| - | rm 5500-SF | Short Form Annua | al Return/Report Benefit Plan | of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | | | |
|-------------------------|---|---|---|--------------------------|----------------|--|--|--|--|
| | nal Revenue Service | This form is required to be filed | I under sections 104 and | | | 2017 | | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 (| (ERISA), and sections 605 Revenue Code (the Code | | Internal | This Form is Open to | | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in a | ccordance with the inst | ructions to the Form 55 | 500-SF. | Public Inspection | | | |
| Part I | | dentification Information | | | | | | | |
| For calenda | ar plan year 2017 or fis | cal plan year beginning 01/01/20 | | | 2/31/2017 | the state of the second st | | | |
| A This ret | turn/report is for: | X a single-employer plan | list of participating en | | | king this box must attach a vith the form instructions.) | | | |
| R This rote | urn/report is | a one-participant plan | a foreign plan | | | | | | |
| | | the first return/report | the final return/report | | | | | | |
| | | an amended return/report | a short plan year retur | n/report (less than 12 m | onths) | | | | |
| C Check | box if filing under: | X Form 5558 | × automatic extension | | DFVC p | rogram | | | |
| | | special extension (enter descri | | | | | | | |
| Part II | Basic Plan Infor | rmation—enter all requested info | ormation | | | | | | |
| 1a Name | • | | | | 1b Thre | e-digit number | | | |
| RAMOS & R | AMOS 401(K) PLAN | | | | (PN) | | | | |
| | | | | | 1c Effect | tive date of plan 01/01/2017 | | | |
| | | ver, if for a single-employer plan) | | | 2b Empl | oyer Identification Number | | | |
| | | n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta | | ructions) | (EIN) | | | | |
| RAMOS & R | AMOS | | | | 2C Spor | nsor's telephone number 716-810-6140 | | | |
| | | | | | 2d Busir | ness code (see instructions) | | | |
| 37 FRANKLI SUITE 110 | N STREET | | | | | 541110 | | | |
| BUFFALO, N | IY 14202 | | | | | | | | |
| 3a Plan a | dministrator's name and | d address X Same as Plan Spons | sor. | | 3b Admi | nistrator's EIN | | | |
| | | | | | 3c Admi | nistrator's telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the r | name and/or EIN of the | plan sponsor or the plan name has | s changed since the last r | eturn/report filed for | 4b EIN | | | | |
| • | | sor's name, EIN, the plan name ar | nd the plan number from t | he last return/report. | | | | | |
| C Plan N | or's name Iame | | | | 4d PN | | | | |
| | - | | | | | | | | |
| 5a Total I | number of participants a | at the beginning of the plan year | | | 5a | 11 | | | |
| | | at the end of the plan year | | | 5b | 16 | | | |
| | | account balances as of the end of the | | | 5c | 8 | | | |
| d(1) Tota | al number of active part | ticipants at the beginning of the pla | ın year | | 5d(1) | 11 | | | |
| • • | | ticipants at the end of the plan yea | | | 5d(2) | 15 | | | |
| | | terminated employment during the | | | 5e | 0 | | | |
| Caution: A | A penalty for the late o | r incomplete filing of this return | /report will be assessed | unless reasonable cau | | | | | |
| SB or Sche | | er penalties set forth in the instruct d signed by an enrolled actuary, as lete | | | | | | | |
| SIGN | | valid electronic signature. | 10/03/2018 | JOSHUA RAMOS | | | | | |
| HERE | Signature of plan ac | | Date | Enter name of individu | ual signing | as plan administrator | | | |
| SIGN | signature et platt de | | | | | | | | |
| HERE | Signature of employ | ver/nlan sponsor | Date | Enter name of individu | ial signing | as employer or plan sponsor | | | |
| L | Signature of employ | ienthian shouson | | | aa siyiliiliy | | | | |

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

Form 5500-SF (2017) v.170203

| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | | | |
|------------|--|--------------|--------------------------|----------|---------|---------|-------------------------|---------------|--|--|
| 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.) | | | | | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | | |
| С | 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 th | e PBGC p | remium filing for this p | lan year | | | (See i | nstructions.) | | |
| Pa | rt III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | (b) End of Yea | | | |
| a | Total plan assets | 7a | | | | | 644 | | | |
| | Total plan liabilities | 7b | | | | | 0.011 | | | |
| с | Net plan assets (subtract line 7b from line 7a) | 7c | | 0 | | | 37 | 644 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b) Total | | | |
| а | Contributions received or receivable from: | | | | | | | | | |
| | (1) Employers | 8a(1) | | 17599 | | | | | | |
| | (2) Participants | 8a(2) | | 18607 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 4.400 | | | | | | |
| | Other income (loss) | 8b | | 1483 | | | 07 | 690 | | |
| <u> </u> | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | 37 | 689 | | |
| | to provide benefits) | 8d | | | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 45 | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 45 | | |
| _ <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 37 | 644 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E $$ 2G $$ 2J $$ 2K $$ 3D | feature co | des from the List of Pl | an Char | acteri | stic Co | des in the instructions | S: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | cterist | tic Cod | es in the instructions: | | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amoun | t | | |
| а | Was there a failure to transmit to the plan any participant contribu | | | | | | | | | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | • | | 10a | Х | | | 653 | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not | include transactions | 10b | | x | | | | |
| c | | | | 10c | Х | | 1 | 000000 | | |
| C | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | nd, that was caused | 100 | | х | | 000000 | | |
| e | by fraud or dishonesty?e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance | | | iuu | | | | | | |
| | carrier, insurance service, or other organization that provides som the plan? (See instructions.) | | | 10e | | x | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | Х | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | is of year-e | end.) | 10g | | Х | | | | |
| h | If this is an individual account plan, was there a blackout period? | (See instru | uctions and 29 CFR | | | | | | | |

2520.101-3.)

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....

i,

Х

10h

10i

Page 3- 1

| Part | VIP | ension Funding Compliance | | | | | | |
|------|----------|---|-------|---------------|--------|-----------|------|--------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below) | Sche | edule S | SB | [| Ye | s 🗌 No |
| 11a | Enter | the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERISA | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? | ctior | n 302 c | of | [| Ye | s X No |
| а | lf a wa | iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver | and | enter _ Da | | of the le | | uling |
| If y | you coi | npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | - | | | | | |
| b | Enter th | e minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | e amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount) | | 12d | | | | |
| е | Will th | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | | N/A |
| Part | VII F | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Ye | 6 X | No | |
| | If "Yes | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC? | | ne 🗌 Yes 🗙 No | | | No | |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.) | n(s) | to | | | | |
| 1 | 3c(1) N | lame of plan(s): 13 | c(2) | EIN(s) |) | 13 | c(3) | PN(s) |
| | | | | | | | | |

| Fo | orm 5500-SF | Short Form Annu | al Return/Repo | ort of Small Emp | loyee | OMB Ncs. 1210-0110 1210-0089 | | | |
|---------------------|--|--|--|---|---|---|--|--|--|
| Dep Inte | entment of the Treasury email Revenue Sarvice | This form is required to be file | Benefit Plar | - | | 2017 | | | |
| Emptoyee | Department of Labor Benefits Security Administration | This form is required to be file Income Security Act of 1974 | (ERISA), and sections (| 6057(b) and 6058(a) of the | Retirement e Internal | | | | |
| | Benefit Guaranty Corporation | — | Revenue Code (lhe Co | - • - | | This Form is Open to Public Inspection | | | |
| Part I | Annual Report | Complete all entries in Identification Information | accordance with the in | structions to the Form t | 5500-SF. | | | | |
| For calend | dar plan year 2017 or f | fiscal plan year beginning | 01/01/2017 | and ending | 12/3 | 1/2017 | | | |
| A This re | etum/report is for: | X a single-employer plan | a multiple-employer | plan (not multiemployer) | (Filers check | ing this box must attach a | | | |
| | · | a one-participant plan | a foreign plan | employer information in a | ccordance w | ith the form instructions.) | | | |
| B This rel | tum/report is | x the first return/report | | rt | | | | | |
| | | an amended return/report | Ξ | lum/report (less than 12 n | nonths) | | | | |
| C Check | box if filing under: | X Form 5558 | X automatic extension | | | 10/172m | | | |
| | | special extension (enter desc | | | | ogram | | | |
| Part II | Basic Plan Info | ormation-enter all requested in | formation | | | | | | |
| 1a Name | e of plan | | | | 1b Three | -digit | | | |
| Ramos & | Ramos 401(k) | Plan | | | plan i | number 001 | | | |
| | | | | | (PN) 1c Effect | live date of plan | | | |
| 2a Blon | | | | | | 1/2017 | | | |
| Mailin | 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) | | | | 2b Employer Identification Number (EIN) 46-3160606 | | | | |
| Ramos | & Ramos | ce, country, and ZIP or toreign post | al code (if foreign, see in | structions) | | sor's telephone number | | | |
| | | | | | 716- | 810-6140 | | | |
| 37 Fran Suite : | nklin Street | | | | 20 Busin 54111 | ess code (see instructions) | | | |
| Buffald | | NY 14202 | | | J411 | | | | |
| | | NY 14202 nd address X Same as Plan Spor | | | | | | | |
| | | The address in Same as Flan Spor | isor, | | 3D Admir | histrator's EIN | | | |
| | | | | | 3C Admir | histrator's telephone number | | | |
| A 104 | | | | | | | | | |
| ona h | nan, enter the plan spo | e plan sponsor or the plan name ha onsor's name, EIN, the plan name a | is changed since the last nd the plan number from | return/report filed for the last return/report | 4b EIN | | | | |
| a Spons C Plan N | sors name | | | · · · · · · · · · · · · · · · · · · · | 4d PN | | | | |
| | Naine | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | | | | |
| D Total | number of participants | at the end of the plan year | | | 5b | <u>11</u> 16 | | | |
| | per of participants with | account balances as of the end of t | he nien veer (only define | | 5c | | | | |
| d(1) Tot | al number of active pa | rticipants at the beginning of the pla | an year | ••••••••••••••••••••••••••••••••••••••• | 5d(1) | 8 | | | |
| a(2) lot | al number of active pa | rticipants at the end of the plan yea | r | | 5d(2) | | | | |
| than | 100% vested | terminated employment during the | plan year with accrued I | penefits that were less | 5e | | | | |
| | | | | | | 0 Ished. | | | |
| SB or Sche | | nd signed by an enrolled actuary a | | | | | | | |
| SIGN | L-22 | | 10/3/18 | Joshua Ramos | | | | | |
| HERE | Signature of plan a | dministrator | Date | | | | | | |
| SIGN | | | | Enter name of Individu | an signing as | pian administrator | | | |
| HERE | Signature of emplo | yer/plan sponsor | Date | Enter name of individu | | | | | |
| For Paperw | ork Reduction Act Notic | e, see the instructions for Form 5500- | SF. | | ver ordrand ge | employer or plan sponsor Form 5500-SF (2017) v.170203 | | | |

Form 5500-SF 2017

| - | | |
|----|---|------------|
| 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | X Yes No |
| Ь | Are you claiming a walver 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. | |
| | and the second | |

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______. (See instructions.)

| a Benefits paid (including direct rollowers and insurance premiums to provide benefits) | Pa | rt III Financial Information | | | | | | |
|---|------------|--|---------------|-------------------------|---------|---------|---------|--|
| a Total plan assets 7a 0 37,644 b Total plan assets (subtract line 7b from line 7a) 7c 0 37,644 c Net plan assets (subtract line 7b from line 7a) 7c 0 37,644 a Contributions received or receivable from: (a) Amount (b) Total (b) Total a Contributions received or receivable from: 8a(1) 17,599 (a) Amount (b) Total (a) Other income (cas) 8a(1) 17,599 (a) Other income (cas) 8a(3) 16,607 (b) Other income (cas) 8b 1,483 37,689 37,689 (b) Provide benefits 8d 8d 1,483 8d 8d (c) Cratin decemed and/or corrective distributions (see instructions) 8d 6 6 6 f Administrative service providers (sature, fee, commissions) 8f 45 6 6 6 g Other expenses 8g 6 7 645 6 | | | | (a) Beginning | of Yea | r | | (b) End of Year |
| b Total plan stabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 0 37, 644 a Contributions received or receivable from: (a) Amount (b) Total (b) Total a Contributions received or receivable from: 8e(1) 17, 559 (a) Amount (b) Total (a) Driver (including cilovers). 8e(2) 18, 607 (b) Total (c) (b) Other income (cos) 8e(3) (c) (c)< | <u>a</u> | Total plan assets | 7a | | | | | and the second |
| 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Cantibutions received or receivable from: 8a(1) 17, 599 (a) Participants. 8a(2) 18, 607 (a) Others (including rollovers). 8a(3) 9a(3) (b) Other including rollovers). 8b 1, 483 C Total Income (add lines 8a(1), 8a(2), ac(3), and 8b) 8c 37, 689 b Dender income (add lines 8a(1), 8a(2), ac(3), and 8b) 8c 37, 689 b Dender income (add lines 8a(1), 8a(2), ac(3), and 8b) 8c 37, 689 b Dender income (add lines 8a(1), 8a(2), ac(3), and 8b) 8c 37, 689 c Catalin deemed and/or corrective distributions (ase instructions) 8c 45 g Other expenses 8g 45 9 g Other expenses (add lines 8d, 8d, 8f, and 8g) 8th 45 9 g Inter intem (obss) (subtractions) 8th 1 37, 644 j Transfers to (from) the plan (see instructions) 8th 1 2E 2G 2J 2K 3D 37 g If the plan provid | <u>b</u> | Total plan liabilities | 7b | | | | _ | |
| 8 Income, Expanse, and Transfers for this Plan Year (a) Amount (b) Total 4 Contributions neoving or receivable from: 8a(1) 17, 599 (a) Participants | <u> </u> | | 7c | | | 0 | | 37,644 |
| a Contributions received or receiveble from: 8a(1) 17, 599 (a) Participants | | Income, Expenses, and Transfers for this Plan Year | | (a) Amou | nt | | | |
| (2) Participants. 8a(2) 18,607 (3) Others (including rollovers). 8a(3) 8b 1,483 0 Other income (loss) 8b 1,483 37,689 c Total income (loss) 8c 37,689 37,689 d Benefits paid (including direct rollovers and insurance premiums to provide themetity). 8c 37,689 g Other expenses. 8d 6 6 f Administrative service provider (staffed, fees, commissions) 8c 45 6 g Other expenses. 8g 6 37,644 5 l Transfers to (from) the plan (see instructions) | а | Contributions received or receivable from: (1) Employers | | | | | | (*) ***** |
| (3) Others (including rollovers). 8a(3) b Other income (des) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d e Certain deemed and/or corrective distributions (see instructions) | | | | | | | | ····· |
| b Other income (loss) 8b 1,483 c Total income (add lines 8d, 02, 8d(3), and 8b) 8c 37,689 d Benefits paid (including direct rollowers and insurance premiums to provide benefits) 8d 37,689 e Certain deemed and/or corrective distributions (ase instructions) 8d 45 g Other expenses 8g 45 g Other expenses 8g 45 h Total expenses (add lines 8d, 8d, 8f, and 8g) 8h 45 j Transfers to (rom) the plan (see instructions) 8j 37, 644 Part IV Plan Characteristics 8j 37, 644 g Other expenses 8j 37, 644 g It he plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2X X 3D g If the plan provides wetfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E Add J Compliance Questions 10 45 10 During the plan year: Yes No Amount a Was there a fallure to transmit to the plan any participant | | | | | 18, | 607 | | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | b | Other income flose) | | | | | | |
| d Benefits paid (including direct rollowers and insurance premiums by provide benefits) | | | | | 1, | 483 | | |
| b provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salarles, fees, commissions) 8f 45 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8g 45 i Net income (loss) (subtract line 8h from line 8c) 8l 37, 644 j Transfers to (from) the plan (see instructions) 8j 37, 644 Part IV Plan Characteristics 9j 100 g 2.2 2.2 2.X 3D 3D 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 IV Compliance Questions 10 100 puting the plan year: Yes No Amount a Was three a failure to transmit to the plan any participant contributions within the time paried described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 653 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions the plan feature to associations with any party-in-interest? (Do not include transactions to participant exprises on or all of the benefits under the plan? 10d X | d | Benefits paid (including direct collower and inclusion and including | 8c | | | | | 37,689 |
| f Administrative service providers (salarles, fees, commissions) | | to provide benefits) | 8d | | | | | |
| g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8l g Transfers to (from) the plan (see instructions) 8l y Transfers to (from) the plan (see instructions) 8l g If the plan Characteristics 8l y If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time paried described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was the plan covered by a fidelity bond? 10b X 1,000,000 d Did the plan have a toss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or diahonesity? 10e X c Was the plan flate to provides any benefit when due under the plan? 10f X 1,000,000 d Did the plan have a toss, whether or not reimbursed by the plan's fidelity bond, that was caused the plan flate to provide a | | | 8 0 | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 45 i Net income (loss) (subtract line 8h from line 8c) 8l 37, 644 j Transfers to (from) the plan (see instructions) 8j 37, 644 Part IV Plan Characteristics 8j 37, 644 9a If the plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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 653 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X 1,000,000 c Was the plan covered by a fidelity bond? 10c X 1,000,000 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an | <u> </u> | Administrative service providers (salarles, fees, commissions) | 8f | | | 45 | | |
| i Net income (loss) (subtract line 8h from line 8c) | _ <u>g</u> | Other expenses | 8g | | | | | |
| J Transfers to (from) the plan (see instructions) | | | 8h | | | | | 45 |
| Intransiers to (trom) the plan (see instructions) | | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | 37,644 |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No a Was there a failure to transmit to the plan any participant contributions within the time peniod described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | <u> </u> | | 8j | | | | | |
| 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 paried described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 653 b Were there any nonexempt transactions with any party-in-Interest? (Do not Include transactions 10b X 653 c Was the plan covered by a fidelity bond? 10c X 1,000,000 d Did the plan have a toss, whether or not relimbursed 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 have any participant toans? (If "Yes," enter amount as of year-end.) 10g X 2 g Did the plan have any participant toans? (If "Yes," enter amount as of year-end.) 10g X 1 f Has the plan failed to provide any benefit when due under the | | | | | | | | |
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| exceptions to providing the notice annined under an CEP area tot a | i | If 10h was answered "Yes," check the box if you either provided the | a required | Potico et eno of the | 10h | | X | |
| 10i | | exceptions to providing the notice applied under 29 CFR 2520.101 | -3 | nouce of one of the | 10i | | | |

Form 5500-SF 2017

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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 (Form 5500) and line 11a below) | I complete Sch | ele Schedule SB | | | Yes | |
| <u>11a</u> | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. | | 119 | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? | Code or sectio | - 202 - | if | | Yes | X No |
| | the rest complete time rize of lines rizb, rizc, rizd, and rize below, as applicable.) | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. | Month | d enter Da | | of the le Yea | | ng |
| lf | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 9 13. | | | | | |
| | 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 | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) | e left of a | 12d | | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Г | Yes | No | | /A |
| Part ' | VII Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Yes | 2 | No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | <u> </u> | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broc control of the PBGC? | with under the | | | Yes | X No | |
| C | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.) | tify the plan(s) | to | 1 | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c | (3) PN | 's) |
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