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

Part I		t Identification Information									
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017		-			
A This ret	turn/report is for:	X a single-employer plan			an (not multiemployer) (ployer information in ac	_					
		a one-participant plan	a foreign plan								
B This retu	urn/report is	the first return/report	the	final return/report							
		an amended return/report	a s	hort plan year returr	n/report (less than 12 m	onths)					
C Check I	box if filing under:	Form 5558	au	tomatic extension		DFVC progr	am				
		special extension (enter desc	cription)								
Part II	Basic Plan Inf	ormation—enter all requested in	nformatio	on							
1a Name WILSON OR		ARD SUPPLY, LLC 401K PROFIT	SHARII	NG PLAN		1b Three-dig plan num (PN) ▶		001			
						1c Effective date of plan 01/01/2000					
		oyer, if for a single-employer plan)				2b Employe					
		om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign pos		(if foreign, see instr	uctions)	(EIN)	81-46324				
WILSON OR	WILSON ORCHARD AND VINEYARD SUPPLY, LLC						's telephone 509-453-998				
1104 EAST MEAD AVENUE						2d Business		instructions)			
	, WA 98903-0000						444200				
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.			3b Administr	rator's EIN				
						3c Administr	ator's telep	hone number			
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name a				4b EIN					
•	or's name					4d PN					
C Plan N	iame										
5a Total i	number of participant	s at the beginning of the plan year.				5a					
		s at the end of the plan year				5b		58			
		account balances as of the end of				5c		40			
d(1) Tota	al number of active p	articipants at the beginning of the p	olan year			5d(1)					
d(2) Total number of active participants at the end of the plan year					5d(2)		48				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0			
		or incomplete filing of this retur						0			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nolete.									
SIGN		d/valid electronic signature.		05/15/2018	JAMES M. ROBERTS						
HERE	Signature of plan	administrator		Date	Enter name of individ	dividual signing as plan administrator					
SIGN	Filed with authorize	d/valid electronic signature.		05/15/2018	JAMES M. ROBERTS						
HERE	l 0:			D-1-	L =						

Date

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					X Yes N	No	
_	If you answered "No" to either line 6a or line 6b, the plan cannot be a defined benefit plan is it sourced under the DDCC in					_	_	□ Not dotormino	لم	
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the		= '					Not determined . (See instructions.)		
		ет вос р	remain ming for this p	iaii yea	'			(See mandenons.	٠,	
Pa	rt III Financial Information				1					
7	Plan Assets and Liabilities		(a) Beginning				(b) End	(b) End of Year		
<u>a</u>	Total plan assets	7a	12	75363			1448754			
b	Total plan liabilities	7b		0						
	Net plan assets (subtract line 7b from line 7a)	7c		75363				1448754		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) -	Гotal		
a	Contributions received or receivable from: (1) Employers	8a(1)		88022						
	(2) Participants	8a(2)	(94910						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	20	05165						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						388097		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	nefits paid (including direct rollovers and insurance premiums provide benefits)								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	Se Se							
f	Administrative service providers (salaries, fees, commissions)	8f		300						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						214706		
i	Net income (loss) (subtract line 8h from line 8c)	8i						173391		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 3D 3H	feature co	des from the List of Pl	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)		······································	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			150000		
d	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				
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 the plan? (See instructions.)			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?					Χ				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ				
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 2520.101			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 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?	n 302 o	f 	Y	′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, an granting the waiver			of the lette Year _	r 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?		Ye	s 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 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Fiers checking this box must attach a list of participant in a coordance with the form instructions.)		Part I Annual Report Identification Information								
A This return/report is for: a one-participant plan a foreign plan a foreign plan the first return/report a foreign plan the first return/report a foreign plan the first return/report a short plan year return/report (less than 12 months)	For	calendar plan year 2017 or f	iscal plan year beginning		01/01/2017	and ending	12/31/20	17		
This return/report is:	Α	This return/report is for:								
a short plan year return/report (less than 12 months)			a one-participant plan							
C Check box if filing under:	В	This return/report is:	the first return/report	∐ th	ne final return/report					
Special extension (enter description) Part III Basic Plan Information enter all requested information 1a Name of plan WILSON ORCHARD AND VINEYARD SUPPLY, LLC 401K PROFIT SHARING PLAN To Effective date of plan WILSON ORCHARD AND VINEYARD SUPPLY, LLC 401K PROFIT SHARING PLAN Mailing Address (include room, apt. suite no. and streat or P.O. Box) City or town, state or province, country, and 21P or foreign postal code (if foreign, see instructions) WILSON ORCHARD AND VINEYARD SUPPLY, LLC			an amended return/report	a	short plan year retur	n/report (less than 12	months)			
Special extension (enter description) Part III Basic Plan Information enter all requested information 1	С	Check box if filing under:	Form 5558	Па	utomatic extension		☐ DFVC i	orogram		
10 Three-digit plan number (PN) ▶ 001 11 C Effective date of plan 0.1/01/2.000 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 2P or foreign postal code (if foreign, see instructions) WILSON ORCHARD AND VINEYARD SUPPLY, LLC 2b Employer Identification Number (EN) 81 -4652490 2c Sponsor's telephone number (50.9) 453-9983 2d Business code (see instructions) 1104 EAST MEAD AVENUE 1104 EAST MEAD AVENUE 1105 Same as Plan Sponsor 3b Administrator's telephone number 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 4d PN 4d PN 5a 61 5 Total number of participants at the beginning of the plan year c Plan Name of participants at the beginning of the plan year c Number of participants with account balances as of the end of the plan year d(1) Total number of active participants at the end of the plan year (2) Total number of participants with account balances as of the end of the plan year (2) Total number of participants at the beginning of the plan year (3) Sponsor's name (4) State		·	special extension (enter desc	ription)			_			
10 Three-digit plan number (PN) ▶ 001 11 C Effective date of plan 0.1/01/2.000 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 2P or foreign postal code (if foreign, see instructions) WILSON ORCHARD AND VINEYARD SUPPLY, LLC 2b Employer Identification Number (EN) 81 -4652490 2c Sponsor's telephone number (50.9) 453-9983 2d Business code (see instructions) 1104 EAST MEAD AVENUE 1104 EAST MEAD AVENUE 1105 Same as Plan Sponsor 3b Administrator's telephone number 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 4d PN 4d PN 5a 61 5 Total number of participants at the beginning of the plan year c Plan Name of participants at the beginning of the plan year c Number of participants with account balances as of the end of the plan year d(1) Total number of active participants at the end of the plan year (2) Total number of participants with account balances as of the end of the plan year (2) Total number of participants at the beginning of the plan year (3) Sponsor's name (4) State	Б	art II Pagio Plan Inf	ormation enter all requested	Linform	otion.					
WILSON ORCHARD AND VINEYARD SUPPLY, LLC 401K PROFIT SHARING PLAN C Flecie All C C C C C C C C C	_		Offication enter all requested	HIOHI	ation		1b Three-dia	it		
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 lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WILSON ORCHARD AND VINEYARD SUPPLY, LLC 1104 EAST MEAD AVENUE 1104 EAST MEAD AVENUE 1105 Same as Plan Sponsor 3b Administrator's name and address Same as Plan Sponsor 3c Administrator's rame 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 4d PN 4d PN 5a Total number of participants at the beginning of the plan year c Number of participants at the end of the plan year 5b Total number of active participants at the beginning of the plan year 6d(1) Total number of active participants at the beginning of the plan year 8d(2) Total number of active participants at the beginning of the plan year 8d(1) Total number of active participants at the beginning of the plan year 8d(1) Total number of participants with account balances as of the end of the plan year 8d(1) Total number of participants with account balances as of the end of the plan year 8d(1) Total number of active participants at the beginning of the plan year 8d(1) Total number of active participants at the beginning of the plan year 8d(1) Total number of active participants at the end of the plan year 8d(1) Total number of participants with account balances as of the end of the plan year 9d(1) Total number of participants with account balances as of the end of the plan year 15d(2) 48 15d(2) 48 15d(3) 47 16d(3) 47 17d(3) 47 17d(ıa	•	O VINEYARD SUPPLY, LLC 4	101K	PROFIT SHARING	PLAN	plan numi	per		
Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and all Por of foreign postal code (if foreign, see instructions) WILSON ORCHARD AND VINEYARD SUPPLY, LLC 20 Sponsor's telephone number (509) 453-9983 2d Business code (see instructions) 442200 3a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the tast 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 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year Add (2) Total number of active participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 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 accured benefits that were less than 100% sested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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. Enter name of individual signings aplan administrator							i	•		
WILSON ORCHARD AND VINEYARD SUPPLY, LLC 1104 EAST MEAD AVENUE 1104 EAST MEAD AVENUE 125 UNION GAP MA 98903-0000 3a Plan administrator's name and address S Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number of active participants at the beginning of the plan year c Plan Name 5a Total number of participants at the beginning of the plan year someplets this item, complete this item) 4d (1) Total number of active participants at the beginning of the plan year 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 than 100% vested complete filing of this return/report will be assessed unless reasonable cause is established. Sign Support of plan administrator ARBERTS RUBBERTS RUBBERTS REPRETS	2a	Mailing Address (include ro	oom, apt., suite no. and street, or P.	O. Box)	untions)	1 ' '			
2d Business code (see instructions) 2d Business code (see instructions) 444200 3a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 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 c Plan Name 5b Total number of participants at the end of the plan year complete this item) dd(1) 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 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Sign 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. Sign Alman M Research		•		iai cod	e (ii ioreigii, see iiisti	uoliona)	2c Sponsor's	telephone number		
1104 EAST MEAD AVENUE US UNION GAP WA 98903-0000 3a Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 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		WILSON ORCHARD AND	VINEIARD SUPPLI, ILLC				(509)	153-9983		
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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	3a	3a Plan administrator's name and address X Same as Plan Sponsor					3b Administrator's EIN			
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5a Total number of participants at the beginning of the plan year	4	If the name and/or EIN of this plan, enter the plan sp	he plan sponsor or the plan name h onsor's name, EIN, the plan name a	as cha	nged since the last re plan number from the	turn/report filed for e last return/report.	4b EIN			
b Total number of participants at the end of the plan year		•					4d PN			
b Total number of participants at the end of the plan year										
b Total number of participants at the end of the plan year	5a	Total number of participant	s at the beginning of the plan year	*******			. 5a	61		
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		· · · · · · · · · · · · · · · · · · ·						58		
d(1) Total number of active participants at the beginning of the plan year 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 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	С	Number of participants with	n account balances as of the end of	the pla	n year (only defined	contribution plans	5c	40		
e 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 return/report will be assessed unless reasonable cause 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	d	•						43		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	_							48		
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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	е						. 5e	0		
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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	C	aution: A penalty for the lat	e or incomplete filing of this retu	rn/repo	ort will be assessed	uniess reasonable c	ause is establish	ed.		
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of plan administrator	Ui Si	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								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of plan administrator		IGN Dan	In Nato		5-/15/18	JAMES M	ROBENIS	•		
Strate TAMES M RESERVES	100000		ministrator		37.1.1					
		O Marin	26 Huto		5/15/18	JAMES M	RIBEMS	5		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	00000		er/plan sponsor		Date	Enter name of individ	ual signing as emp	oloyer or plan sponsor		

1	Form	.550	2-00	F 20	117

P	ac	16	2

	Were all of the plan's assets during the plan year invested in eligible		•				•••••	**********	XYes	□No
b	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				•			*********	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno		·							_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA sectio	n 402	1)?		ПYе	s \square No	□ Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the								(See instru	ctions.)
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year	
а	Total plan assets	. 7a	1,2	75,3	63				1,448	,754
b	Total plan liabilities	. 7b			0					
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,2	75,3	63				1,448	,754
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) 1	otal	
а	Contributions received or receivable from:				.00					
	(1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·	88,0				-		
	(2) Participants	†	:	94,9	10	-				
	(3) Others (including rollovers)	. 8a(3)				ļ				
b	Other income (loss)	. 8b	20	05,1	65					
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							388	097
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2:	14,4	06					
е	Certain deemed and/or corrective distributions (see instructions)	 				1				
f	Administrative service providers (salaries, fees, commissions)	8f			00					
<u></u>	*··					7 (200 m) (200 m) (200 m)				
<u>g</u> h	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g				214,				706
"	Total expenses (add lines 8d, 8e, 8f, and 8g)					173,391				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							1/3,	391
4	Transfers to (from) the plan (see instructions)	8j				<u> </u>				
	rt IV Plan Characteristics									
9а	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Ch	naract	eristic	Code	es in th	e instructi	ons:	
	2E 2G 2J 2K 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Cha	aracte	ristic (Codes	s in the	instructio	ns:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	duciary Correction							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?		•••••••	10c	х				1	50,000
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		х				
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 the plan? (See instructions.)			10e		x				_
f	f Has the plan failed to provide any benefit when due under the plan?					х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					х				
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			10h		х				
i 	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						