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

		dentification information							
For calendar	plan year 2017 or fisc	cal plan year beginning 01/01/2	2017		and ending 12	2/31/20	17		
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
		a one-participant plan		foreign plan	,			,	
B This return	/report is	the first return/report the final return/report							
an amended return/report a short plan year return/report (less than 12 months)									
C Check box	x if filing under:	Form 5558	au	utomatic extension		DF\	/C program		
		special extension (enter descri	ription)						
Part II	Basic Plan Infor	mation—enter all requested in	formation	on					
1a Name of	plan	VINGS & RETIREMENT PLAN				F	Γhree-digit blan number PN) ▶	001	
						<u> </u>	Effective date o	l .	
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C	O. Box)					ification Number	
City or to SAPPORO U.S		, country, and ZIP or foreign post	tal code	e (if foreign, see instru	uctions)		Sponsor's telep		
						2d E		(see instructions)	
19 WEST 44TH SUITE 1410	STREET						3121	120	
NEW YORK, N	Y 10036								
3a Plan adm	ninistrator's name and	d address X Same as Plan Spor	nsor.			3b /	Administrator's	EIN	
		-				30 /	Administrator's	talanhana numbar	
						3C /	Administrator s	telephone number	
						_			
		plan sponsor or the plan name has sor's name, EIN, the plan name a				4b EIN			
a Sponsor						4d	PΝ		
C Plan Nar	ne								
5a Total nu	mber of participants a	at the beginning of the plan year				5a		60	
		at the end of the plan year				5b		63	
		ccount balances as of the end of			-	5с		45	
d(1) Total	number of active part	icipants at the beginning of the pl	lan yea	r		5d(′		53	
		ticipants at the end of the plan yea				5d(2	2)	56	
than 100% vested					1				
		r incomplete filing of this return							
SB or Schedu		er penalties set forth in the instrud d signed by an enrolled actuary, a lete.							
SIGN Filed with authorized/valid electronic signature. 07/12/2018 YUKI YANAI									
HERE	Signature of plan ad	ministrator		Date	Enter name of individ	ual sigr	ning as plan adı	ministrator	
SIGN									
HERE	Signature of employ	er/plan sponsor		Date	Enter name of individ	ual sigr	ing as employe	er or plan sponsor	

Form 5500-SF 2017 Page **2**

									☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		☐ Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the		-					. (See instru	
Part III Financial Information									
7	Plan Assets and Liabilities		(a) Baginning	of Voor			(b) End	of Voor	
<u>'</u>	Total plan assets	7a	(a) Beginning o	or Year 89425			(b) End	of Year 3288513	
<u>a</u>	Total plan liabilities	7a 7b	270	72				72	
	Net plan assets (subtract line 7b from line 7a)	7c	248	39353				3288441	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(h)]	Total	
	Contributions received or receivable from:		(u) Amoun				(8)	Otui	
	(1) Employers	8a(1)	9	90819					
	(2) Participants	8a(2)	29	96407					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	4!	58536					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						845762	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	32860					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	, , , , , , , , , , , , , , , , , , , ,								
g									
	h Total expenses (add lines 8d, 8e, 8f, and 8g)								
-i								799088	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
	2E 2F 2G 2J 2K 3D								
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	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	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		Χ			
С	Was the plan covered by a fidelity bond?			10c	X			1950	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ			
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.)	ner person ne or all of	s by an insurance the benefits under	10e	X				31
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-	end.)	10g	Χ			322	31
h	If this is an individual account plan, was there a blackout period? (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 2520.101			10i					

Form 5500-SF 2017	Page 3- 1
-------------------	------------------

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	Te	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		TYe	s 🛚 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	ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

	rt Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2	017		
A This return/report is for:	X a single-employer plan		an (not multiemployer) (l ployer information in ac				
	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
_	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC progran	1		
	special extension (enter descri						
	ormation—enter all requested in	formation					
1a Name of plan SAPPORO U.S.A., INC	. 401(K) SAVINGS & RET	CIREMENT PLAN		1b Three-digit plan number (PN) ▶			
			1	1c Effective da 01/01/19	•		
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)			dentification Number		
	nce, country, and ZIP or foreign post		ructions)		· · · · · · · · · · · · · · · · · · ·		
Sapporo U.S.A., Ind	2.			212-922-	elephone number		
			"		ode (see instructions)		
19 WEST 44TH STREET	1			312120	odo (odo mondonomo)		
SUITE 1410							
NEW YORK	NY 10036						
	and address 🛛 Same as Plan Spor			3c Administrat	or's telephone number		
	he plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN			
a Sponsor's name				4d PN			
C Plan Name							
5a Total number of participant	is at the beginning of the plan year			5а	60		
b Total number of participant	s at the end of the plan year			5b	63		
1 4 9 2 9 3	n account balances as of the end of			5c	45		
d(1) Total number of active p	articipants at the beginning of the pl	an year		5d(1)	53		
	articipants at the end of the plan yea		⊢	5d(2)	56		
than 100% vested	o terminated employment during the	***************************************		5e	1		
	or incomplete filing of this return						
	other penalties set forth in the instruc and signed by an enrolled actuary, a nplete.						
SIGN	7		Yuki Yanai				
HERE Signature of plan	administrator	Date	Enter name of individu	ıal signing as plar	administrator		
SIGN							
HERE	oyer/plan sponsor	Date	Enter name of individu	ıal signing as emi	Dioyer or plan sponsor		

Page 2	
instructions.).	

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes 1	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indeper and condit	ions i	iccount	ant (IQ	PA)		X Yes 1	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	d use	Form	5500.		
	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determine	ed
	If "Yes" is checked, enter the My PAA confirmation number from th							. (See instructions	s.)
Par	t III Financial Information	<u> </u>							
7	Plan Assets and Liabilities		(a) Beginning o				(b) End	of Year	
<u>a</u>	Total plan assets	7a	2,	489,				3,288,5	
b	Total plan liabilities	7b			72				72
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	2,	489,	353			3,288,4	141
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	Total	
	Contributions received or receivable from:	90/4)		90,8	319				
	(1) Employers	8a(1)		296,4					
,	(2) Participants	8a(2)		2501					
	(3) Others (including rollovers)	8a(3)		458,9	336				
	Other income (foss)	8b		1007.	750			845,7	762
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						043,7	- 02
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		32,	860				
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f		13,8	314				
****	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						46,6	574
***************************************	Net income (loss) (subtract line 8h from line 8c)	8i						799,0	380
	Transfers to (from) the plan (see instructions)	8i							
] 0]			1_				
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Chai	racteris	stic Co	ndes in the ins	fructions:	
Ja	2E 2F 2G 2J 2K 3D	ica(uic cc	aco Rom the Elector's 1	ari Onai	GOLOTI	3110 00	7430 III 410 KIE		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cterist	ic Coc	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a									
	described in 29 CFR 2510.3-102? (See instructions and DOL's \			10a		Х			
h	Program) Were there any nonexempt transactions with any party-in-interes			iva					
D	reported on line 10a.)			10b		Х			
c				10c	Х			195,0	000
	Did the plan have a loss, whether or not reimbursed by the plan's								
	by fraud or dishonesty?		*****************************	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or ot	her person	s by an insurance	:					
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e	Х				31
f				10f		Х			
g				10g	Х			32,2	231
	If this is an individual account plan, was there a blackout period?			109				/-	
[]	2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF 2017	Page 3-
-------------------	---------

Part '	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho(Form 5500) and line 11a below)	edule 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?	1 302 0	f 		Yes 🛚	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		411-6-	1 - 11		
	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	enter Da	tne date	or the lette Year	er runng	
lf y	ou 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				
	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	<u> </u>		72204	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>	Yes	∐ No	∐ N//	4
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	1 🔀	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**********		Yes	X] No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
						

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**

<u> </u>	ort identification information		and ending	12/31/2	n1 7
For calendar plan year 2017	or fiscal plan year beginning	01/01/2017			
A This return/report is for:	X a single-employer plan	list of participating	r plan (not multiemployer) (j employer information in ac		
_	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/rep	ort		
	an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension	on	DFVC program	า
	special extension (enter des				
Part II Basic Plan	Information—enter all requested i	nformation			
1a Name of plan				1b Three-digit	1
•	NC. 401(K) SAVINGS & RE	TIREMENT PLAN		plan numbe (PN) ▶	er 001
				1c Effective da 01/01/19	•
	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.			2b Employer le (EIN) 13 -	dentification Number
City or town, state or pr	ovince, country, and ZIP or foreign pos	stal code (if foreign, see	instructions)	<u> </u>	telephone number
Sapporo U.S.A.,	Inc.			212-922-	
10 MECE AATTI CUDE	a Dreit			2d Business c	ode (see instructions)
19 WEST 44TH STRE SUITE 1410	, E, I			312120	
NEW YORK	NY 10036				
	ne and address X Same as Plan Sp	onsor		3b Administrat	or's EIN
4 If the name and/or EIN this plan, enter the plan	of the plan sponsor or the plan name n sponsor's name, EIN, the plan name	has changed since the la and the plan number fro	st return/report filed for om the last return/report.	4b EIN	
a Sponsor's name				4d PN	
C Plan Name					
5a Total number of particit	pants at the beginning of the plan year			5a	60
	pants at the end of the plan year				63
C Number of participants	with account balances as of the end of	of the plan year (only defi	ned contribution plans	5c	4.5
•	ve participants at the beginning of the			5d(1)	53
`	ve participants at the end of the plan y	· -		5d(2)	56
e Number of participants	s who terminated employment during t	he plan year with accrue	d benefits that were less	5e	1
Caution: A penalty for the Under penalties of periury a	late or incomplete filing of this retu nd other penalties set forth in the instr ted and signed by an enrolled actuary	rn/report will be asses uctions, I declare that I h	sed unless reasonable ca ave examined this return/re	eport, including, if	applicable, a Schedule
SIGN			Yuki Yanai		
HERE	ılan administrator	Date	Enter name of individ	dual signing as pla	n administrator
SIGN					
неое	mployer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor
	Notice, see the Instructions for Form 55	00-SF.			Form 5500-SF (2017) v,170203

Рa	a	e	2

under 28 CFR 2520 104-487 (See instructions on walver eligibility and conditions). If you answered "No" to affire time 6a or line 6b, the plan cannot use Form 8500-8F and must instead use Form 9500. If the plan is a defined benefit plan, is it covered under the PRGC insurance program (see ERISA section 4021)?	6a Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes No
c if the plants a adelined benefit plant, is it covered under the PRQC insurance program (see ERISA section 4021)?	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			,,,,,,,,,,,,,,	
Part III Financial Information Financial Informa							
Part III Financial Information (a) Beginning of Year (b) End of Year 2 , 489, 425 3 , 288 , 513 78							
7 Plan Assets and Liabilities	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this pl	lan yeai			
a Total plan assets 7a	Part III Financial Information	т			·····		
b Total plan liabilities	7 Plan Assets and Liabilities						
C Net plan assets (subtract line 2b from fine 7a)	a Total plan assets	7a	2,	489,			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 90,819 (2) Participants 8a(2) 296,407 (3) Others (including followers) 8a(3) 5 Others (including followers) 8a(3) 6 Other form (loss) 8 Detter form (loss) 9 Deter form	b Total plan liabilities	7b		···			72
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Benefits pald (including rollovers) (5) Other (including rollovers) (6) Other (including rollovers) (6) Other (including rollovers) (7) Bas (3) (8) Others (including rollovers) (8) Bas (3) (8) Others (including rollovers) (8) Bas (4) 296, 407 (8) Other (including rollovers) (8) Bas (4) 296, 407 (8) Other (including direct rollovers and insurance promiums to provide benefits) (9) Other (including direct rollovers and insurance promiums to provide benefits) (9) Other expenses (including direct rollovers and insurance promiums to provide benefits) (9) Other expenses (including direct rollovers and insurance promiums to provide benefits) (9) Other expenses (including direct rollovers (salarios, fees, commissions) (9) Bas (1) Transfers to (from) the plan (see instructions) (1) Note (including direct rollovers) (1) Note (including direct rollovers) (2) Bas (1) Note (including direct rollovers (salarios, fees, commissions) (3) Bas (1) Transfers to (from) the plan (see instructions) (3) Bas (1) Transfers to (including direct rollovers (salarios, fees, commissions) (8) Bas (1) Transfers to (including direct rollovers (salarios, fees, commissions) (8) Bas (1) Transfers to (including direct rollovers (salarios, fees, commissions) (8) Bas (1) Transfers to (including direct rollovers (salarios, fees, commissions) (8) Bas (1) Transfers to (including direct rollovers (salarios, fees, commissions) (8) Bas (1) Transfers to (including direct rollovers (salarios, fees, commissions) (8) Bas (1) Transfers to (including direct rollovers (salarios, fees, commissions) (9) Bas (1) Plan Characteristic (codes in the instructions) (1) Program (including direct rollovers) (1) Program (including	c Net plan assets (subtract line 7b from line 7a)	7c	2,	489,	353		3,288,441
(1) Employers 8a(1) 90,819 (2) Participants 8a(2) 296,407 (3) Others (including rollovers). 8a(3) b Other Income (loss)	8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		·	(b) Total
(3) Others (including rollovers)		8a(1)					
b Other Income (loss)	(2) Participants	8a(2)		296,	107		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	b Other income (loss)	8b		458,	536		
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salarios, fees, commissions) 8f f Administrative service providers (salarios, fees, commissions) 8f g Other expenses	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					845,762
f Administrative service providers (salaries, fees, commissions)		. 8d		32,	860		
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 46,674 i Net Income (loss) (subtract line 8h from line 8c) 8i 7799, 08f 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: 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (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). 10b X 31 G Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10c X 31 10d X 32, 233 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 10h X	e Certain deemed and/or corrective distributions (see instructions)	. 8e					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	. 8f		13,	814		
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					46,674
Part IV Plan Characteristics	700						
Part IV Plan Characteristics	j Transfers to (from) the plan (see instructions)	81					•
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Part IV Plan Characteristics						
Description During 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	9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Cod	es in the instructions:
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.) 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		feature cod	les from the List of Pla	n Chara	acteris	tic Code	s in the instructions:
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.) 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	Part V Compliance Questions						
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.)					Yes	No	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period				
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	Voluntary F	Fiduciary Correction	10a		Х	
reported on line 10a.)				104			
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?				10b		X	
by fraud or dishonesty?				10c	Х		195,000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				10d		Х	
the plan? (See instructions.)	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor	ther persor	is by an insurance the benefits under		·		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	the plan? (See instructions.)			10e	X		31
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 failed to provide any benefit when due under the plan	an?		10f		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10g	Х		32,231
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	2520.101-3.)			10h		Х	
	i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	10i			

5500-SF 2017		

Form

Pension Funding Compliance Part Vi Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB ☐ Yes ☐ (Form 5500) and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c 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 12d negative amount) N/A Yes No e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Plan Terminations and Transfers of Assets X Yes No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No control of the PBGC? c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s):

Page 3-