## **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

| L  | port identification information  |                             |   |                   |                                     |  |  |  |  |  |  |
|--|--|-----------------------------|---|-------------------|-------------------------------------|--|--|--|--|--|--|
| For calendar plan year 2017  | 7 or fiscal plan year beginning 01/01/2  | 2017                        | and ending 12/3                         | 1/2017            |                                     |  |  |  |  |  |  |
| A This return/report is for:   | x a single-employer plan   |                             | an (not multiemployer) (File            | _                 |                                     |  |  |  |  |  |  |
|  | a one-participant plan   | a foreign plan              |   |                   | ,                                   |  |  |  |  |  |  |
| <b>B</b> This return/report is   | the first return/report  | the final return/report     |   |                   |                                     |  |  |  |  |  |  |
|  | an amended return/report   | a short plan year return    | ear return/report (less than 12 months) |                   |                                     |  |  |  |  |  |  |
| C Check box if filing under  |  | automatic extension         |   | DFVC progr        | ram                                 |  |  |  |  |  |  |
|  | special extension (enter desc  | ription)                    |   |                   |                                     |  |  |  |  |  |  |
| Part II Basic Plan   | Information—enter all requested in   | formation                   |   |                   |                                     |  |  |  |  |  |  |
| 1a Name of plan  | •  |                             | 1                                       | <b>b</b> Three-di | ait                                 |  |  |  |  |  |  |
| ISOUTSOURCE.COM 401(K  | ) PROFIT SHARING PLAN  |                             |   | plan num          |                                     |  |  |  |  |  |  |
| 1c Effective date of 01/0  |  |                             |   |                   |                                     |  |  |  |  |  |  |
|  | 2a Plan sponsor's name (employer, if for a single-employer plan)                       |                             |   |                   |                                     |  |  |  |  |  |  |
|  | e room, apt., suite no. and street, or P.C<br>ovince, country, and ZIP or foreign post |                             | ructions)                               | (EIN)             | 27-0088667                          |  |  |  |  |  |  |
| DAH CORPORATION  | ooc, oou), aa o. 10.0.g poo.   |                             | 2                                       | •                 | 's telephone number<br>425-646-6004 |  |  |  |  |  |  |
|  |  |                             | 2                                       | d Business        | code (see instructions)             |  |  |  |  |  |  |
| 19119 NORTH CREEK PARP<br>BOTHELL, WA 98011  | (WAY, SUITE 20   |                             |   |                   | 541519                              |  |  |  |  |  |  |
| BOTTIELE, WA 900TT   |  |                             |   |                   |                                     |  |  |  |  |  |  |
| 3a Plan administrator's na   | me and address X Same as Plan Spo  | nsor.                       | 3                                       | <b>b</b> Administ | rator's EIN                         |  |  |  |  |  |  |
|  |  |                             |   |                   |                                     |  |  |  |  |  |  |
|  |  |                             | 3                                       | C Administ        | rator's telephone number            |  |  |  |  |  |  |
|  |  |                             |   |                   |                                     |  |  |  |  |  |  |
|  |  |                             |   |                   |                                     |  |  |  |  |  |  |
|  | of the plan sponsor or the plan name h   |                             | •                                       | b ein             |                                     |  |  |  |  |  |  |
| <b>a</b> Sponsor's name  | n sponsor's name, EIN, the plan name a   | and the plan number from tr |   | d PN              |                                     |  |  |  |  |  |  |
| C Plan Name  |  |                             |   |                   |                                     |  |  |  |  |  |  |
|  |  |                             |   |                   |                                     |  |  |  |  |  |  |
| 5a Total number of partici   | pants at the beginning of the plan year.   |                             |   | 5a                | 82                                  |  |  |  |  |  |  |
|  | pants at the end of the plan year  |                             |   | 5b                | 83                                  |  |  |  |  |  |  |
|  | with account balances as of the end of   |                             |   | 5c                | 68                                  |  |  |  |  |  |  |
| d(1) Total number of acti  | ve participants at the beginning of the p  | lan year                    |   | 5d(1)             | 67                                  |  |  |  |  |  |  |
| • •  | ve participants at the end of the plan ye  |                             |   | 5d(2)             | 73                                  |  |  |  |  |  |  |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  |  |                             |   |                   | 0                                   |  |  |  |  |  |  |
|  | late or incomplete filing of this return   |                             |   |                   |                                     |  |  |  |  |  |  |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |  |                             |   |                   |                                     |  |  |  |  |  |  |
| 0.0  | rized/valid electronic signature.  | 07/17/2018                  | DAN HAY, CEO                            |                   |                                     |  |  |  |  |  |  |
| HERE Signature of p  | lan administrator  | Date                        | Enter name of individual                | signing as p      | olan administrator                  |  |  |  |  |  |  |
| SIGN   |  |                             |   |                   |                                     |  |  |  |  |  |  |
| HERE Signature of e  | mployer/plan sponsor   | Date                        | Enter name of individual                | signing as e      | employer or plan sponsor            |  |  |  |  |  |  |

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| b Are you claiming a waker of the annual examination and report of an independent qualified public accountant (IOPA)  | 6a           | Were all of the plan's assets during the plan year invested in eligib                             | le assets?   | (See instructions.)      |         |         |         |                 | X Yes No            |
|---|--------------|---|--------------|--------------------------|---------|---------|---------|-----------------|---------------------|
| If you answeed "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   | b            | , ,   |              |                          |         | ,       | ,       |                 | V v. □ N.           |
| C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   |              |   |              |                          |         |         |         |                 | Yes   No            |
| If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year   | _            |   |              |                          |         |         |         |                 |                     |
| Part III   Financial Information   (a) Beginning of Year   (b) End of Year   a Total plan assets and Liabilities   7a   3500082   4376145   0   0   0   0   0   0   0   0   0   | С            |   |              |                          |         |         |         |                 | _                   |
| 7   |              | If "Yes" is checked, enter the My PAA confirmation number from the                                | e PBGC p     | remium filing for this p | lan yea | ır      |         |                 | (See instructions.) |
| 7   | Pa           | t III Financial Information   |              |                          |         |         |         |                 |                     |
| a Total plan assets   | 7            |   |              | (a) Reginning            | of Year |         |         | (b) En          | d of Year           |
| D Total plan liabilities  |              |   | 72           |                          |         |         |         | (2) =           |                     |
| C Net plan assets (subtract line 7b from line 7a)   |              | ·   |              |                          |         |         |         |                 |                     |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 133012 (2) Participants. 8a(2) 332431 (3) Others (including rollovers)   |              |   |              | 350                      |         |         |         |                 |                     |
| a Contributions received or receivable from: (1) Employers (2) Participants   |              |   | 76           |                          |         |         |         | (b)             |                     |
| (2) Participants  | а            | Contributions received or receivable from:  |              | (-)                      |         |         |         | <u> </u>        |                     |
| (3) Others (including rollovers)  |              | (1) Employers   | 8a(1)        | 1:                       | 33012   |         |         |                 |                     |
| b Other income (loss)   |              | (2) Participants  | 8a(2)        | 33                       | 32431   |         |         |                 |                     |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  |              | (3) Others (including rollovers)  | 8a(3)        |                          | 0       |         |         |                 |                     |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | b            | Other income (loss)   | 8b           | 5                        | 70156   |         |         |                 |                     |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   |              | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c           |                          |         |         |         |                 | 1035599             |
| f Administrative service providers (salaries, fees, commissions)  |              | Benefits paid (including direct rollovers and insurance premiums                                  |              | 1:                       | 23613   |         |         |                 |                     |
| g Other expenses  | е            | Certain deemed and/or corrective distributions (see instructions)                                 | 8e           | 0                        |         |         |         |                 |                     |
| g Other expenses (add lines 8d, 8e, 8f, and 8g)   | f            | Administrative service providers (salaries, fees, commissions)                                    | 8f           | 4                        | 43923   |         |         |                 |                     |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)   | a            |   |              |                          |         |         |         |                 |                     |
| i Net income (loss) (subtract line 8h from line 8c)   |              |   |              |                          |         |         |         | 167536          |                     |
| Transfers to (from) the plan (see instructions)   |              |   |              |                          |         |         |         |                 |                     |
| Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 2T 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.)   | <del>-</del> |   |              |                          |         |         |         |                 | 000003              |
| If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    E  | _            |   | 8 <u>j</u>   |                          | 0       |         |         |                 |                     |
| 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  |              | · · · ·   |              | des from the List of Di  | 01      |         | -1:- 0- | des to desta    | -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)   | 9a           |   | reature co   | des from the List of Pi  | an Cna  | racteri | Stic Co | ides 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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  10h X | b            | If the plan provides welfare benefits, enter the applicable welfare fe                            | eature cod   | es from the List of Pla  | n Chara | acteris | tic Cod | les in the inst | ructions:           |
| 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).  10h X | Por          | V Compliance Questions  |              |                          |         |         |         |                 |                     |
| 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)  |              |   |              |                          |         | Vac     | No      |                 |                     |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)   |              | <u> </u>  | tiono within | a the time period        |         | res     | NO      |                 | Amount              |
| reported on line 10a.)  | а            | described in 29 CFR 2510.3-102? (See instructions and DOL's V                                     | oluntary F   | iduciary Correction      | 10a     |         | 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.)  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  | b            |   |              |                          | 10b     |         | X       |                 |                     |
| by fraud or dishonesty?   | С            | Was the plan covered by a fidelity bond?  |              |                          | 10c     | X       |         |                 | 350808              |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)   | d            |   |              |                          |         | X       |         |                 |                     |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)   | е            | carrier, insurance service, or other organization that provides some or all of the benefits under |              |                          |         | X       |         |                 |                     |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)   | f            | Has the plan failed to provide any benefit when due under the plan                                | n?           |                          | 10f     |         | X       |                 |                     |
| 2520.101-3.)  |              |   |              |                          | 10g     | X       |         |                 | 68528               |
|   | h            | 2520.101-3.)  |              |                          | 10h     |         | X       |                 |                     |
|   | i            |   |              |                          | 10i     |         |         |                 |                     |

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|-------------------|------------------|--|--|
|-------------------|------------------|--|--|

| Part   | VI Pension Funding Compliance  |          |     |       |                |  |  |  |  |
|--|--|----------|-----|-------|----------------|--|--|--|--|
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  |  |          |     |       |                |  |  |  |  |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |  |          |     |       |                |  |  |  |  |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) |  |          |     |       |                |  |  |  |  |
| <b>a</b> 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                                |  |          |     |       |                |  |  |  |  |
| lf y   | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |          |     |       |                |  |  |  |  |
| b  | Enter the minimum required contribution for this plan year   | 12b      |     |       |                |  |  |  |  |
| С  | Enter the amount contributed by the employer to the plan for this plan year  | 12c      |     |       |                |  |  |  |  |
| d  | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)  | 12d      |     |       |                |  |  |  |  |
| е  | Will the minimum funding amount reported on line 12d be met by the funding deadline?   | . [      | Yes | No    | N/A            |  |  |  |  |
| Part '   | VII Plan Terminations and Transfers of Assets  |          |     |       |                |  |  |  |  |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?  |          | Ye  | s X N | 0              |  |  |  |  |
|  | If "Yes," enter the amount of any plan assets that reverted to the employer this year  | 13a      |     |       |                |  |  |  |  |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |  |          |     |       |                |  |  |  |  |
| С  | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) | ) to     |     |       |                |  |  |  |  |
| 1  | <b>3c(1)</b> Name of plan(s): 13c(2  | ) EIN(s) |     | 13c(3 | <b>)</b> PN(s) |  |  |  |  |
|  |  |          |     |       |                |  |  |  |  |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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

|                          |  | i identification information   |  | and on   | dina                                 | 10 /01 /001                            | 7                                   |  |  |
|--------------------------|--|--|--|--|--------------------------------------|--|-------------------------------------|--|--|
| For calenda              | ir plan year 2017 or   | fiscal plan year beginning   | 01/01/201                              |  |                                      | 12/31/201                              |                                     |  |  |
| A This reti              | urn/report is for:   | a single-employer plan   | a multiple-em<br>list of particip      | ployer plan (not multie<br>pating employer inform    | mployer) (Filers<br>ation in accorda | checking this boo<br>nce with the form | k must attach a<br>n instructions.) |  |  |
| D. This sale             |  | a one-participant plan   | a foreign plan                         | 1  |                                      |  |                                     |  |  |
| <b>B</b> This retu       | m/report is  | the first return/report  | the final return                       | n/report   |                                      |  |                                     |  |  |
|                          |  | an amended return/report   | a short plan y                         | ear return/report (less                              | than 12 months)                      | )                                      |                                     |  |  |
| C Check b                | oox if filing under:   | Form 5558  | automatic ex                           | tension  | DF                                   | VC program                             |                                     |  |  |
|                          |  | special extension (enter des   | cription)                              |  |                                      |  |                                     |  |  |
| Part II                  | Basic Plan Inf   | ormation—enter all requested i   | nformation                             |  |                                      |  |                                     |  |  |
| 1a Name o                |  | l(k) Profit Sharing I  | Plan                                   |  | 1b                                   | Three-digit plan number (PN) ▶         | 001                                 |  |  |
|                          |  | 01/01/200  | -                                      |  |                                      |  |                                     |  |  |
| 2a Plan sp               | 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)   |  |  |  |                                      |  | fication Number<br>8667             |  |  |
| City or                  | town, state or provin  | ice, country, and ZIP or foreign po  | stal code (if foreign                  | see instructions)                                    | 2c                                   | Sponsor's telep                        | hone number                         |  |  |
| DIII. 002                |  |  |  |  | 2d                                   | (425) 646-<br>Business code (          | (see instructions)                  |  |  |
| 19119 N                  | North Creek !  | Parkway, Suite 20  |  |  |                                      |  |                                     |  |  |
| Bothell                  |  |  |  | WA 98011   |                                      | 541519                                 |                                     |  |  |
| 3a Plan ac               | ministrator's name   | and address 🛛 Same as Plan Sp  | onsor.                                 |  | 3b                                   | 3b Administrator's EIN                 |                                     |  |  |
|                          |  |  |  |  |                                      |  | telephone number                    |  |  |
| 4 If the n               | name and/or EIN of the same and/or EIN of the same and/or EIN of the same and are same and are same and are same and same are same and same are same and same are same and same are sam | he plan sponsor or the plan name onsor's name, EIN, the plan name  | has changed since<br>and the plan numb | the last return/report fi<br>er from the last return | report.                              | 4b EIN                                 |                                     |  |  |
| a Sponso                 |  |  |  |  | 4d                                   | PN                                     |                                     |  |  |
| c Plan N                 | ame  |  |  |  |                                      |  |                                     |  |  |
| 5a Total r               | number of participant  | ts at the beginning of the plan yea  |  |  | 5                                    | ia                                     | 82                                  |  |  |
|                          |  | ts at the end of the plan year   |  |  | 1 5                                  | ib                                     | 83                                  |  |  |
| C Number                 | er of participants with  | h account balances as of the end   | of the plan year (on                   | y defined contr bution                               | plans 5                              | ic                                     | 68                                  |  |  |
| •                        | ,  | participants at the beginning of the   |  |  |                                      | I(1)                                   | 67                                  |  |  |
| • ,                      |  | participants at the end of the plan  |  |  |                                      | 1(2)                                   | 73                                  |  |  |
|                          |  | no terminated employment during t  |  |  |                                      | ie i                                   |                                     |  |  |
| than 1                   | 100% vested  | e or incomplete filing of this retu  |  |  |                                      |  | 0                                   |  |  |
| Under pena<br>SB or Sche | alties of periury and  | other penalties set forth in the inst<br>and signed by an enrolled actuary   | ructions, I declare the                | nat I have examined th                               | is return/report,                    | including, if appli                    | icable, a Schedule                  |  |  |
| SIGN                     | LUC CONGLI, AND CON  | The state of the s | 7-17                                   | -/8 DAN HAY  | , CEO                                |  |                                     |  |  |
| HERE                     | Signature of plan  | administrator  | Date                                   |  | e of individual si                   | igning as plan ad                      | Iministrator                        |  |  |
| SIGN                     |  |  |  |  |                                      |  |                                     |  |  |
| HERE                     | Signature of emp   | lover/plan sponsor   | Date                                   | Enter nam  | e of individual s                    | igning as employ                       | er or plan sponsor                  |  |  |

| _  |   |   | ~ |
|----|---|---|---|
| Pa | C | e | Z |

| Ì   | Form | 5500 | SE  | 20 | 17 |
|-----|------|------|-----|----|----|
| - 1 |      | 2000 | -31 | 20 | 11 |

| 6a          | Were all of the plan's assets during the plan year invested in eligib  | le assets? (  | See instructions.)      |         |          |           | Yes No                      | 0    |
|-------------|--|---------------|-------------------------|---------|----------|-----------|-----------------------------|------|
| b           | Are you claiming a waiver of the annual examination and report of  | an independ   | dent qualified public a | ccount  | ant (IQ  | PA)       | X Yes ∏ No                  | n    |
|             | under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann |               |                         |         |          |           |                             |      |
| c           | If the plan is a defined benefit plan, is it covered under the PBGC in   |               |                         |         |          |           |                             | i    |
| •           | If "Yes" is checked, enter the My PAA confirmation number from th  |               |                         |         |          |           |                             |      |
| - Da        |  |               |                         |         |          |           |                             | _    |
|             | rt III Financial Information   |               | (a) Pasinning           | Vaar    | т        |           | (h) End of Year             | _    |
| 7           | Plan Assets and Liabilities  | <del></del>   | (a) Beginning o         |         | 102      |           | (b) End of Year<br>4,376,14 | 15   |
|             | Total plan assets  | 7a            | 5,                      | 508,0   | 0        |           | 4,570,14                    | 0    |
|             | Total plan liabilities   | 7b            | 2                       | F00 /   | 200      |           | 4 276 14                    | 4.5  |
|             | Net plan assets (subtract line 7b from line 7a)  | 7c            |                         | 508,    | 18.2     |           | 4,376,14                    | 15   |
| 8           | Income, Expenses, and Transfers for this Plan Year   |               | (a) Amoun               | t       | -        |           | (b) Total                   | -    |
| а<br>       | Contributions received or receivable from: (1) Employers   | 8a(1)         |                         | 133,    | _        |           |                             |      |
|             | (2) Participants   | 8a(2)         |                         | 332,    | 131      | 35,465555 |                             |      |
|             | (3) Others (including rollovers)   | 8a(3)         |                         |         | 0        |           |                             | ·    |
| <u>b</u>    | Other income (loss)  | 8b            | 1                       | 570,    | L56      |           |                             |      |
| С           | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c            |                         |         | SSSS     |           | 1,035,59                    | 99   |
| d           | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d            |                         | 123,    | 513      |           |                             |      |
| е           | Certain deemed and/or corrective distributions (see instructions)  | 8e            |                         | 0       |          |           |                             | 10.0 |
| f           | Administrative service providers (salaries, fees, commissions)   | 8f            |                         | 43,5    | 923      |           |                             | 2000 |
| g           | Other expenses   | 8g            |                         |         |          |           |                             |      |
| h           | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h            |                         |         |          |           | 167,53                      | 36   |
|             | Net income (loss) (subtract line 8h from line 8c)  | 8i            | 81                      |         |          | 868,06    | 63                          |      |
| Ť           | Transfers to (from) the plan (see instructions).   | 8j            |                         |         | 0        |           |                             | , 1. |
| Pai         | rt IV Plan Characteristics   |               |                         |         |          |           |                             |      |
|             | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D   | feature cod   | es from the List of Pla | an Cha  | racteri  | stic Code | s in the instructions:      | _    |
| b           | If the plan provides welfare benefits, enter the applicable welfare f  | eature code   | s from the List of Pla  | n Chara | ecteris  | tic Codes | in the instructions:        | _    |
| Par         | t V Compliance Questions   |               |                         |         |          |           |                             |      |
| 10          | During the plan year:  |               |                         |         | Yes      | No        | Amount                      |      |
|             | Was there a failure to transmit to the plan any participant contribu   | tions within  | the time period         |         |          |           |                             | _    |
|             | described in 29 CFR 2510.3-102? (See instructions and DOL's \  | ∕oluntary Fi  | duciary Correction      |         |          |           |                             |      |
| <del></del> | Program)   |               |                         | 10a     | <u> </u> | X         |                             | —    |
| b           | Were there any nonexempt transactions with any party-in-interes reported on line 10a.)   |               |                         | 10b     |          | Х         |                             |      |
| c           |  |               |                         | 10c     | X        |           | 350,8                       | 08   |
| d           | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  |               |                         | 10d     |          | х         |                             | _    |
|             | Were any fees or commissions paid to any brokers, agents, or of  |               |                         |         |          |           |                             | _    |
| _           | carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)    |               |                         | 10e     |          | х         |                             |      |
| f           | Has the plan failed to provide any benefit when due under the plan?  |               |                         | 10f     |          | х         |                             |      |
| g           | Did the plan have any participant loans? (If "Yes," enter amount a   | as of year-ei | nd.)                    | 10g     | X        |           | 68,5                        | 28   |
| 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 to exceptions to providing the notice applied under 29 CFR 2520.10 | he required   | notice or one of the    | 10ì     |          |           |                             |      |

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|-------------|--|----------------------------|---------|-----|-----|---------|--|
| Part VI     | Pension Funding Compliance   |                            |         |     |     |         |  |
|             | this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instriorm 5500) and line 11a below)  |                            | edule S | В   | _ Y | es 🛚 No |  |
|             | nter the unpaid minimum required contributions for all years from Schedule SB (Form 55)  |                            | 11a     |     |     |         |  |
| E           | s this a defined contribution plan subject to the minimum funding requirements of section RISA?  | 412 of the Code or section | n 302 o | f   | _ Y | es 🛭 No |  |
|             | f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                            |         |     |     |         |  |
| a If        | 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 Day Year |                            |         |     |     |         |  |
|             | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and  |                            |         |     |     |         |  |
|             | ter the minimum required contr bution for this plan year   |                            | 12b     |     |     |         |  |
| <b>c</b> En | ter the amount contr buted by the employer to the plan for this plan year  |                            | 12c     |     |     |         |  |
|             | ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus  | _                          | 12d     |     |     |         |  |
| e w         | ill 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  |                            |         |     |     |         |  |
| 13а н       | as a resolution to terminate the plan been adopted in any plan year?   |                            |         | Yes | ⊠ N | 0       |  |
| lf          | "Yes." enter the amount of any plan assets that reverted to the employer this year   |                            | 13a     |     |     |         |  |

Yes X No

13c(2) EIN(s)

13c(3) PN(s)

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

control of the PBGC?.

13c(1) Name of plan(s):

which assets or liabilities were transferred. (See instructions.)