## Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** Internal Revenue Service Department of Labor

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).

**Short Form Annual Return/Report of Small Employee** 

▶ 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   |                                      | <u>t Identification Information</u>  |   |  |                        |                                  |
|--|--------------------------------------|--|---|--|------------------------|----------------------------------|
| For calend   | ar plan year 2017 or                 | fiscal plan year beginning 01/01/2   | 2017  | and ending   | 12/31/2017             |                                  |
| A This re  | turn/report is for:                  | x a single-employer plan   |   | oyer plan (not multiemploye<br>ing employer information ir |                        |                                  |
| D. Trick   |                                      | a one-participant plan   | a foreign plan                                    |  |                        |                                  |
| <b>B</b> This reti   | urn/report is                        | the first return/report  | the final return/r                                |  |                        |                                  |
|  |                                      | an amended return/report   | a short plan yea                                  | r return/report (less than 12                              | 2 months)              |                                  |
| C Check  | box if filing under:                 | Form 5558  | automatic exte                                    | nsion  | DFVC program           |                                  |
|  |                                      | special extension (enter desc  | . ,   |  |                        |                                  |
| Part II  | Basic Plan Inf                       | ormation—enter all requested in  | formation   |  | 1                      |                                  |
| 1a Name  | •                                    |  |   |  | <b>1b</b> Three-digit  |                                  |
| APEX CURE  | B & TURF, LLC., DAV                  | /IS-BACON PENSION PLAN & TRI   | JST   |  | plan number<br>(PN) ▶  | 001                              |
|  |                                      |  |   |  | 1c Effective dat       | l .                              |
|  |                                      |  |   |  |                        | 3/01/2002                        |
| Mailing  | g address (include ro                | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C               | ,   |  |                        | entification Number<br>1-2146981 |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  APEX CURB & TURF, LLC |                                      |  | <b>2c</b> Sponsor's telephone number 509-758-1543 |  |                        |                                  |
|  |                                      |  | 2d Business cod                                   | de (see instructions)                                      |                        |                                  |
| PO BOX 417<br>ASOTIN, WA   |                                      |  |   |  |                        |                                  |
|  |                                      |  |   |  |                        |                                  |
| <b>3a</b> Plan a   | dministrator's name                  | and address X Same as Plan Spo   | nsor.   |  | <b>3b</b> Administrato | r's EIN                          |
|  |                                      |  |   |  | <b>3c</b> Administrato | r's telephone number             |
|  |                                      |  |   |  |                        |                                  |
|  |                                      |  |   |  |                        |                                  |
|  |                                      | he plan sponsor or the plan name h   |   |  | 4b EIN                 |                                  |
|  | lan, enter the plan sp<br>sor's name | onsor's name, EIN, the plan name a   | and the plan number                               | from the last return/report.                               | <b>4d</b> PN           |                                  |
| C Plan N   |                                      |  |   |  | 144 TN                 |                                  |
|  |                                      |  |   |  |                        |                                  |
| <b>5a</b> Total  | number of participant                | ts at the beginning of the plan year.  |   |  |                        | 28                               |
|  |                                      | ts at the end of the plan year   |   |  | 5b                     | 30                               |
|  |                                      | h account balances as of the end of  |   | •  | 5c                     | 30                               |
| <b>d(1)</b> Tot  | al number of active p                | participants at the beginning of the p   | lan year  |  |                        | 8                                |
|  |                                      | participants at the end of the plan ye   |   |  |                        | 10                               |
|  |                                      | no terminated employment during th   |   |  |                        | 0                                |
| Caution: A   | A penalty for the late               | e or incomplete filing of this retur   | n/report will be ass                              | essed unless reasonable                                    | cause is established   |                                  |
| SB or Sche   |                                      | other penalties set forth in the instru<br>and signed by an enrolled actuary, a<br>nplete. |   |  |                        |                                  |
| SIGN   |                                      | d/valid electronic signature.  | 05/22/2018  | MOLLY LARSON   |                        |                                  |
| HERE   | Signature of plan                    | administrator  | Date  | Enter name of indi   | vidual signing as plan | administrator                    |
| SIGN   | Filed with authorize                 | ed/valid electronic signature.   | 05/22/2018  | MOLLY LARSON   |                        |                                  |

Date

Signature of employer/plan sponsor

**HERE** 

Enter name of individual signing as employer or plan sponsor

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| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)   | X Yes ☐ No                            |
|--|---------------------------------------|
| C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Ye If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information  7 Plan Assets and Liabilities (a) Beginning of Year  a Total plan assets 7a 174514  b Total plan liabilities 7b from line 7a) 7c 174514  c Net plan assets (subtract line 7b from line 7a) 7c 174514  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 22400  (2) Participants 8a(2) 0  (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b 32654   |                                       |
| Part III   Financial Information   Financial Information     7   Plan Assets and Liabilities   Financial Information     8   Total plan assets (subtract line 7b from line 7a)   Total plan assets (subtract line 7b from line 7a)     8   Income, Expenses, and Transfers for this Plan Year     Contributions received or receivable from: (1) Employers   Sa(1)     8   Contributions received or receivable from: (2) Participants   Sa(2)     9   Contributions (including rollovers)     10   Contributions (including rollovers)     11   Contributions (including rollovers)     12   Contributions (including rollovers)     13   Contributions (including rollovers)     14   Contributions (including rollovers)     15   Contributions (including rollovers)     16   Contributions (including rollovers)     17   Contributions (including rollovers)     18   Contributions (including rollovers)     18   Contributions (including rollovers)     19   Contributions (including rollovers)     10   Contributions (including rollovers)     10   Contributions (including rollovers)     10   Contributions (including rollovers)     11   Contributions (including rollovers)     12   Contributions (including rollovers)     13   Contributions (including rollovers)     14   Contributions (including rollovers)     15   Contributions (including rollovers)     16   Contributions (including rollovers)     17   Contributions (including rollovers)     18   Contributions (including rollo |                                       |
| 7 Plan Assets and Liabilities 7a 174514  b Total plan liabilities 7b 7c 174514  C Net plan assets (subtract line 7b from line 7a) 7c 174514  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 22400  (2) Participants 8a(2) 0  (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b 32654   |                                       |
| 7 Plan Assets and Liabilities 7a 174514  b Total plan liabilities 7b 7c 174514  C Net plan assets (subtract line 7b from line 7a) 7c 174514  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 22400  (2) Participants 8a(2) 0  (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b 32654   | · · · · · · · · · · · · · · · · · · · |
| a Total plan assets 7a 174514 b Total plan liabilities 7b 7b  C Net plan assets (subtract line 7b from line 7a) 7c 174514  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 22400 (2) Participants 8a(2) 0  (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b 32654  | (b) End of Year                       |
| b Total plan liabilities   | 189484                                |
| C Net plan assets (subtract line 7b from line 7a)  | 100101                                |
| 8         Income, Expenses, and Transfers for this Plan Year         (a) Amount           a         Contributions received or receivable from:                (1) Employers               8a(1)               22400                 (2) Participants               8a(2)               0                 (3) Others (including rollovers)               8a(3)                 b               Other income (loss)               8b               32654   | 189484                                |
| a Contributions received or receivable from:       8a(1)       22400         (1) Employers       8a(2)       0         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       32654  | (b) Total                             |
| (2) Participants   | (10)                                  |
| (3) Others (including rollovers)   |                                       |
| <b>b</b> Other income (loss)   |                                       |
|  |                                       |
| <b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  |                                       |
|  | 55054                                 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  |                                       |
| Certain deemed and/or corrective distributions (see instructions) 8e   |                                       |
| f Administrative service providers (salaries, fees, commissions) 8f 1054   |                                       |
| <b>g</b> Other expenses  |                                       |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  | 40084                                 |
| i Net income (loss) (subtract line 8h from line 8c)  | 14970                                 |
| j Transfers to (from) the plan (see instructions)  |                                       |
| Part IV Plan Characteristics   |                                       |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes 2C 2F 2G 2T 3D   | s in the instructions:                |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in  | in the instructions:                  |
| Part V Compliance Questions  |                                       |
| 10 During the plan year: Yes No  | Amount                                |
| 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  |                                       |
| Program)   |                                       |
| reported on line 10a.)   |                                       |
| C Was the plan covered by a fidelity bond?   | 25000                                 |
| 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.)   | 1054                                  |
| 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.)  |                                       |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   |                                       |

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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)  | edule S | В       |                     | Yes X 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?  |         |         | 🛚                   | Yes No            | 1 |
| 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  |         | he date | of the lett<br>Year |                   |   |
| lf : | 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     |         |                     | 22400             | ) |
| С    | Enter the amount contributed by the employer to the plan for this plan year   | 12c     |         |                     | 22400             | ) |
| 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                  | X 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 I                 | 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    | <b>13c(1)</b> Name of plan(s): 13c(2)   | EIN(s)  |         | 13c(                | ( <b>3)</b> 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 section 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   | Identification Information  | 1                                     |                            |       |                          |                        |   |  |  |  |
|------------------|---|---|---------------------------------------|----------------------------|-------|--------------------------|------------------------|---|--|--|--|
| For calend       | ar plan year 2017 or fi   | scal plan year beginning  | 0:                                    | /01/2017                   |       | and ending               | 12/                    | 31/2017   |  |  |  |
| A This re        | turn/report is for:   | x a single-employer plan  | a list                                | of participatin            |       |                          |                        | ecking this box must attach ce with the form instructions.) |  |  |  |
| B This re        | turn/report is:   | a one-participant plan the first return/report  | =                                     | ign plan<br>al return/repo | ort   |                          |                        |   |  |  |  |
|                  |   | an amended return/report  | a sho                                 | rt plan year re            | etur  | n/report (less than 12 r | months)                |   |  |  |  |
| C Check          | box if filing under:  | Form 5558   | ш                                     | natic extensio             | n     |                          |                        | DFVC program  |  |  |  |
| (Accepted        |   | <u> </u>  | . ,                                   |                            |       |                          |                        |   |  |  |  |
| Part II          |   | ormation enter all requested  | information                           | 1                          |       |                          | 1h Th                  | ree-digit   |  |  |  |
|                  | 1a Name of plan  APEX CURB & TURF, LLC., DAVIS-BACON PENSION PLAN & TRUST |   |                                       |                            |       |                          | pla<br>(P              | an number<br>N) ► 001                                       |  |  |  |
|                  |   |   |                                       |                            |       |                          | <b>I</b>               | fective date of plan<br>3/01/2002                           |  |  |  |
| Mailir           | ng Address (include ro  | oyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P.<br>ice, country, and ZIP or foreign pos | .O. Box)                              | foreian, see i             | instı | ructions)                | 1                      | nployer Identification Number<br>IN) 91-2146981             |  |  |  |
| -                | CURB & TURF,  | • •   | , , , , , , , , , , , , , , , , , , , | ioroigii, ooo i            |       |                          |                        | oonsor's telephone number<br>509) 758-1543                  |  |  |  |
| PO E             | 30X 417   |   |                                       |                            |       |                          |                        | usiness code (see instructions)<br>38900                    |  |  |  |
|                  | OTIN WA 99402   |   |                                       |                            |       |                          | <u> </u>               |   |  |  |  |
| 3a Plan          | administrator's name a  | and address 🔼 Same as Plan Sp   | onsor                                 |                            |       |                          | 3b Administrator's EIN |   |  |  |  |
|                  |   |   |                                       |                            |       |                          | 3c Ad                  | Iministrator's telephone number                             |  |  |  |
|                  |   | ne plan sponsor or the plan name h  |                                       |                            |       |                          | 4b EI                  | N   |  |  |  |
|                  | sor's name  | • • •   | •                                     |                            |       | ,                        | 4d PN                  |   |  |  |  |
| <b>c</b> Plan I  | Name  |   |                                       |                            |       |                          |                        |   |  |  |  |
| 5a Total         | number of participants  | s at the beginning of the plan year   |                                       |                            |       |                          | 5a                     | 28  |  |  |  |
| _                |   | s at the end of the plan year   |                                       |                            |       |                          | 5b                     | 30  |  |  |  |
| <b>c</b> Numb    | er of participants with   | account balances as of the end of   | the plan ye                           | ar (only defin             | ned   | contribution plans       | 5c                     | 30  |  |  |  |
| <b>d(1)</b> Tota | al number of active pa  | rticipants at the beginning of the pla  | an year                               | ••••••••                   |       |                          | 5d(1)                  | 8   |  |  |  |
|                  |   | rticipants at the end of the plan yea   |                                       |                            |       |                          | 5d(2)                  | 10  |  |  |  |
|                  |   | terminated employment during the  |                                       |                            |       |                          | 5e                     | 0   |  |  |  |
| Caution:         | A penalty for the late  | or incomplete filing of this retur  | rn/report w                           | ill be assess              | sed   | unless reasonable ca     | use is es              | tablished.  |  |  |  |
| SB or Sch        |   | other penalties set forth in the instruand signed by an enrolled actuary, nplete.                                     |                                       |                            |       |                          |                        |   |  |  |  |
| SIGN             | Wolly   | Lanson  | 5,                                    | 122/18                     | 3     | Molly Larson             |                        |   |  |  |  |
| Strate Lawrence  | Signature of plan adr   | ministrator   | Dat                                   |                            |       | Enter name of individu   | al signing             | as plan administrator                                       |  |  |  |
| SIGN             | SIGN  |   |                                       |                            |       |                          |                        |   |  |  |  |

HERE | Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

| 200 | ۵ | 2 |  |
|-----|---|---|--|
| au  |   | _ |  |

|  |  | · · · · · · · · · · · · · · · · · · ·  |   |         |  |                   | X            | Yes No         |
|--|--|--|---|---------|--|-------------------|--------------|----------------|
| a Were all of the plan's assets during the plan year invested in eligible  | e assets? (S   |  |   |         |  |                   |              |                |
| b Are you claiming a waiver of the annual examination and report of a<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility a   | and condition  | 1s.)   | ad us   | e For   | m 556                                  | <br>00.           |              | Yes No         |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cannot specific the second specific | ot use Forn  | 1 5500-SF and must mate  | 4021\   | ?       |  | Yes [             | □ No □       | Not determined |
| and the PBGC II  | isurance pro   | Jyram (300 Ernor 1000  |   |         |  |                   | (See i       | instructions.) |
| If "Yes" is checked, enter the My PAA confirmation number from the   | e PBGC pre   | emium filing for this year   |   |         |  |                   | (000         |                |
|  |  |  |   |         |  |                   |              |                |
| Part III Financial Information   |  | (a) Beginning of Y   | 'ear  |         |  | (b                | ) End of Ye  |                |
| 7 Plan Assets and Liabilities  |  |  | ,514  |         |  |                   |              | 189,484        |
| a Total plan assets  | 7a   |  | / = = -                                       |         |  |                   |              |                |
| b Total plan liabilities   | 7b   | 174  | ,514  |         |  |                   |              | 189,484        |
| C Net plan assets (subtract line 7b from line 7a)  | ∖ 7c   | (a) Amount   | , , , , .                                     |         |  |                   | (b) Total    |                |
| 8 Income, Expenses, and Transfers for this Plan Year   |  | (a) Allouni  |   |         |  |                   |              |                |
| a Contributions received or receivable from:   | 8a(1)  | 22   | ,400  | 2       |  |                   |              |                |
| (1) Employers  | - (2)  |  | (   | )       |  |                   |              |                |
| (2) Participants   | <del></del>  |  |   |         | W.                                     |                   |              |                |
| (3) Others (including rollovers)   |  | 32   | 2,65  | 4       |  |                   |              |                |
| b Other income (loss)  |  |  |   |         |  |                   |              | 55,054         |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 80   |  | edifficación                                  |         | W. T.                                  |                   |              |                |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d   | 3:   | 9,03  | 0       | NEW                                    | 2144 236 <u>.</u> |              |                |
| to provide benefits)   | 8e   |  |   |         | 15%                                    |                   |              |                |
| e Certain deemed and/or corrective distributions (see instructions)  | 8f   |  | 1,05  | 4       |  |                   |              |                |
| f Administrative service providers (salaries, fees, commissions)   | -  |  | 0   |         |  |                   |              |                |
| g Other expenses   |  |  |   |         |  |                   |              | 40,084         |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  |  |  |   |         |  |                   |              | 14,970         |
| i Net income (loss) (subtract line 8h from line 8c)  |  |  |   |         | 100 TAN<br>100 TAN                     |                   |              |                |
| j Transfers to (from) the plan (see instructions)  | 8j   | <u> </u>   |   |         | ــــــــــــــــــــــــــــــــــــــ |                   |              |                |
| Part IV Plan Characteristics   |  |  |   | oriotic | Cod                                    | es in the         | instruction  | s:             |
| Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension   | n feature co   | des from the List of Plan Ci   | laraci  | .ci iou | . 004                                  | 00 111 1111       |              |                |
| 00 0m 3D   |  |  |   |         |  |                   |              |                |
| 2C 2F 2G 2T 3D   |  |  |   |         |  |                   |              |                |
| 2C 2F 2G 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare  |  |  |   |         |  |                   |              | :              |
| b If the plan provides welfare benefits, enter the applicable welfare  |  |  |   |         |  |                   |              | :              |
| b If the plan provides welfare benefits, enter the applicable welfare  |  |  |   |         |  | s in the          | instructions |                |
| b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions   | feature cod  | es from the List of Plan Ch  |   |         | Code                                   |                   | instructions | nount          |
| b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions  10 During the plan year:   | feature cod  | es from the List of Plan Ch  |   | ristic  | Code                                   | s in the          | instructions |                |
| b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions  10 During the plan year:   | feature cod  | es from the List of Plan Ch  |   | ristic  | Code                                   | s in the          | instructions |                |
| b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL's  | feature cod<br>ibutions with   | es from the List of Plan Channel Chann |   | ristic  | Code                                   | s in the          | instructions |                |
| b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)   | feature cod  | es from the List of Plan Channel Chann | 10a   | ristic  | No x                                   | s in the          | instructions |                |
| b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)  b Were there any nonexempt transactions with any party-in-inter  | feature cod  | es from the List of Plan Channel Plan Channe | 10a   | Yes     | Code                                   | s in the          | instructions | nount          |
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| Part V   Compliance Questions  | feature cod ributions with a Voluntary F rest? (Do no n's fidelity b r other perso some or all o plan? int as of yea | es from the List of Plan Chanin the time period Fiduciary Correction  It include transactions  From the time period  The time | 10a<br>10b<br>10c<br>10d<br>10e<br>10f<br>10g | Yes     | No x x x x x x                         | s in the          | instructions |                |
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| Part V Compliance Questions     During the plan year:     a Was there a failure to transmit to the plan any participant control described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      b Were there any nonexempt transactions with any party-in-interreported 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 by fraud or dishonesty?      e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)      f Has the plan have any participant loans? (If "Yes," enter amounts)   | feature cod ributions with a Voluntary F rest? (Do no rother perso some or all o plan? int as of yea and? (See ins   | es from the List of Plan Channin the time period Fiduciary Correction  It include transactions  From the time period  To the transactions  To the benefits under  To end.)  It include transactions  | 10a<br>10b<br>10c<br>10d<br>10e<br>10f<br>10g | Yes     | No x x x x x x                         | s in the          | instructions | 25,000         |

| Page 3 - |  |  |  |
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| Form | 5500. | -SF | 2017 |
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| Part | VI Pension Funding Compliance   |                 |         |            |                 | ·-··      |        |  |
|------|---|-----------------|---------|------------|-----------------|-----------|--------|--|
| 11   | 1 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 ERISA?  | e Code or sect  | ion 302 | of         | X Y             | es 🗀      | No     |  |
|      | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   | instructions a  | nd onto | r the date | of the le       | etter rui | ina    |  |
| а    | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver  | Month           | Da      | y          | Year            |           |        |  |
| If v | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir  | ie 13.          |         |            |                 |           |        |  |
| b    | Enter the minimum required contribution for this plan year.   |                 | 12b     |            |                 |           | 22,400 |  |
| С    | Enter the amount contributed by the employer to the plan for the plan year  |                 |         |            | 22,400          |           |        |  |
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)   | the left of a   | 12d     |            |                 |           | 0      |  |
| е    | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |                 |         | Yes 🗌      | No [            | X N/      | Α      |  |
| Par  | VII Plan Terminations and Transfers of Assets   |                 |         |            |                 |           |        |  |
|      | Has a resolution to terminate the plan been adopted in any plan year?   |                 | Ξ       | 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 br   |                 |         |            | Yes 🛚 🗓         | No        |        |  |
| С    | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.) | entify the plan | (s) to  |            |                 |           |        |  |
| 1    | 3c(1) Name of plan(s):  | 13c(2) E        | IN(s)   |            | 13c(            | 3) PN(s   | s)     |  |
|      |   |                 |         |            |                 |           |        |  |