV Plan Characteristics Plan Characteristics Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D During the plan payear: 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)			8c						396943	
e Certain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 8f 2g Other expenses			8d		46330					
f Administrative service providers (salaries, fees, commissions)										
h Total expenses (add lines 8d, 8e, 8f, and 8g)		, , , , , , , , , , , , , , , , , , ,			122					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	q	Other expenses	8g							
i Net income (loss) (subtract line 8h from line 8c)		'							46452	
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 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? 10d X 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10h X 11h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X		· · · · · · · · · · · · · · · · · · ·							350491	
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i							
9a	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) 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?	_	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	odes in the ins	structions:	
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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			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	С	Was the plan covered by a fidelity bond?			10c	X			150	000
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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			10e		X			
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 plan	n?		10f		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	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		X			
	h						X			
exceptions to providing the notice applied under 23 of N 2320.101-3	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	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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
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						
C Enter the amount contributed by the employer to the plan for this plan year								
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

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

	rt Identification Informatio						
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2			
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating em					
	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	n/report (less than 12 n	nonths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC program	m		
	special extension (enter des						
Part II Basic Plan In	formation—enter all requested i	information					
1a Name of plan Product Development	Systems & Solutions	Inc 401(K) Profit	Sharing	1b Three-digit plan numb (PN) ▶	Same December 1		
Plan	1c Effective d						
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)			dentification Number		
	oom, apt., suite no. and street, or P nce, country, and ZIP or foreign po		uctions)	(EIN) 52-	2371525		
	T SYSTEMS & SOLUTIONS		uctions)	2c Sponsor's 585-586	telephone number -1758		
20 SAN RAFAEL DRIV	E			2d Business of 541990	ode (see instructions)		
ROCHESTER	NY 14618						
3a Plan administrator's name	and address X Same as Plan Sp	onsor.		3b Administrator's EIN			
				3c Administra	tor's telephone number		
	the plan sponsor or the plan name ponsor's name, EIN, the plan name			4b EIN			
a Sponsor's name	porton o riamo, Em , aro plan riamo	, and the plant in the second		4d PN			
c Plan Name							
5a Total number of participa	nts at the beginning of the plan year	r		5a	6		
Section and analysis and an arrangement of the section of the sect	nts at the end of the plan year				5		
c Number of participants wi	th account balances as of the end	of the plan year (only defined	contribution plans	5c			
	participants at the beginning of the			= 1/4	4		
	participants at the end of the plan y	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		F 1/0\	4		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	C			
Caution: A penalty for the la	te or incomplete filing of this retu	urn/report will be assessed	unless reasonable ca				
	other penalties set forth in the instr d and signed by an enrolled actuary amplete.						
SIGN VAL	ECVI	04/10/2018	KATHERINE CRE	CVELING			
HERE Signature of pla	n administrator	Date	Enter name of indivi		n administrator		
SIGN Cast	LE Con	04/10/2018	KATHERINE CRE	EVELING			
	ployer/plan sponsor	Date	Enter name of indivi	dual signing as em	ployer or plan sponsor		

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Form		$^{\circ}$	204
Form	נורר	11-5-	71111

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						_	es No	
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									X	es No
Bert III Financial Information (See instructions.) Fart IIII Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Ansests and Liabilities (b) End of Year (b) End of Year (c) End of Year (d) End of Year (e) E								_		. 4
Part III Financial Information (a) Beginning of Year (b) End of Year 1, 822, 453 1, 471, 962 1, 822, 453 1, 822,	С						_	_	_	
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC p	remium filing for this p	ıan yea	r			(See ins	tructions.)
a Total plan assets	Pa	rt III Financial Information								
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	1,	471,	962			1,	822,453
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (3) Others (including rollovers) (4) Ba (2) Assay (4) Ba (2) Ba (3) Ba (4) Ba	С	Net plan assets (subtract line 7b from line 7a)	7c	1,	471,	962			1,	822,453
(1) Employers				(a) Amoun	ıt			(b)	Total	
33 Other (including rollovers) 8a(3)	а		8a(1)		5,	068				
b Other income (loss)		(2) Participants	8a(2)		66,	000				
b Other income (loss)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums by provide benefits)	b		8b		325,	875				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							396,943
f Administrative service providers (salaries, fees, commissions)		Benefits paid (including direct rollovers and insurance premiums	. 8d		46,	330	·			
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f			122				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g						-a-	
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							46,452
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 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.) 10a X 10b X 150,000 10c X 150,000 10d X 10d X 10d X 10d X 10e X 10e X 10e X 10e If Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10h X 10h X	i	Net income (loss) (subtract line 8h from line 8c)	. 8i							350,491
9a	j	Transfers to (from) the plan (see instructions)	8i							
9a	Pa	rt 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	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the ins	structions:	
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described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				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 \	Voluntary F	Fiduciary Correction	10a		х			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions			Х			
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g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			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	an?		10f		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10a		Х			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR						
	i	If 10h was answered "Yes," check the box if you either provided t	he require	d notice or one of the	10i					

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			-				
art	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	edule S	В		Yes 🗌	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	ER	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ISA?	1 302 of	f		Yes X	No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and nting the waiver	l enter t Day		the lett Year		
lf :		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				. —	
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a pative amount)	12d				
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
art	VII	Plan Terminations and Transfers of Assets					
13a	Has	s a resolution to terminate the plan been adopted in any plan year?		Yes	X	No	
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	13a				

Yes X No

13c(2) EIN(s)

13c(3) PN(s)

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the

If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

control of the PBGC?

13c(1) Name of plan(s):