| _ | rm 5500-SF | Short Form Annu | oyee | OMB Nos. 1210-0110 1210-0089 | | | | | | |
|---|---|---|--------------------------|---------------------------------|--|---|--------------------------------|--|--|--|
| Inter | Intment of the Treasury rnal Revenue Service | This form is required to be file Income Security Act of 1974 | | 2017 | , | | | | | |
| Employee B | epartment of Labor Benefits Security Administration enefit Guaranty Corporation | - | Revenue Code (the Co | | This Form is Open Public Inspection | | | | | |
| | | Complete all entries in | | structions to the Form 55 | 500-SF. | - | | | | |
| For calend | | Identification Information | | and ending 12 | 2/31/2017 | | | | | |
| | | | _ | plan (not multiemployer) (| | ing this box must a | attach a | | | |
| A This ret | turn/report is for: | X a single-employer plan ☐ a one-participant plan | | employer information in ac | | | | | | |
| B This ret | urn/report is | the first return/report | the final return/repor | t | | | | | | |
| | | an amended return/report a short plan year return/report (less than 12 months) | | | | | | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | 1 | DFVC p | rogram | | | | |
| | | special extension (enter desc | ription) | | — | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested in | formation | | | | | | | |
| 1a Name | | • | | | 1b Three | e-digit | | | | |
| VELOCITY | SALES MANAGEMEN | T 401(K) PLAN | | | | number | 204 | | | |
| | | | | | (PN) | tive date of plan | 001 | | | |
| | | | | | | 01/01/2016 | | | | |
| Mailing | 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) | | | | | oyer Identification I 81-0944327 | Number | | | |
| • | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) /ELOCITY SALES MANAGEMENT CORP | | | | | 2c Sponsor's telephone number 212-462-4200 | | | | |
| | | | | | | 2d Business code (see instructions) | | | | |
| | OOD DRIVE, SUITE 12 | 22 | | | 541990 | | | | | |
| WESTBURY | , NY 11590 | | | | | | | | | |
| 3a Plan a | administrator's name ar | nd address X Same as Plan Spo | nsor. | | 3b Admi | nistrator's EIN | | | | |
| | | | | | 3c Administrator's telephone number | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | e plan sponsor or the plan name han name han sponsor or the plan name a | | | 4b EIN | | | | | |
| a Sponsc Plan N | sor's name Name | | | | 4d PN | | | | | |
| | | | | | 5a | | - | | | |
| _ | | at the beginning of the plan year. | | | 5a 5b | | 7 | | | |
| | • • | at the end of the plan yearaccount balances as of the end of | | | | | 8 | | | |
| | | account balances as of the end of | | • | 5c | | 8 | | | |
| d(1) Tot | al number of active pa | rticipants at the beginning of the pl | lan year | | 5d(1) | | 6 | | | |
| . , | | rticipants at the end of the plan ye | | | 5d(2) | | 8 | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | 5e | | 0 | | | | |
| Caution: A | A penalty for the late | or incomplete filing of this retur | n/report will be assesse | ed unless reasonable cau | | | | | | |
| SB or Sche | | her penalties set forth in the instru nd signed by an enrolled actuary, a plate | | | | | | | | |
| SIGN | | /valid electronic signature. | 10/11/2018 | PETER COHEN | | | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individ | ual signing a | as plan administrat | or | | | |
| SIGN | | /valid electronic signature. | 10/11/2018 | PETER COHEN | | · | | | | |
| HERE | Signature of emplo | | Date | Enter name of individ | ual signing a | | | | | |
| For Paperw | ork Reduction Act Notic | e, see the Instructions for Form 550 | 0-SF. | | | Form 550 | 0-SF (2017) v.170203 | | | |

| 6a Were all of the plan's assets during the plan year invested in eligib | | , | | | X Yes 🗌 No | | | |
|--|--------------|---------------------------|-----------|----------|---------------------------|--|--|--|
| b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann | and conditio | ns.) | ······ | ····· | | | | |
| C If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th | | | | L | | | | |
| Part III Financial Information 7 Plan Assets and Liabilities | | (a) Paginning of | Voor | | (b) End of Yoor | | | |
| a Total plan assets | 7a | (a) Beginning of | 948 | | (b) End of Year 196520 | | | |
| b Total plan liabilities | 70 7b | | 0 | | 0 | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 78 | 948 | | 196520 | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | - | (a) Amount | | | (b) Total | | | |
| a Contributions received or receivable from: (1) Employers | 8a(1) | 38 | 088 | | | | | |
| (2) Participants | 8a(2) | 80 | 80558 | | | | | |
| (3) Others (including rollovers) | 8a(3) | | 0 | | | | | |
| b Other income (loss) | 8b | 18 | 066 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 136712 | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 19 | 140 | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | |
| g Other expenses | 8g | | 0 | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 19140 | | | |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 117572 | | | |
| j Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D | feature cod | es from the List of Plan | Characte | ristic C | odes in the instructions: | | | |
| b If the plan provides welfare benefits, enter the applicable welfare f | eature code | s from the List of Plan (| Character | stic Co | des in the instructions: | | | |
| Part V Compliance Questions | | | | | | | | |
| 10 During the plan year: | | | Yes | s No | Amount | | | |
| a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary Fid | luciary Correction | 10a | x | | | | |
| b Were there any nonexempt transactions with any party-in-interest | | | | | | | | |

| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | |
|---|---|-----|---|---|------|
| C | Was the plan covered by a fidelity bond? | 10c | х | | 1000 |
| 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 | |
| е | 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 | | Х | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | х | | |
| 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 | Х | | |

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Page 3- 1

| Part | VI | Pension Funding Compliance | | | | | |
|--------|-------|--|---------|------------|--------------------|----------------|--------|
| 11 | | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below) | nedule | SB | | Yes | s 🗙 No |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | . 11a | | | | |
| 12 | ERI | his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | on 302 | of | | Yes | s 🗙 No |
| a | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver | | r the date | e of the le Yea | | uling |
| lf y | you d | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | |
| b | Ente | r the minimum required contribution for this plan year | 12b | | | | |
| С | Ente | r the amount contributed by the employer to the plan for this plan year | 12c | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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 | es X | No | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | |
| b | | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC? | • | | Yes | ×I | No |
| С | | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.) |) to | | | | |
| 1 | 3c(1 |) Name of plan(s): 13c(2 |) EIN(s | 5) | 130 | : (3) F | 'N(s) |
| | | | | | | | |

| - | | | | | | | | | | |
|--------------|--|--|--|-------------------------|------------------------|--|---------------------------------|--|--|--|
| | Form 5500-SF | Short Form Annual Return/Report of Small Employ Benefit Plan | | | | | OMB Nos. 1210-0110 1210-0089 | | | |
| | Department of the Treasury Internal Revenue Service | This form is required to be filed | under sections 104 a | | | 2 | 2017 | | | |
| _ | Department of Labor ployee Benefits Security Administration ension Benefit Guaranty Corporation | | Revenue Code (the | Code). | | This Form is Open to Public Inspection | | | | |
| | | Complete all entries in accordate dentification Information | ince with the instru | ctions to the Form 55 | 00-SF.] | | | | | |
| | calendar plan year 2017 or fisca | | 01/01/2017 | and ending | 12/ | 31/2017 | | | | |
| | | | | | | | w must attach | | | |
| | This return/report is for: | a one-participant plan | | | | | | | | |
| D | This return/report is: | 님 ' 님 | he final return/report short plan year retu | m/report (less than 12 | months) | | | | | |
| C | Check box if filing under: | x Form 5558 a a special extension (enter description) | utomatic extension | | | DFVC progra | m | | | |
| P | art II Basic Plan Inform | mation enter all requested inform | ation | | - | | · · · · | | | |
| | Name of plan | | | | | ree-digit In number | | | | |
| | Velocity Sales Management 401(k) Plan | | | | | N) 🕨 | 001 | | | |
| | | 01 | Effective date of plan 01/01/2016 | | | | | | | |
| 2a | 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) | | | | | Employer Identification Number (EIN) 81-0944327 | | | | |
| | Velocity Sales Management Corp | | | | | C Sponsor's telephone number (212) 462-4200 | | | | |
| | 95 Westwood Drive, Suite 122 | | | | | 2d Business code (see instructions) 541990 | | | | |
| | US Westbury NY 11590 | | | | | | | | | |
| 3a | Plan administrator's name and | d address X Same as Plan Sponsor | | | 3b Administrator's EIN | | | | | |
| | | | | | 3c Ad | ministrator's t | telephone number | | | |
| 4 | | plan sponsor or the plan name has cha sor's name, EIN, the plan name and the | | | 4b EIN | | | | | |
| a | Sponsor's name | | | | 4d PN | I | | | | |
| C | Plan Name | | | | | | | | | |
| 5a | Total number of participants at | t the beginning of the plan year | | | 5a | 1 | 7 | | | |
| b | , , | t the end of the plan year | | | | 1 | 8 | | | |
| C | Number of participants with ac | ccount balances as of the end of the pla | an year (only defined | contribution plans | 50 | | 8 | | | |
| d(' | | cipants at the beginning of the plan yea | | ******** | | | 6 | | | |
| d() | 2) Total number of active partic | cipants at the end of the plan year | | **** | 5d(2) | | 8 | | | |
| e | Number of participants who ter | rminated employment during the plan y | /ear with accrued be | nefits that were | 5e | | 0 | | | |
| Ca | ution: A penalty for the late o | r incomplete filing of this return/rep | ort will be assessed | l unless reasonable c | ause is es | tablished. | | | | |
| Un | der penalties of perjury and othe | er penalties set forth in the instructions d signed by an enrolled actuary, as we | , I declare that I hav | e examined this return/ | report, inclu | uding, if appli | | | | |
| SI | GN Man | | 10/11/18 | Peter Cohen | | | | | | |
| 11 Distances | ERF Signature of plan admin | ulatuate a | Data | Enter name of individ | ust signing | aa alaa admi | nistrator | | | |

| HERE Signature of plan administrator | Date, , | Enter name of individual signing as plan administrator |
|---|----------|--|
| SIGN M | 10/11/18 | Peter Cohen |
| HERE 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.

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

Page 2

XYes No

| c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | b | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan canno | nd conditi | ons.) | ******* | ******** | | | ****** | XYes | No | |
|---|--------------|--|-------------|-----------------------------|---------|----------|-------------|-------------|--|---------|----------|--|
| If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year | c | • | | | | | | | | Not de | termined | |
| Part III Financial Information 7 Plan Assets and Liabilities 7a 78,948 196,520 6 Total plan assets 7a 78,948 196,520 7 7a 78,948 196,520 7 7a 78,948 196,520 7 7a 78,948 196,520 6 Netplan assets (subtract line 7b from line 7b) 7c 78,948 196,520 10 Exployers 58(1) 36,088 (a) Amount (b) Total 2 Caribulcions received or receivable from: 58(1) 36,058 106,058 (2) Participants 58(2) 80,558 136,712 (3) O 5 136,712 136,712 (4) Banefits paid (incluing direct rollowers and insurance premiums 6 136,712 136,712 (5) Carial indemed and/or correlive distributions (sea instructions) 8d 0 19,140 (6) Carial indemed and/or correlive distributions (sea instructions) 8d 0 107,172 (7) Transfers to (from) the plan (sea: instructions) 8d 0 | Ť | | | | | | | | | | | |
| 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 7a 7a 7a 948 196,520 C Nat plan assets 7a 7a 7a,948 196,520 C Nat plan assets 7a 7a,948 196,520 C Contributions received or receivable from: (a) Amount (b) Total C Contributions received or receivable from: 5a(1) 36,088 (2) Participants 5a(2) 80,558 0 (3) Others (including relovers) 5a(3) 0 0 O Dher income (tos) 8a(3) 0 0 E Catal income (tos) 8a(3) 0 0 I Tatal income (tos) 8a 19,140 0 G Orther expenses 8d and 19,140 0 I Tatal income (tos) 8a 0 0 I Tatal income (tos) 8a, 8d, and 8g) 8d 117,572 I Transfers to the plan (sea instructions) 8g 0 0 I Tata along see instructions 8g 0 0 I Tata along sense fauld instands, enter the applicable earlier acodes from the List of Plan Characteristic Codes in the instructions: 2E 2 32 2K 2T | | | | | | | | | ``````````````````````````````````````` | | | |
| a Total plan sasets 7a 7a< | Pa | Irt III Financial Information | | | | | | | | | | |
| b Total plan liabilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 7a, 948 196,520 a Concibutions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: 5a(1) 3a, 088 (2) Participants 5a(2) 60, 558 (3) Other sinceme (loss) 0 56 (4) Deter income (loss) 8b 16, 066 c Total income (loss) 8d 19, 140 a Control information corrective distributions (see instructions) 8d 19, 140 a Cartain deemed antifor corrective distributions (see instructions) 8d 19, 140 a Cartain deemed antifor corrective distributions (see instructions) 8d 19, 140 c Administrative service providers (salaries, fee, commissions) 8f 0 f Administrative service providers (salaries, fee, commissions) 8f 0 g 0 Interpreters 9f 0 Part IV Plan Characteristics 9f 0 17, 572 </td <td>7</td> <td>Plan Assets and Liabilities</td> <td></td> <td>(a) Beginning o</td> <td>f Yea</td> <td>r</td> <td></td> <td></td> <td>(b) End (</td> <td>of Year</td> <td></td> | 7 | Plan Assets and Liabilities | | (a) Beginning o | f Yea | r | | | (b) End (| of Year | | |
| b Total plan isabilities | а | Total plan assets | 7a | 7 | 78,9 | 48 | | | 196, | 520 | | |
| 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 1 Conflictions received or receivable from: Ba(1) 36,088 (2) Participants Ba(2) 80,558 (3) Others (including offovers) Ba(3) 0 b Other income (dots) Ba(2) 80,558 C Total income (dot lines fa(1), Ba(2), Ba(3), and Bb) Bc 136,712 d Banefits paid (including direct rollowers and insurance premiums to provide benefits) Bd 19,140 G Cratial income (cost) Bd 0 136,712 d Cratial demed and/or corrective distributions (ase instructions) Be 0 g Cratial demed and/or corrective distributions (ase instructions) Bf 0 g Other expenses Bg 0 19,140 In tait expenses Intermative service providers (satialiss, fee, cormissions) Bi 117,572 I transfers to (from) the plan (see instructions) Bj 0 177,572 G Part IV Plan Characteristics 26 23 2K 2T 3D b If the plan pear | b | | 7b | | | 0 | | | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 1 Conflictions received or receivable from: Ba(1) 36,088 (2) Participants Ba(2) 80,558 (3) Others (including offovers) Ba(3) 0 b Other income (dots) Ba(2) 80,558 C Total income (dot lines fa(1), Ba(2), Ba(3), and Bb) Bc 136,712 d Banefits paid (including direct rollowers and insurance premiums to provide benefits) Bd 19,140 G Cratial income (cost) Bd 0 136,712 d Cratial demed and/or corrective distributions (ase instructions) Be 0 g Cratial demed and/or corrective distributions (ase instructions) Bf 0 g Other expenses Bg 0 19,140 In tait expenses Intermative service providers (satialiss, fee, cormissions) Bi 117,572 I transfers to (from) the plan (see instructions) Bj 0 177,572 G Part IV Plan Characteristics 26 23 2K 2T 3D b If the plan pear | С | Net plan assets (subtract line 7b from line 7a) | 7c | - | 78,9 | 48 | Τ | | | 196, | 520 | |
| (1) Employers Ba(1) 38,088 (2) Participants Ba(2) 80,0558 (3) Other income (loss) Ba(3) 0 b Other income (loss) Ba(3), and Bb) 8c c Total income (add lines 6a(1), 6a(2), 8a(3), and Bb) 8c 13,0666 c Total income (add lines 6a(1), 6a(2), 8a(3), and Bb) 8c 13,0666 c Total income (add lines 6a(1), 6a(2), 8a(3), and Bb) 8c 0 g Other expenses 6d 19,140 g Other expenses 8g 0 g Other expenses (add lines 6d, 8e, 8f, and 8g) 8h 13,140 I transfers to (from) the plan (see instructions) 8f 0 g I the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: ZE 2G 2J 2K 2T 3D b I the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: ZE 2G 2J 2K 2T 3D D Vers No NA Amount a Was there a failure to transmit to the plan any part/ionin contributions within the time period described in 29 C/R 2510.3-102 (See instructions and DOL's Volumary Ficulary Correction Program) 10b X D <td>8</td> <td></td> <td colspan="5"></td> <td></td> <td>(b) T</td> <td>otal</td> <td></td> | 8 | | | | | | | | (b) T | otal | | |
| (1) Duriting inclusions Ba(2) B0,558 (2) Participants Ba(3) 0 b Other income (loss) Bb Ba(3) 0 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 136,712 d Benefits paid (including direct rollovers) and insurance premiums 8d 19,140 c Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 0 f Administrative service providers (salaries, fees, commissions) Be 0 g Other segneses 8g 0 0 f Administrative service providers (salaries, fees, commissions) Bi 117,572 transers to (from) the plan (see instructions) 8j 0 0 Part IV Plan Characteristics 8j 0 0 Sa If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2 G 2K 2 G 2K < | а | Contributions received or receivable from: | | | | | 112-13 | 123 | | 10-18 | | |
| (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8a(3), and 8b) 8c 136,066 C Total income (loss) 8c 136,066 136,712 G Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 19,140 19,140 e Certain demed and/or corrective distributions (see instructions) 8e 0 0 f Administrative service providers (salaries, fees, commissions) 8f 0 0 g Other expenses 8g 0 0 0 H Total expenses (add lines 5d, 8e, 8f, and 5g) 8l 117,572 1 J Transfers to (from) the plan (see instructions) 8j 0 0 Part IV Plan Characteristics 8g 0 0 g If the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 G 2 J 2 X 2 T 3D 0 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 G 2 J 2 X 2 T 3D 10 NA 10 During the plan year: <t< td=""><td></td><td>(1) Employers</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></t<> | | (1) Employers | | | - | | | | | | | |
| (a) Outer finance (css) (b) 18,066 (b) 0.0000 18,066 136,712 (c) Total income (cds) (c) (c) (c) (c) Total income (cds) (c) (c) (c) (c) Total income (cds) (c) (c) (c) (c) (c) Benefits paid (including direct rollovers and insurance premiums to provide benefits) (c) (c) (c) (c) (c) Certain deemed and/or corrective distributions (see instructions) (c) (c) (c) (c) (c) (c) Other expenses (c) | | (2) Participants | | | | | - | | | | | |
| c Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 136, 712 d Benefits paid (including direct rollowers and insurance premiums to provide benefits) 8d 19, 140 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, cormissions) 8e 0 f Administrative service providers (salaries, fees, cormissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 117, 572 transfers to from the plan (see instructions) 8i 0 127, 572 gain [f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 23 2X 27 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 10 20 10 2X 27 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 22 26 20 2X 27 3D | | (3) Others (including rollovers) | 8a(3) | | | - | | 24 | 1.1.2 | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 19,140 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 19,140 Net income (icss) (subtract line 8h from line 8c) 8i 117,572 Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9i 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 2s 2x 2x 2x 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 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 DCL's Voluntary Fiduciary Correction Program) 10a x b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 10b x 1,000 d Did the plan have a loss, whether or | _ <u>b</u> _ | Other income (loss) | 8b | 1 | 18,0 | 66 | | 1992 | 1 1 1 2 2 4 4 | | | |
| ad 19,140 a Certain deemed and/or corrective distributions (see instructions) | С | | 8c | | 112 | 1311 | | | | 136, | 712 | |
| e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 19,140 i Net income (toss) (subtract line 8h from line 8c) 8l 0 Part IV Plan Characteristics 9J 0 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 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 Ming 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) 10a x b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions tob x | d | | | 1 | 19.1 | 40 | | | | | | |
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| 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 X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the I I | | | | | 100 | X | | | | | 1,000 | |
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| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | If this is an individual account plan, was there a blackout period? (| (See instru | uctions and 29 CFR | | | | | 1 | | | |
| | I | If 10h was answered "Yes," check the box if you either provided th | ne require | d notice or one of the | | | | | | | | |

Form 5500-SF 2017

Page 3 -

| Par | VI Pension Funding Compliance | | | | | | | |
|--|--|----------|------------|---------------|----------|------|--|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below) | ichedule | e SB | | Yes 🗴 |] No | | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver Month | and ente | | of the Yea | | ling | | |
| lfy | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | | | | |
| с | Enter the amount contributed by the employer to the plan for the 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) | | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes No N/A | | | | | |
| Par | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | X | No | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC? | | י 🗆 | 'es | X No | | | |
| С | 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.) | | | | | | | |
| 1 | 3c(1) Name of plan(s): 13c(2) E | IN(s) | | 130 | :(3) PN(| s) | | |
| | | | | | | | | |