

| | | | | | |
|--|---|--|--|---|--|
| 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 | |
| Part I Annual Report Identification Information | | | | | |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 | | | | | |
| A This return/report is for: | | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | | |
| B This return/report is | | <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan | | | |
| | | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report | | | |
| | | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) | | | |
| C Check box if filing under: | | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program | | | |
| | | <input type="checkbox"/> special extension (enter description) | | | |
| Part II Basic Plan Information —enter all requested information | | | | | |
| 1a Name of plan KEY SURGICAL, INC. CASH BALANCE PLAN | | 1b Three-digit plan number (PN) ▶ | | 002 | |
| | | 1c Effective date of plan | | 01/01/2011 | |
| 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KEY SURGICAL LLC 8101 WALLACE ROAD EDEN PRAIRIE, MN 55344 | | 2b Employer Identification Number (EIN) | | 41-1615197 | |
| | | 2c Sponsor's telephone number | | 952-914-9789 | |
| | | 2d Business code (see instructions) | | 339110 | |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. | | 3b Administrator's EIN | | | |
| | | 3c Administrator's telephone number | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name | | 4b EIN | | | |
| | | 4d PN | | | |
| 5a Total number of participants at the beginning of the plan year | | 5a | | 46 | |
| b Total number of participants at the end of the plan year | | 5b | | 47 | |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | 5c | | | |
| d(1) Total number of active participants at the beginning of the plan year | | 5d(1) | | 42 | |
| d(2) Total number of active participants at the end of the plan year | | 5d(2) | | 44 | |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | 5e | | 0 | |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. | | | | | |
| 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. | | | | | |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/03/2018 | JOHN SAVAGE | | |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/03/2018 | JOHN SAVAGE | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. | | | | Form 5500-SF (2017) v. 170207 | |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4041070. (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| a Total plan assets | 7a | 1456398 | 1380818 |
| b Total plan liabilities | 7b | 0 | 0 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 1456398 | 1380818 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | | |
| (2) Participants | 8a(2) | | |
| (3) Others (including rollovers) | 8a(3) | | |
| b Other income (loss) | 8b | 148502 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 148502 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 223962 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 120 | |
| g Other expenses | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 224082 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | -75580 |
| 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:
1A 1C 1I
- 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: | | Yes | No | Amount |
|---|------------|-------------------------------------|-------------------------------------|---------------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | <input checked="" type="checkbox"/> | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | <input checked="" type="checkbox"/> | |
| c Was the plan covered by a fidelity bond? | 10c | <input checked="" type="checkbox"/> | | 292000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | <input checked="" type="checkbox"/> | |
| 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.) | 10e | | <input checked="" type="checkbox"/> | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | <input checked="" type="checkbox"/> | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | <input checked="" type="checkbox"/> | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | |
| 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 | 10i | | | |

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) ☒ Yes ☐ No

11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(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 Day Year

If 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**

c 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**

e 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 ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |

| | | |
|--|--|---|
| SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | OMB No. 1210-0110 2017 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | |
|---|--|
| A Name of plan <u>KEY SURGICAL, INC. CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KEY SURGICAL LLC</u> | D Employer Identification Number (EIN) <u>41-1615197</u> |

| | |
|---|---|
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |
|---|---|

Part I Basic Information

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u> | | | |
| 2 Assets: | | | |
| a Market value | 2a | <u>1455380</u> | |
| b Actuarial value | 2b | <u>1455380</u> | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | <u>0</u> | <u>0</u> | <u>0</u> |
| b For terminated vested participants | <u>4</u> | <u>5582</u> | <u>5582</u> |
| c For active participants | <u>46</u> | <u>1177570</u> | <u>1185198</u> |
| d Total | <u>50</u> | <u>1183152</u> | <u>1190780</u> |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | <u>5.82 %</u> | |
| 6 Target normal cost | 6 | <u>30981</u> | |

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|---|---------------------|--|
| SIGN HERE | | |
| Signature of actuary | <u>05/24/2018</u> | Date |
| <u>CHARLES E. TALBERT</u> | <u>17-04922</u> | Most recent enrollment number |
| Type or print name of actuary | <u>612-377-4404</u> | Telephone number (including area code) |
| <u>LURIE, LLP</u> | | |
| Firm name | | |
| <u>2501 WAYZATA BOULEVARD MINNEAPOLIS, MN 55405</u> | | |
| Address of the firm | | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

| | (a) Carryover balance | (b) Prefunding balance |
|--|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 Interest on line 9 using prior year's actual return of <u>4.96</u> % | 0 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 274227 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.97</u> % | | 16371 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 290598 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

Part III Funding Percentages

| | | |
|--|-----------|---------|
| 14 Funding target attainment percentage | 14 | 122.22% |
| 15 Adjusted funding target attainment percentage | 15 | 122.22% |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 117.40% |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ► | | | 18(b) | 0 | 18(c) 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| | | | |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

| | | | | |
|---|--|------------------------|------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.16 % | 2nd segment: 5.72 % | 3rd segment: 6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 4 |
| 22 Weighted average retirement age..... | | | | 22 65 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

Part VI Miscellaneous Items

| | |
|--|---|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | 27 |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|--|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6) | 31a | 30981 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 30981 | |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment..... | 0 | 0 | |
| b Waiver amortization installment | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 0 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement..... | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 0 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 0 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years..... | 40 | 0 | |

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

| | | | |
|--|---|-----------------------------------|---|
| 41 If an election was made to use PRA 2010 funding relief for this plan: | | | |
| a Schedule elected | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years | |
| b Eligible plan year(s) for which the election in line 41a was made | <input type="checkbox"/> 2008 | <input type="checkbox"/> 2009 | <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |
| 42 Amount of acceleration adjustment | 42 | | |
| 43 Excess installment acceleration amount to be carried over to future plan years | 43 | | |

Schedule SB, line 22
Description of Weighted Average Retirement Age

Plan: Key Surgical, Inc. Cash Balance Plan
EIN/PN: 41-1615197 / 002

| <u>Age</u> | <u>Assumed Rate</u> | <u>Weighted Age</u> |
|------------|-------------------------|-------------------------|
| 65 | 100.00% | 65.0 |
| | | 65.0 |

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Plan: Key Surgical, Inc. Cash Balance Plan
 EIN/PN: 41-1615197 / 002

Investment Return

| | <u>Pre-Retirement</u> | <u>Post-Retirement</u> |
|--|------------------------------|-------------------------------|
| 1st Segment | 4.16% | 4.16% |
| 2nd Segment | 5.72% | 5.72% |
| 3rd Segment | 6.48% | 6.48% |
| Interest Crediting Rate (ICR) | 4.00% | 4.00% |
| Assumed ICR for Funding | 4.25% | 4.25% |
| Salary Scale | 0.00% | N/A |
| PPA Effective Rate | 5.82% | 5.82% |
| For determination of maximum deduction, segment rates of 1.52%, 3.8%, 4.79% were used. | | |

Explicit Provision for Expenses

Administrative expenses are assumed to be \$0.

Assumed Form of Distribution

Lump sum equal to the Hypothetical Account Balance. Funding Target is equal to the Hypothetical Account Balance increased with interest to retirement using the Interest Credit Rate and discounted to the valuation date using the appropriate segment rate.

Mortality Rates

| | <u>Pre-Retirement</u> | <u>Post-Retirement*</u> |
|-----------------------|------------------------------|--------------------------------|
| Funding | None | 2017 Small plan sex distinct |
| Actuarial Equivalence | None | 2017 Applicable |

*No Post-Retirement mortality improvement has been assumed.

Disability Rates

None.

Withdrawal Rates

None.

Retirement Age

Participants are assumed to retire on their Normal Retirement Date.

Actuarial Value of Assets

Market Value as reported by the sponsor.

Marriage Rates

None.

Changes in Methods or Assumptions

Assumptions were changed as required to comply with the Pension Protection Act.

Schedule SB, Part V

Summary of Plan Provisions

Plan: Key Surgical, Inc. Cash Balance Plan
EIN/PN: 41-1615197 / 002

Employer and Plan Data

| | |
|------------------------|-------------------|
| Initial Effective Date | January 1, 2011 |
| Plan Year Begins | January 1, 2017 |
| Plan Year Ends | December 31, 2017 |
| Valuation Date | January 1, 2017 |

Eligibility Requirements

| | |
|-----------------|--|
| Service | One year |
| Entry Dates | Immediate upon entry |
| Age | 21 |
| Excluded Groups | Commissioned HCE, Nonresident Aliens, Collectively Bargained Employees, Employees of Affiliated Employers and Leased Employees |

Normal Retirement Age

Attainment of age 65.

Retirement Benefits

Actuarial Equivalent of the Participant's Hypothetical Account Balance.

Hypothetical Account

A theoretical account that is maintained for each participant. Each account is credited annually with interest at the greater of 4% and the 30 Year Treasury Bill rate in effect for the fifth month preceding the valuation date, and an allocation following the terms of the Plan Document.

Vesting

100% vested upon completion of three years of vesting service.

Death

100% of the Participant's Hypothetical Account.

Disability

100% of the Participant's Hypothetical Account.

Plan Amendments

Amended to freeze participation and accruals effective June 16, 2017 and adopted June 1, 2017. This valuation is taking the plan freeze into consideration per the plan sponsor's desire pursuant to 412(d)(2). The plan change was relected in the determination of the Target Normal Cost.

Schedule SB, Line 26
Schedule of Active Participant Data

Plan: Key Surgical, Inc. Cash Balance Plan
EIN/PN: 41-1615197 / 002

1. ACTIVE PARTICIPANTS

| Service/ Age Group | 0-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
|-----------------------|-----|-----|-------|-------|-------|-------|-------|-------|--------------|-------|
| Under 25 | 3 | | | | | | | | | 3 |
| 25-29 | 7 | 2 | | | | | | | | 9 |
| 30-34 | 3 | 2 | | | | | | | | 5 |
| 35-39 | 8 | 5 | | | | | | | | 13 |
| 40-44 | 2 | 1 | | | | | | | | 3 |
| 45-49 | 1 | 2 | | | | | | | | 3 |
| 50-54 | 3 | 2 | | | | | | | | 5 |
| 55-59 | | 2 | | | | | | | | 2 |
| 60-64 | 2 | 1 | | | | | | | | 3 |
| 65 & Over | | | | | | | | | | 0 |
| Totals | 29 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46 |

SB ACTUARY SIGNATURE

| | | |
|---|--|---|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF. | OMB No. 1210-0110 2017 This Form is Open to Public Inspection |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> | | |

► Round off amounts to nearest dollar.

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | | |
|---|--|---|-----|
| A Name of plan Key Surgical, Inc. Cash Balance Plan | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">002</td> </tr> </table> | B Three-digit plan number (PN) ► | 002 |
| B Three-digit plan number (PN) ► | 002 | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Key Surgical, LLC | D Employer Identification Number (EIN) 41-1615197 | | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | | | |
| F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | | | |

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| Part I Basic Information | | | |
| 1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2017</u> | | | |
| 2 Assets: | | | |
| a Market value..... | 2a | 1,455,380 | |
| b Actuarial value..... | 2b | 1,455,380 | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment..... | 0 | 0 | 0 |
| b For terminated vested participants..... | 4 | 5,582 | 5,582 |
| c For active participants..... | 46 | 1,177,570 | 1,185,198 |
| d Total..... | 50 | 1,183,152 | 1,190,780 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions..... | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b | | |
| 5 Effective interest rate..... | 5 | 5.82% | |
| 6 Target normal cost..... | 6 | 30,981 | |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------|--|---|
| SIGN HERE | <u>CET</u> Signature of actuary | <u>05/24/2018</u> Date |
| | <u>Charles E. Talbert</u> Type or print name of actuary | <u>17-04922</u> Most recent enrollment number |
| | <u>Lurie, LLP</u> Firm name | <u>(612) 377-4404</u> Telephone number (including area code) |
| | <u>2501 Wayzata Boulevard</u> <u>Minneapolis</u> <u>MN 55405</u> Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

 Schedule SB (Form 5500) 2017
 v. 170203

| Part II Beginning of Year Carryover and Prefunding Balances | | |
|--|-----------------------|------------------------|
| | (a) Carryover balance | (b) Prefunding balance |
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)..... | 0 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8)..... | 0 | 0 |
| 10 Interest on line 9 using prior year's actual return of <u>4.96</u> % | 0 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year)..... | | 274227 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.97</u> % | | 16371 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 290598 |
| d Portion of (c) to be added to prefunding balance..... | | 0 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III Funding Percentages | | |
|--|-----------|---------|
| 14 Funding target attainment percentage | 14 | 122.22% |
| 15 Adjusted funding target attainment percentage..... | 15 | 122.22% |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 117.40% |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | | | | |
|--|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ► | | | 18(b) | 0 | 18(c) |
| | | | | 0 | 0 |

| | | |
|--|------------|---------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a Contributions allocated toward unpaid minimum required contributions from prior years..... | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c | 0 |
| 20 Quarterly contributions and liquidity shortfalls: | | |
| a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| c If line 20a is "Yes," see instructions and complete the following table as applicable: | | |
| Liquidity shortfall as of end of quarter of this plan year | | |
| (1) 1st | (2) 2nd | (3) 3rd |
| | | |
| | | |
| | | |
| | | |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

| | | | |
|--|------------------------|------------------------|---|
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.16 % | 2nd segment: 5.72 % | 3rd segment: 6.48 % |
| | | | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | 21b 4 |
| 22 Weighted average retirement age | | | 22 65 |
| 23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

Part VI Miscellaneous Items

| | |
|--|---|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | 27 |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|--|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6) | | 31a | 30,981 |
| b Excess assets, if applicable, but not greater than line 31a | | 31b | 30,981 |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment..... | 0 | 0 | |
| b Waiver amortization installment | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | 33 | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | | 34 | 0 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement..... | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35)..... | | 36 | 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | 37 | 0 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | 38a | 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | 38b | 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | | 39 | 0 |
| 40 Unpaid minimum required contributions for all years | | 40 | 0 |

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

| | | | |
|--|--|---|---|
| 41 If an election was made to use PRA 2010 funding relief for this plan: | | | |
| a Schedule elected | | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years |
| b Eligible plan year(s) for which the election in line 41a was made | | <input type="checkbox"/> 2008 | <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |
| 42 Amount of acceleration adjustment | | 42 | |
| 43 Excess installment acceleration amount to be carried over to future plan years | | 43 | |

Schedule SB, line 22
Description of Weighted Average Retirement Age

Plan: Key Surgical, Inc. Cash Balance Plan
EIN/PN: 41-1615197 / 002

| <u>Age</u> | <u>Assumed Rate</u> | <u>Weighted Age</u> |
|------------|-------------------------|-------------------------|
| 65 | 100.00% | 65.0 |
| | | 65.0 |

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Plan: Key Surgical, Inc. Cash Balance Plan

EIN/PN: 41-1615197 / 002

Investment Return

| | <u>Pre-Retirement</u> | <u>Post-Retirement</u> |
|--|-----------------------|------------------------|
| 1st Segment | 4.16% | 4.16% |
| 2nd Segment | 5.72% | 5.72% |
| 3rd Segment | 6.48% | 6.48% |
| Interest Crediting Rate (ICR) | 4.00% | 4.00% |
| Assumed ICR for Funding | 4.25% | 4.25% |
| Salary Scale | 0.00% | N/A |
| PPA Effective Rate | 5.82% | 5.82% |
| For determination of maximum deduction, segment rates of 1.52%, 3.8%, 4.79% were used. | | |

Explicit Provision for Expenses

Administrative expenses are assumed to be \$0.

Assumed Form of Distribution

Lump sum equal to the Hypothetical Account Balance. Funding Target is equal to the Hypothetical Account Balance increased with interest to retirement using the Interest Credit Rate and discounted to the valuation date using the appropriate segment rate.

Mortality Rates

| | <u>Pre-Retirement</u> | <u>Post-Retirement*</u> |
|-----------------------|-----------------------|------------------------------|
| Funding | None | 2017 Small plan sex distinct |
| Actuarial Equivalence | None | 2017 Applicable |

*No Post-Retirement mortality improvement has been assumed.

Disability Rates

None.

Withdrawal Rates

None.

Retirement Age

Participants are assumed to retire on their Normal Retirement Date.

Actuarial Value of Assets

Market Value as reported by the sponsor.

Marriage Rates

None.

Changes in Methods or Assumptions

Assumptions were changed as required to comply with the Pension Protection Act.

Schedule SB, Part V

Summary of Plan Provisions

Plan: Key Surgical, Inc. Cash Balance Plan
EIN/PN: 41-1615197 / 002

Employer and Plan Data

| | |
|------------------------|-------------------|
| Initial Effective Date | January 1, 2011 |
| Plan Year Begins | January 1, 2017 |
| Plan Year Ends | December 31, 2017 |
| Valuation Date | January 1, 2017 |

Eligibility Requirements

| | |
|-----------------|--|
| Service | One year |
| Entry Dates | Immediate upon entry |
| Age | 21 |
| Excluded Groups | Commissioned HCE, Nonresident Aliens, Collectively Bargained Employees, Employees of Affiliated Employers and Leased Employees |

Normal Retirement Age

Attainment of age 65.

Retirement Benefits

Actuarial Equivalent of the Participant's Hypothetical Account Balance.

Hypothetical Account

A theoretical account that is maintained for each participant. Each account is credited annually with interest at the greater of 4% and the 30 Year Treasury Bill rate in effect for the fifth month preceding the valuation date, and an allocation following the terms of the Plan Document.

Vesting

100% vested upon completion of three years of vesting service.

Death

100% of the Participant's Hypothetical Account.

Disability

100% of the Participant's Hypothetical Account.

Plan Amendments

Amended to freeze participation and accruals effective June 16, 2017 and adopted June 1, 2017. This valuation is taking the plan freeze into consideration per the plan sponsor's desire pursuant to 412(d)(2). The plan change was relected in the determination of the Target Normal Cost.

Schedule SB, Line 26
Schedule of Active Participant Data

Plan: Key Surgical, Inc. Cash Balance Plan
 EIN/PN: 41-1615197 / 002

1. ACTIVE PARTICIPANTS

| Service/ Age Group | 0-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
|-----------------------|-----|-----|-------|-------|-------|-------|-------|-------|--------------|-------|
| Under 25 | 3 | | | | | | | | | 3 |
| 25-29 | 7 | 2 | | | | | | | | 9 |
| 30-34 | 3 | 2 | | | | | | | | 5 |
| 35-39 | 8 | 5 | | | | | | | | 13 |
| 40-44 | 2 | 1 | | | | | | | | 3 |
| 45-49 | 1 | 2 | | | | | | | | 3 |
| 50-54 | 3 | 2 | | | | | | | | 5 |
| 55-59 | | 2 | | | | | | | | 2 |
| 60-64 | 2 | 1 | | | | | | | | 3 |
| 65 & Over | | | | | | | | | | 0 |
| Totals | 29 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46 |

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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).OMB Nos. 1210-0110
1210-0089**2017****This Form is Open to
Public Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017


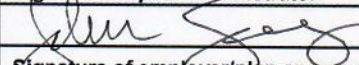
- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a one-participant plan ☐ a foreign plan
- B** This return/report is ☐ 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 if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| 1a Name of plan Key Surgical, Inc. Cash Balance Plan | 1b Three-digit plan number (PN) ▶ 002 |
| 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Key Surgical LLC 8101 Wallace Road Eden Prairie MN 55344 | 1c Effective date of plan 01/01/2011 2b Employer Identification Number (EIN) 41-1615197 2c Sponsor's telephone number (952) 914-9789 2d Business code (see instructions) 339110 |
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor. | 3b Administrator's EIN 3c Administrator's telephone number |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5a Total number of participants at the beginning of the plan year | 5a 46 |
| b Total number of participants at the end of the plan year | 5b 47 |
| c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c |
| d(1) Total number of active participants at the beginning of the plan year | 5d(1) 42 |
| d(2) Total number of active participants at the end of the plan year | 5d(2) 44 |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 5e 0 |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.

| | | | |
|------------------|---|------------------|--|
| SIGN HERE |  | <u>10/3/2018</u> | John Savage |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | <u>10/3/2018</u> | John Savage |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017)
v.170203

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4041070. (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| a Total plan assets | 7a | 1,456,398 | 1,380,818 |
| b Total plan liabilities | 7b | 0 | 0 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 1,456,398 | 1,380,818 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | | |
| (2) Participants | 8a(2) | | |
| (3) Others (including rollovers) | 8a(3) | | |
| b Other income (loss) | 8b | 148,502 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 148,502 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 223,962 | |
| e Certain deemed and/or corrective distributions (see instructions) ... | 8e | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 120 | |
| g Other expenses | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 224,082 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | -75,580 |
| 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:
1A 1C 1I
- 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: | | Yes | No | Amount |
|---|------------|------------|-----------|---------------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| c Was the plan covered by a fidelity bond? | 10c | X | | 292,000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | |
| 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 | 10i | | | |

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) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 0 |
| 12 | 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.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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 | |
| If 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 |
| c | 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 |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Part VII Plan Terminations and Transfers of Assets

| | | |
|------------------|--|---|
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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(1) | 13c(2) | 13c(3) |
| Name of plan(s): | EIN(s) | PN(s) |
| | | |