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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

| Part I | | Identification Information | | | | | | | |
|------------------------|---|---|---|---|--------------------------------------|------------------------------|--|--|--|
| For calend | ar plan year 2017 or f | iscal plan year beginning 01/01/201 | 7 | and ending 1 | 2/31/2017 | | | | |
| A This re | turn/report is for: | x a single-employer plan | a multiple-employer pla list of participating em | an (not multiemployer) (aployer information in ac | | | | | |
| R This ret | urn/report is | a one-participant plan | | | | | | | |
| D misteu | ani/report is | | the final return/report a short plan year return/report (less than 12 months) | | | | | | |
| C Chook | box if filing under: | | | Troport (1633 than 12 th | _ | | | | |
| C Check | box ii iiiing under. | X Form 5558 special extension (enter description) | automatic extension | | DFVC program | | | | |
| Part II | Rasic Plan Info | ormation—enter all requested inform | | | | | | | |
| 1a Name | | ormation—enter all requested infor | nation | | 1b Three-digit | | | | |
| | | NOVASCULAR SURGERY, INC. RETI | REMENT | | plan number | | | | |
| | | | | | (PN) • | 001 | | | |
| | | | | | 1c Effective date 01/ | of plan 01/1997 | | | |
| Mailing | g address (include roo | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E | | | 2b Employer Iden (EIN) 05- | tification Number 0492428 | | | |
| - | | ce, country, and ZIP or foreign postal of IOVASCULAR SURGERY, INC. | code (if foreign, see instr | ructions) | 2c Sponsor's tele | phone number 31-4175 | | | |
| | | | | | 2d Business code | (see instructions) | | | |
| ONE RANDA SUITE 414 | ALL SQUARE | | | | 621 | 111 | | | |
| | CE, RI 02904 | | | | | | | | |
| 3a Plan a | dministrator's name a | and address X Same as Plan Sponso | r. | | 3b Administrator's | EIN | | | |
| | | | | | 3c Administrator's | s telephone number | | | |
| | | | | | | · | | | |
| | | | | | | | | | |
| | | ne plan sponsor or the plan name has o | | | 4b EIN | | | | |
| • | or's name | | | | 4d PN | | | | |
| C Plan N | lame | | | | | | | | |
| 5a Total | number of participants | s at the beginning of the plan year | | | 5a | 1 | | | |
| b Total | number of participants | s at the end of the plan year | | | . 5b | 1 | | | |
| | | account balances as of the end of the | | | 5c | 1 | | | |
| d(1) Tot | al number of active pa | articipants at the beginning of the plan | year | | 5d(1) | 1 | | | |
| | | articipants at the end of the plan year. | | | 5d(2) | 1 | | | |
| | | o terminated employment during the pl | | | 5e | 0 | | | |
| | | or incomplete filing of this return/re | | | | lianda a Catadal | | | |
| SB or Sche | aities of perjury and o edule MB completed a true, correct, and com | ther penalties set forth in the instruction and signed by an enrolled actuary, as wanglete. | well as the electronic ver | rsion of this return/repor | t, and to the best of r | ny knowledge and | | | |
| SIGN | | d/valid electronic signature. | 06/20/2018 | ANTHONY MOULTOI | N, M.D. | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | lual signing as plan a | dministrator | | | |
| SIGN | | | | | | | | | |

Date

Signature of employer/plan sponsor

HERE

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.) | | | | | | | X Yes No |
|----------|--|-------------|----------------------------|----------|----------|---------|----------------|---------------------|
| b | 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 |
| | If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA se | ection 4 | 021)? | | Yes No | Not determined |
| | 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.) |
| Pa | rt III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) End | l of Year |
| а | Total plan assets | 7a | (| 98752 | | | | 110255 |
| b | Total plan liabilities | 7b | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | (| 98752 | | | | 110255 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) | Total |
| <u>а</u> | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | |
| | (2) Participants | 8a(2) | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | |
| b | Other income (loss) | 8b | | 11503 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 11503 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | |
| g | Other expenses | 8g | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 0 |
| <u> </u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 11503 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 3D | feature co | des from the List of Plant | an Cha | racteris | stic Co | des in the ins | structions: |
| 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 | es in the inst | ructions: |
| 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 | oluntary F | iduciary Correction | | | V | | |
| | Program) | | | 10a | | X | | |
| | reported on line 10a.) | | | 10b | | X | | |
| С | , | | | 10c | X | | | 20000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bo | nd, that was caused | 10d | | X | | |
| е | 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.) | e 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 as | s of year-e | end.) | 10g | | X | | |
| 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 Sch (Form 5500) and line 11a below) | | В | 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 Code or section ERISA? | n 302 of | | Ye | s X No |
| 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 | d enter t | | of the letter r Year | uling |
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A |
| Part ' | VII Plan Terminations and Transfers of Assets | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | 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) F | 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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OMB Nosi 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

| | ► Complete all entries in | accordance with the instru | ctions to the Lann a | 300-31 | | | |
|--|---|---|---|--|------------------------|--|--|
| Part I Annual Report | Identification Information | | | | | | |
| For catendar plan year 2017 or f | iscal plan year beginning | 01/01/2017 | and ending | 12/31/20 | 17 | | |
| A This return/report is for: | n (not multiemployer) ployer information in a | (Filers checking this coordance with the | s box must attach a form instructions.) | | | | |
| D This and makes and in | a one-participant plan | a foreign plan | | | | | |
| B This return/report is | the first return/report | the final return/report | | | | | |
| | nonths) | | | | | | |
| C Check box if filing under: | X Form 5558 | automatic extension | | DFVC program | ı | | |
| | special extension (enter desi | | 241001 | | | | |
| | ormation—enter all requested i | nformation | | 7 | | | |
| 1a Name of plan SEACOAST THORACTC & | CARDIOVASCULAR SURGE | RY, INC. RETIREME | .NT | 1b Three-digit plan number | or 001 | | |
| | | 11101 1011 | | (PN) 10 Effective da 01/01/19 | , | | |
| 2a Plan sponsor's name (empl Mailing address (include ro | oyer, if for a single-employer plan) om, apt., sulte no. and street, or P. |) .Q. Box) | | | dentification Number | | |
| City or town, state or provin | ce, country, and ZIP or foreign pos CARDIOVASCULAR SURG | stal code (If foreign, see instr | uctions) | The second secon | telephone number | | |
| ONE DAMPATI GOTTAD | | | | | ode (see instructions) | | |
| ONE RANDALL SQUARE | | | | 621111 | | | |
| SUITE 414 | 77 | | | | | | |
| PROVIDENCE | RI 02904 and address X Same as Plan Sp | | | 3b Administrat | | | |
| | | | | 3c Administrat | or's telephone number | | |
| | he plan sponsor or the plan name onsor's name, EIN, the plan name | _ | | 4b EIN | | | |
| a Sponsor's name | | | | 4d PN | | | |
| C Plan Name | | | | | | | |
| 5a Total number of participant | ts at the beginning of the plan year | Γ | | 5a | 1 | | |
| · | ts at the end of the plan year | | | | . 1 | | |
| Number of participants with | n account balances as of the end o | of the plan year (only defined | contribution plans | 5c | 1 | | |
| | articipants at the beginning of the | | | 5d(1) | 1 | | |
| | participants at the end of the plan y | | | 5d(2) | 1 | | |
| than 100% vested | no terminated employment during t | | ********************* | 5e | 0 | | |
| Under penalties of perjury and | e or incomplete filling of this retu other penalties set forth in the instr and signed by an enrolled actuary migte. | ructions, I declare that I have | examined this return/ | report, including, if | applicable, a Schedule | | |
| SIGN | Moreun | Calgalis | ANTHONY MOUL! | ron, M.D. | 2010 | | |
| HERE Signature of plan | administrator | Date | Enter name of indiv | idual signing as pla | un administrator | | |
| SIGN Chung | y Morein | 6/20/18 | ANTHONY MOUL | ron, M.D. | | | |
| - Company of the Comp | loyer/plan sponsor | Date | Enter name of Indiv | ldual signing as en | ployer or plan sponsor | | |

| i Net Income (loss) (subtract line 8h from line 8c) 8l 11,503 j 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: 2A 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) b Were there any nonexempt transactions with any party-in-interest? (Do not Include transactions reported on line 10a.) | | Form 5500-SF 2017 | | Page 2 | | | | | | |
|--|-----------|--|--------------|--|---------|---------------|----------|----------------|-------------|--|
| If you answered *No" to either fine 6 and rine 6b, the plan cannot use Form \$500-F and must invited use Form \$500. If the plan is a defined benefit plan, is a tovered under the PBGC resurance program (see ERISA saction 4021)? Yes No Not Not | b. | Are you claiming a waiver of the annual examination and report of a | an independ | dent qualified public ac | countai | nt (IQF | A) | | _ | |
| c If the plan is a defined benefit plan, is it a covered under the PBGC insurance program (see IRINA contine d021)? | | | | | | | | | ₽ I | e2 140 |
| Fire and the content of the part of the part of the part of the plan year | | | | | | | _ | | □ Not de | etermined |
| Part III Financial Information 7 Plan Assets and Liabilities 7a 98,752 110,255 b Total plan tasets 7b 98,752 110,255 c Rot plan quarts (subtract line 7b from line 7a) 7a 98,752 110,255 6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (f) Employere 8a(1) (b) Protal (c) Participants 8a(2) (a) Amount (b) Total (d) Employere 8a(1) (b) Protal (c) Protal | | | , | , | | | | | | |
| 7 Plan Assets and Lixibilities | | | | ALL MAN TO A STATE OF THE PARTY | | | | | | |
| a Total plan assets | | t III Financial Information | | | | | | | | |
| b Total plan liabilities. C Not plan gesets (subtract line 7b from line 7a). C Not plan gesets (subtract line 7b from line 7a). 7c 98,752 110,255 8 Income, Expenses, and Transfers for this Plan Year C Centributions received or receivable from: (1) Employers. 8 Au(1) (2) Participants. (3) Others (including relovers). 8 But 11,503 C Total income (dath lines 8e(1), 8e(2), 8e(3), and 8b). 8 But 11,503 C Total income (dath lines 8e(1), 8e(2), 8e(3), and 8b). 8 But 11,503 d Benefits paid (including direct rollovers and insurance preniums to provide brenfits). 8 C Certain deemed and/or consolive distributions (see instructions). 8 But 11,503 d Benefits paid (including direct rollovers and insurance preniums to provide brenfits). 9 Other species (add lines 8e, 8e, 8f, and 8g). 1 Not line income (less) (subtract line 8h from line 8c). 1 Not line income (less) (subtract line 8h from line 8c). 1 In the locen (less) (subtract line 8h from line 8c). 1 In the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Plan Characteristics 3 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: 2 Was there a failure to tensmit 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). 5 Was there a environe proposempt transactions with any party-in-interest? (Do not include transactions in by X Proposed of the Description of | | S (4,00) (5,00) (4,00) (1,11) (4,00) (6,00) (6,11) (1,10) | | (a) Beginning o | | | | (b) End | | 110 055 |
| C Feet plan assets (subtract line 7b from line 7a) 7a 98,752 110,255 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Contributions received or receivable from: (1) Employers | paidle in | - Analysis - Christian - Chris | | | 98,7 | 52 | | | | 110,255 |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollowers) | | VICTOR DE L'ANDREAU | | | 0.0 | 15.6 | | | | 110 055 |
| a Contributions racelyad or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) | | | 7c | | 98,7 | 52 | | | | 110,255 |
| (1) Employers | | TO MINISTER CONTRACTOR OF THE | | (а) Атоипт | | \rightarrow | | (b) · | Total | |
| (3) Others (including rollovers) | | | | | | | | | | |
| b Other income (loss) | | | 100000 | | | | ,_ | | | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 11,503 d Benefits paid (inducting direct rollovers and insurance premiums to provide benefits) 8d 8d 8d 8d 8d 8d 8d 8d 8d 8 | 41111 | | 8a(3) | | 44 5 | | | | | |
| d Benefits paid (including direct rollovers and insurance premitums by provide benefits). 8 d e Certain deemed and/or corrective distributions (ase instructions) 8 e f Administrative service providers (salaries, fees, commissione) 8 f g g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8 h C0 i Not Income (loss) (subtract line 8h from line 8c) 8 g g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8 h C0 i Not Income (loss) (subtract line 8h from line 8c) 8 g g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8 h C0 i Not Income (loss) (subtract line 8h from line 8c) 8 g j lift the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D lift 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: Yes No Amount 8 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). 10 b Were there any nonexempt transactions with any party-in-interest? (Do not Include transactions reported on line 10s.). 10 c Was the plan covered by a fidelity band? 10c X 20,000 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 Was eny frees or commissions pald 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 9 Did the plan have any participant loans? (If Yes, enter amount as of year-end.) 10g X 10 If 10h was answered Yes, check the box if you either provided the required notice or one of the | | | 8b | Contractor contract | 11,5 | 03 | | | 10-25-100 | MARKET STATE OF THE STATE OF TH |
| to provide berefits) | - | | Bc | | | - | | | | 11,503 |
| e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, feas, commissione). g Other expenses | a | Benefits paid (including direct rollovers and insurance premlums to provide benefits) | 8d | | | | | | | |
| f Administrative service providers (salarles, fees, commissione) | | | 1 | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | ************************************** | | metric william or a | | | | 10011 50 10000 | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | g | Other expenses | Bq | | | | | | | |
| i Net Income (loss) (subtract line 8h from line 8c) | | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | | | | | | | | 0 |
| 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: 2A 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 | - | | | A SACTOR ST. | | | 1111 | - 175 - 110117 | | 11,503 |
| Part IV Plan Characteristics | j | Transfers to (from) the plan (see instructions) | 81 | | | | | | | |
| 9a | Par | t IV Plan Characteristics | -2_1 | | | | | | | |
| Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Ware there any nonexampt transactions with any party-in-interest? (Do not include transactions reported on line 10s.) 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 pald 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 falled 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.) t In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the | 9a | If the plen provides pension benefits, enter the applicable pension | feature co | des from the List of Pla | an Char | acteris | stic Coc | les in the ins | structions: | |
| During the plan year: Amount During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10s.) Was the plan covered by a fidelity bond? 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 pald to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). Has the plan falled to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | b | If the plan provides welfare benefits, enter the applicable welfare t | feature cod | es from the List of Pla | n Chara | cterist | lc Code | s In the inst | ructions; | All and the second seco |
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| reported on line 10a.) C Was the plan covered by a fidelity band? Did the plan have a lose, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions pald 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.) That the plan have any participant loans? (If "Yes," enter amount as of year-end.) This is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) This is an sewered "Yes," check the box if you either provided the required notice or one of the | a | described in 29 CFR 2510,3-102? (See instructions and DOL's \ | Voluntary F | Iduclary Correction | 10a | | х | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | b | | | | 10b | | х | | | |
| by fraud or dishonesty? | C | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 20,000 |
| Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) In the plan falled to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) In the plan was answered "Yes," check the box if you either provided the required notice or one of the | d | | | | 10d | | х | | | |
| 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 | | carrier, insurance service, or other organization that provides sor | ne or all of | the benefits under | 10e | 74 | х | | | |
| 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 | f | Has the plan falled to provide any benefit when due under the pla | an? | | 10f | | Х | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | g | Did the plan have any participant loans? (If "Yes," enter amount | as of year-e | end.) | 100 | | X | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | h | | | | | | Х | | | AIF IIII O |
| | i | If 10h was answered "Yes," check the box if you either provided | the require | d notice or one of the | 101 | | | | | |

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|--------|---|---------------------------|--------------------|---------|-------------------|-----------|-----|------------------------------|
| Part ' | VI Pension Funding Compliance | | | | | | - 8 | |
| 11 | Is this a defined benefit plan subject to minimum fundin (Form 5500) and line 11a below) | g requirements? (If "Yes | ," see instruction | ns ar | nd complete Sch | redule SI | 3 | Yes No |
| 11a | Enter the unpaid minimum required contributions for all | years from Schedule SE | 3 (Form 5500) li | ne 4 | D | 11a | | |
| 12 | Is this a defined contribution plan subject to the minimal ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and | um funding requirements | of section 412 | of th | e Code or section | on 302 of | | Yes X No |
| а | If a walver of the minimum funding standard for a prior granting the waiver. | year is being amortized i | n this plan year, | | | d enter t | | of the letter ruling Year |
| lfy | you completed line 12a, complete lines 3, 9, and 10 c | of Schedule MB (Form 5 | 5500), and skip | to li | ne 13. | | | |
| b | Enter the minimum required contribution for this plan ye | ar | | | | 12b | | |
| | Enter the amount contributed by the employer to the pla | WEITER CO. | | | | 12c | 59 | |
| d | Subtrect the amount in line 12c from the amount in line negative amount) | 12b. Enter the result (er | nter a minus sig | n to t | he left of a | 12d | | |
| 0 | Will the minimum funding amount reported on line 12d | be met by the funding de | adline? | | | | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of A | Assets | 2. D | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any | plan year? | | | | | Yes | ⊠ No |
| | If "Yes," enter the amount of any plan assets that rever | | | | | . 13в | | |
| b | Were all the plan assets distributed to participants or b control of the PBGC? | | | | | | | Yes 🛚 No |
| C | If, during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See Instru | | to another plan | (s), ic | lentify the plan(| s) to | | |
| | 3c(1) Name of plan(s): | | - 1.000(00000) | | 13c(2 | 2) EIN(s) | | 13c(3) PN(s) |
| | 9 | | | | | | | |
| | V VM | | | | | | | |
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