Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

	eport identification information							
For calendar plan year 2	01/01/2 or fiscal plan year beginning	2018	and ending 05/04	/2018				
A This return/report is f	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.)							
	a one-participant plan a foreign plan							
B This return/report is	the first return/report	X the final return/report						
	an amended return/report	x a short plan year return	n/report (less than 12 month	ns)				
C Check box if filing un	☐ . s sees	automatic extension		DFVC progra	am			
	special extension (enter desc	ription)						
Part II Basic Pl	n Information—enter all requested in	formation						
1a Name of plan	·		11	b Three-dig	iit			
E.I. ELECTRONICS LLC	ROFIT SHARING PLAN			plan num (PN)				
			10	E ffective	date of plan 07/01/1983			
	e (employer, if for a single-employer plan)		21	b Employer	Identification Number			
	ude room, apt., suite no. and street, or P.C province, country, and ZIP or foreign post		ructions)	(EIN)	11-3583316			
E.I. ELECTRONICS LLC	, , , , , , , , , , , , , , , , , , ,	(20		s telephone number 16-334-0870			
			20	d Business	code (see instructions)			
1800 SHAMES DRIVE WESTBURY, NY 11590-1	/30			335900				
WEOTBOILT, WI TIOOO T								
3a Plan administrator's	name and address X Same as Plan Spo	nsor.	31	• Administra	ator's EIN			
			30	3c Administrator's telephone number				
4 If the name and/or I	IN of the plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for 41	b EIN				
	plan sponsor's name, EIN, the plan name a		ne last return/report.	d PN				
C Plan Name			40	u PN				
5a Total number of par	icipants at the beginning of the plan year.			5a	86			
·	icipants at the end of the plan year			5b	0			
	nts with account balances as of the end of			5c	0			
d(1) Total number of	ctive participants at the beginning of the p	lan year		d(1)	83			
• •	ctive participants at the end of the plan ye			d(2)	0			
than 100% vested	nts who terminated employment during the			5e	0			
	he late or incomplete filing of this retur							
	y and other penalties set forth in the instru- pleted and signed by an enrolled actuary, a and complete.							
SIGN Filed with au	thorized/valid electronic signature.	06/19/2018	ERRAN KAGAN					
HERE Signature	f plan administrator	Date	Enter name of individual	signing as pl	an administrator			
SIGN								
HERE Signature	f employer/plan sponsor	Date	Enter name of individual	signing as er	nployer or plan sponsor			

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	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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No
С	If you answered "No" to either line 6a or line 6b, the plan cann 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	ot use Fo	rm 5500-SF and mus rogram (see ERISA se	t instea ection 4	od use	Form	5500. Yes No	Not determined . (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	7a		38444			` '	0
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	83	38444				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	otal
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		10042				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10042
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	-	75238				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1350				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						76588
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						-66546
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	-7	71898				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Χ			0
h	2520.101-3.)			10h	Χ			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	X			

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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 Sc (Form 5500) and line 11a below)	nedule S	В		Yes 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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 o	f	🛮 `	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver		the date		
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?		X Yes	5	lo
	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?			X Yes	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.)	s) to			
1	3c(1) Name of plan(s): 13c(2)	e) EIN(s)		13c(3	B) PN(s)
	ECTRONICS LLC 401(K) PLAN 11-358331	6		002	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calend	dar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/	/2017		
A This re	eturn/report is for:	X a single-employer plan		lan (not multiemployer) (F	Filers checking	this box must attach a		
	10 (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	a one-participant plan	a foreign plan		soldanos m	the form motionarion		
B This ret	eturn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	[DFVC prog	ram		
		special extension (enter descri	iption)					
Part II	Basic Plan Inf	ormation—enter all requested inf	ormation					
1a Name	e of plan				1b Three-di			
E.I. EL	ECTRONICS LLC	C PROFIT SHARING PLAN			plan nun	mber 001		
				-	(PN)	- d-to of ulon		
					1c Effective 07/01/			
		loyer, if for a single-employer plan)	D-1.1			er Identification Number		
City o	g address (include roo or town, state or provin	om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta	. Box) al code (if foreign, see inst	ructions)		L-3583316		
	LECTRONICS LL		11 0000 (11 1010.g.,, 000	delicito)	2c Sponsor's telephone number			
				-	516-334-0870			
1800 SF	HAMES DRIVE				335900	s code (see instructions)		
					333300			
WESTBUR		NY 11590-1730						
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spon	ISOT.		3b Administ	rator's EIN		
				F	20 14-1-1-1-1-1			
					3C Administ	rator's telephone number		
		ne plan sponsor or the plan name ha			4b EIN			
		onsor's name, EIN, the plan name ar	nd the plan number from th		• •			
	sor's name				4d PN			
C Plan N	vame							
5a Total	number of participants	s at the beginning of the plan year			5a	97		
b Total i	number of participants	s at the end of the plan year			5b	92		
C Numb compl	per of participants with plete this item)	account balances as of the end of the	he plan year (only defined	contribution plans	5c	84		
		articipants at the beginning of the pla			5d(1)	86		
		articipants at the end of the plan year						
e Numb	ber of participants who	o terminated employment during the	plan year with accrued be	nefits that were less	5e	3		
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable caus	se is establis	hed.		
SB or Sche	alties of perjury and of edule MB completed a true, correct, and com	other penalties set forth in the instruct and signed by an enrolled actuary, as inplete.	ions, I declare that I have s well as the electronic ver	examined this return/report, sion of this return/report,	ort, including, i and to the bes	if applicable, a Schedule st of my knowledge and		
SIGN -	1	V/1/2		Erran Kagan				
HERE	Signature of plan a	administrator	Date 3/8/18.	Enter name of individua	al signing as p	lan administrator		
SIGN			10/0//	Elitor Harris St. Mart. 200	at origining are p	iaii adiiiiiioti atoi		
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individua	al signing as e	employer or plan sponsor		

Form	550	n_91	- 20	17

Page 2

6a b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an indepe and condi	endent qualified public tions.)	accoun	tant (I	QPA)		0 0
С	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	nsurance į	orogram (see ERISA s	ection 4	1021)?	·[Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r_		(b) End	l of Year
a	Total plan assets	7a		873,	727			838,444
b	Total plan liabilities	7b						
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		873,	727		_	838,444
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt		-	(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		. <u> </u>				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		96,	054			
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						96,054
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		131,	187			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	ļ					
f	Administrative service providers (salaries, fees, commissions)	8f			150			
<u>g</u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						131,337
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-35,283
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			L			
Par	t IV Plan Characteristics							-
9a 	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Char	acteris	tic Cod	es in the instr	uctions:
Par	t V Compliance Questions				-			<u> </u>
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person	s by an insurance the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g	х			4,231
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х		
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				,

_		Form 5500-SF 2017	Pag	je 3 -]					
Part '	VI	Pension Funding Compliance			-					_
11	ls t	his a defined benefit plan subject to minimum funding requirements							Yes No	-
11a		ter the unpaid minimum required contributions for all years from Sci								_
12	ER	this a defined contribution plan subject to the minimum funding requ ISA?"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as			e Code or sectio	n 302 o	f		Yes X No	- >
а	If a	waiver of the minimum funding standard for a prior year is being an	mortized in this pla	-		d enter t		the lette	er ruling	
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5500), an	ıd skip to liı	ne 13.					_
b	Ente	er the minimum required contribution for this plan year				12b				
С	Ente	er the amount contributed by the employer to the plan for this plan ye	ear			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the pative amount)				12d				
е	Wil	I the minimum funding amount reported on line 12d be met by the fu	unding deadline?.				Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted in any plan year?					Yes	<u>X</u> v	lo	
	lf "	Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transtrol of the PBGC?						Yes 2	No 2	_
С	lf, c	during this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)) to				

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(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

	t identification information		and anding	05/04/2	018	
For calendar plan year 2017 or		01/01/2018	and ending			
A This return/report is for:	a single-employer plan	list of participating em	an (not multiemployer) (Fi aployer information in acc			
B This return/report is	a one-participant plan	a foreign plan				
D This return/report is	the first return/report	X the final return/report				
	an amended return/report	a short plan year return	n/report (less than 12 mor	nths)		
C Check box if filing under:	Form 5558	automatic extension	. [DFVC progra	m	
	special extension (enter desc	cription)				
Part II Basic Plan Inf	ormation—enter all requested in	nformation				
1a Name of plan				1b Three-digi	NS CONTRACTOR OF THE CONTRACTO	
E.I. ELECTRONICS LLO	PROFIT SHARING PLAN			plan numb (PN) ▶	per 001	
				1c Effective of	late of plan	
				07/01/1	1995 D. W. C.	
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)		70	2b Employer	Identification Number	
	om, apt., suite no. and street, or P.			(EIN) 11-	3583316	
E.I. ELECTRONICS LI	nce, country, and ZIP or foreign pos uC	stal code (il foreign, see insti	uctions)	2c Sponsor's 516-334	telephone number	
					code (see instructions)	
1800 SHAMES DRIVE			1	335900		
WESTBURY	NY 11590-173	3.0				
37 - 1-77 - 1-20 - 1-1 3 - 1-20 - 1-1 3 - 1-20 - 1-1 3 - 1 3	and address X Same as Plan Spo	in the second se		3b Administra	itor's FIN	
ou Flan administrator s name (and address M came as rian ope	311301.				
					itor's telephone number	
	he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN		
a Sponsor's name				4d PN		
C Plan Name						
5a Total number of participant	s at the beginning of the plan year			5a	86	
b Total number of participant	s at the end of the plan year			5b	0	
C Number of participants with	account balances as of the end o	f the plan year (only defined	Control of the Contro	5c	0	
	articipants at the beginning of the p			5d(1)	83	
d(2) Total number of active p	articipants at the end of the plan ye	ear		5d(2)	0	
	o terminated employment during th			5e		
than 100% vested			unless researchle sous	200	0	
Under penalties of perjury and of SB or Schedule MB completed belief, it is true, correct, and cor	e or incomplete filing of this retu- other penalties set forth in the instru- and signed by an enrolled actuary, projete.	as well as the electronic ver	examined this return/report,	ort, including, if	applicable, a Schedule	
SIGN	Mar	6-19-2018	2016 Erran Kagan			
HERE Signature of plan	administrator	Date	Enter name of individua	al signing as pla	an administrator	
SIGN						
HERE Signature of emp	oyer/plan sponsor	Date	Enter name of individua	al signing as en	ployer or plan sponsor	

Р	aa	e	2

b An you claiming a veier of the annual examination and report of an independent qualified public accountant (IQPA) under 20 EFR 220: 104-45 (See instructions on welver eligibility and conditions.) If you answored "No" to either line 6a or line 6b, the plan cannot use Form 500b. From must instead use Form 550b. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Co tata all state plants access during the plants are invested in clinib	lo secoto?	(See instructions)		-			X Yes N	 VO
under 20 CFR 2523 10-4-697 (See instructions on walver etigibility and conditions.)							••••••		
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							10
Part III Financial Information Financial Informa								п	
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7a 638,444 538,444 50 50 50 50 50 50 50								_	
7 Plan Assets and Liabilities	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.	.)
a Total plan assets	Part III Financial Information								
a Total plan sasetis (subtract line 75 from line 7a)	7 Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a		838,	444				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Expenses, and Transfers for this Plan Year (3) Other income (loss). (4) Expenses, and Transfers for this Plan Year (5) Other income (loss). (6) Expenses, and Transfers for this Plan Year (8) Expenses for this Plan Year (8) Description of the Plan Year Year of the Plan Year Year of the Plan Year Year of the Plan Year Year of the Plan Year of the	b Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers. (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c		838,	444				
(2) Participants	8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
(2) Participants		8a(1)							
(3) Other (including rollovers)					T				
b Other income (loss) 8b 10,042 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 10,042 D Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 75,238 E Certain deemed and/or corrective distributions (see instructions) 8d F Administrative service providers (salaries, fees, comissions) 8f D Other expenses (add lines 8d, 8e, 8f, and 8g) 8f Total expenses (add lines 8d,									_
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				10,	042				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). 8d 75,238 e Certain deemed and/or corrective distributions (see instructions). 8		8c						10,0	42
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 (add lines 8d, 8e, 8f, and 8g) 8h f Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 76 , 58i Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan nave 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). 10b X f Has the plan failed to provide any benefit when due under the plan? 10d X									
g Other expenses (add lines 8d, 8e, 8f, and 8g)	to provide benefits)	8d		75,	238				
g Other expenses	e Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 76, 58: i Net income (loss) (subtract line 8h from line 8c) 8l -66, 54: j Transfers to (from) the plan (see instructions) 8j -771, 898 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 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was the plan covered by a fidelity bond? 10c X 500,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c Year or of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c Year or of the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10c X 1	f Administrative service providers (salaries, fees, commissions)	8f		<u> </u>	350				
Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g							_
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				
Part IV Plan Characteristics		8i						-66,5	46
9a	j Transfers to (from) the plan (see instructions)	8j	-	771,	898				
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				_					
Figure 1 Figure 2		feature co	des from the List of Pl	lan Cha	racteri	istic Co	odes in the in:	structions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10		eature cod	les from the List of Pla	n Chara	acteris	tic Coc	tes in the inst	tructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10								·	
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)					V	LNa	1		-
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.)		41	n Abo Aires moriod		105	NO		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		x			
reported on line 10a.)	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? 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.)				10b				.	
by fraud or dishonesty?				10c	Х			500,00	00
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	by fraud or dishonesty?			10d		х			
the plan? (See instructions.)						x			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				10e	\vdash	ļ		<u></u> _	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				 		X		 	_
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10g	<u>X</u>	<u> </u>			0
	2520.101-3.)			10h	Х				
				10i	х				

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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 Sc (Form 5500) and line 11a below)					Ye	s 🗌	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 ERISA?		n 302 o	f 		Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			101-4-	-545-	1-44		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.		o enter Day		or the	ear_	ruling	
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	b Enter the minimum required contribution for this plan year							
С	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)				_			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	∐N	o	N/A	
Part '	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)) to			_		
1	13c(1) Name of plan(s): 13c(EIN(s)		13c(3) PN(s)			
E.I.	I. Electronics LLC 401(k) Plan 11-3		8331	6	002			
			-					