| | m 5500-SF | Short Form Annua | l Return/Report Benefit Plan | of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | | | | | |
|--|--|--|--|---------------------------|---|---|--|--|--|--|--|
| | tment of the Treasury nal Revenue Service | This form is required to be filed | under sections 104 and 4 | 065 of the Employee Re | etirement | 2017 | | | | | |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 (I | ERISA), and sections 605 Revenue Code (the Code | | Internal | This Form is Open to Public Inspection | | | | | |
| Pension Be | nefit Guaranty Corporation | Complete all entries in action | cordance with the instr | uctions to the Form 55 | 00-SF. | Fublic inspection | | | | | |
| Part I | | dentification Information | | | | | | | | | |
| For calenda | ar plan year 2017 or fisc | cal plan year beginning 01/01/20 | | | /31/2017 | | | | | | |
| A This ret | king this box must attach a vith the form instructions.) | | | | | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | | |
| B This retu | im/report is | the first return/report | the final return/report | | | | | | | | |
| | | an amended return/report | a short plan year return | n/report (less than 12 mo | less than 12 months) | | | | | | |
| C Check b | box if filing under: | X Form 5558 | automatic extension | [| DFVC p | rogram | | | | | |
| | | special extension (enter descrip | otion) | | | | | | | | |
| Part II | Basic Plan Infor | mation—enter all requested info | rmation | | | | | | | | |
| 1a Name | | | | | 1b Thre | | | | | | |
| PENSION IN | ITERNATIONAL CAPIT | AL INVESTMENTS, PROFIT SHA | RING PLAN | | plan (PN) | number 002 | | | | | |
| | | - | () | ctive date of plan | | | | | | | |
| | | | | | | 01/01/2004 | | | | | |
| 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) | | | | 2b Empl (EIN) | loyer Identification Number 37-1748643 | | | | | | |
| City or | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GRANDE & ASSOCIATES, PLLC | | | | () | nsor's telephone number | | | | | |
| | | | | - | 443-802-6339 2d Business code (see instructions) | | | | | | |
| P.O. BOX 91 | | | | | 621111 | | | | | | |
| LEXINGTON | , KY 40541 | | | | | | | | | | |
| 3a Plan ad | dministrator's name and | d address X Same as Plan Spons | or. | | 3b Admi | inistrator's EIN | | | | | |
| | | | | - | 3c Admi | inistrator's telephone number | | | | | |
| | | | | | 3c Administrator's telephone number | | | | | | |
| | | | | | | | | | | | |
| 4 If the r | name and/or EIN of the | plan sponsor or the plan name has | changed since the last re | eturn/report filed for | 4b EIN | | | | | | |
| this pla | an, enter the plan spon | sor's name, EIN, the plan name an | | | | | | | | | |
| a Sponso C Plan N | | | | | 4d PN | | | | | | |
| U Hairiy | | | | | | | | | | | |
| 5a Total r | number of participants a | at the beginning of the plan year | | | 5a | 2 | | | | | |
| | | at the end of the plan year | | | 5b | 2 | | | | | |
| | | ccount balances as of the end of th | | | 5c | 2 | | | | | |
| d(1) Tota | al number of active part | icipants at the beginning of the plar | n year | | 5d(1) | 1 | | | | | |
| d(2) Tota | al number of active part | icipants at the end of the plan year | | | 5d(2) | 0 | | | | | |
| | | erminated employment during the p | | | 5e | 0 | | | | | |
| Caution: 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 instructi d signed by an enrolled actuary, as | | | | | | | | | |
| SIGN | | ete. alid electronic signature. | 10/15/2018 | LESLEY WONG | | | | | | | |
| HERE | Signature of plan ad | | Date | Enter name of individu | al signing | as plan administrator | | | | | |
| SIGN | | | | | a synny | ao pian aunimistratur | | | | | |
| HERE | Signature of employ | er/nlan snonsor | Date | Enter name of individu | al signing | as employer or plan sponsor | | | | | |
| <u> </u> | | | | | a synny | | | | | | |

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

Form 5500-SF (2017) v.170203

| b c | 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | | |
|----------|---|-------|-----------------------|-----------------|--|--|--|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | |
| а | Total plan assets | 7a | 992701 | 855776 | | | | | |
| b | Total plan liabilities | 7b | 0 | 0 | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 992701 | 855776 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 0 | | | | | | |
| | (2) Participants | 8a(2) | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 0 | | | | | | |
| b | Other income (loss) | 8b | -136726 | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | -136726 | | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 0 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 199 | | | | | | |
| g | Other expenses | 8g | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 199 | | | | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | -136925 | | | | | |
| 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 feature codes from the List of Plan Characteristic Codes in the instructions: |
|----|---|
| | 2E 2J |

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Par | V Compliance Questions | | | | |
|-----|--|-----|-----|----|--------|
| 10 | During the plan year: | | Yes | No | Amount |
| а | 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 | | х | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | х | |
| С | Was the plan covered by a fidelity bond? | 10c | х | | 10000 |
| 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 | | Х | |
| 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 | | Х | |
| 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 | | | |

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| 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? | | | | Yes | X | 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 | rm 5500-SF | Short Form Annu | al Return/Repor Benefit Plan | t of Small Emp | loyee | OMB Nos. 1210-0110 1210-0089 |
|-------------------|---|--|---|---|---------------------------------|---|
| | artment of the Treasury rnal Revenue Service | This form is required to be file | | 2017 | | |
| Employee E | Department of Labor Benefits Security Administration | Income Security Act of 1974 | e Internal | This Form is Open to Public Inspection | | |
| Pension B | enefit Guaranty Corporation | Complete all entries in a | | ructions to the Form 8 | 5500-SF. | · |
| Part I | | Identification Information | | | | |
| For calend | lar plan year 2017 or fis | scal plan year beginning | 01/01/2017 | and ending | 12/3 | 31/2017 |
| A This re | turn/report is for: | $\overline{\mathrm{X}}$ a single-employer plan | | | | ing this box must attach a ith the form instructions.) |
| B This rot | urn/report is | a one-participant plan | a foreign plan | | | |
| | unineportis | the first return/report | the final return/report | | | |
| | | an amended return/report | 🗌 a short plan year retu | rn/report (less than 12 n | nonths) | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | DFVC p | rogram |
| | | special extension (enter descr | iption) | | | |
| Part II | Basic Plan Info | rmation—enter all requested inf | ormation | | | |
| 1a Name | | | | | 1b Three | e-digit |
| | - | CAPITAL INVESTMENTS | , PROFIT SHARIN | G PLAN | 10 C | number 002 |
| | | | | | | tive date of plan |
| | | | | | | 1/2004 |
| Mailing | g address (include roor | yer, if for a single-employer plan) n, apt., suite no. and street, or P.O | | | | oyer Identification Number 37-1748643 |
| | r town, state or province & ASSOCIATES , | e, country, and ZIP or foreign posta PLLC | al code (if foreign, see inst | ructions) | 2c Spon | sor's telephone number |
| | STANDE & ADDOCTATED, FILIC | | | | | 802-6339 |
| Р.О. ВС | DX 911126 | , | | | 20 Busin 6211: | ess code (see instructions) 11 |
| LEXING | FON | KY 40541 | | | | |
| 3a Plan a | dministrator's name an | d address 🛛 Same as Plan Spon | isor. | | 3b Admir | nistrator's EIN |
| | | | | | 3c Admir | nistrator's telephone number |
| | | plan sponsor or the plan name ha | | | 4b EIN | |
| 970. | lan, enter the plan spor or's name | isor's name, EIN, the plan name a | nd the plan number from t | he last return/report. | Ad DU | |
| C Plan N | | | | | 4d PN | , |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | 2 |
| | | at the end of the plan year | | | | 2 |
| c Numb | er of participants with a | account balances as of the end of t | he plan year (only defined | contribution plans | 5c | |
| | | ticipants at the beginning of the pla | | | 5d(1) | 2 |
| | | | | | 5d(2) | |
| | | ticipants at the end of the plan yea terminated employment during the | | | | |
| | | terminated employment during the | | | 5e | 0 |
| Caution: A | A penalty for the late of | or incomplete filing of this return | /report will be assessed | unless reasonable ca | | |
| SB or Sche | alties of perjury and oth edule MB completed an true, correct, and comp | er penalties set forth in the instruc d signed by an enrolled actuary, a lete. | tions, I declare that I have s well as the electronic ve | examined this return/re rsion of this return/repor | port, includir t, and to the | ng, if applicable, a Schedule best of my knowledge and |
| SIGN | feil | eyang | 10/15/18 | Lesley Wong | 2 | |
| HERE | Signature of plan ac | dministrator O | Date | Enter name of individ | ual signing a | s plan administrator |
| SIGN HERE | | | | | | |
| | Signature of employ ork Reduction Act Notice | /er/plan sponsor e, see the Instructions for Form 5500 | -SF. | Enter name of individ | ual signing a | s employer or plan sponsor Form 5500-SF (2017) |

v.170203

| 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | X 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.) | X 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. | |
| С | 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.) |
| Do | rt III Einancial Information | |

| Pa | rt III Financial Information | | | | | | | | | | |
|--|--|--|---|--|------------------------------|-----------------------|--------------|--|----------|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning o | of Year | | | (b) End | d of Yea | r | | |
| а | Total plan assets | 7a | | 992, | 701 | | | | 855,776 | | |
| | Total plan liabilities | 7b | | | 0 | | | | C | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 992, | 701 | | | | 855,776 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | t | | | (b) | Total | | | |
| а | Contributions received or receivable from: | | | | | | | | | | |
| | (1) Employers | 8a(1) | | | 0 | | | | | | |
| | (2) Participants | 8a(2) | | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | | | | |
| And in case of the local division of the loc | Other income (loss) | 8b | - | 136, | 726 | | | | | | |
| - | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | -136,726 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | 0 | | | , | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 199 | | | | | | |
| g | Other expenses | 8g | | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 199 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -136,925 | | |
| | Transfers to (from) the plan (see instructions) | 01 | | | 0 | | | | | | |
| J | | 8j | | | Ŭ | and the second second | | | | | |
| J Pa 9a | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J | | des from the List of Pla | ın Cha | | stic Codes | s in the ins | structions | | | |
| 9a b | rt IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension2E2JIf the plan provides welfare benefits, enter the applicable welfare feet | feature co | | | racteri | | | | | | |
| 9a b Pa | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions | feature co | | | racteris | ic Codes | in the inst | ructions: | | | |
| 9a b | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides welfare benefits, enter the applicable welfare fermed by the plan provides by the plan plan provides by the plan | feature cod eature cod tions within | es from the List of Plan n the time period iduciary Correction | | racteri | | in the inst | | | | |
| 9a b Pa 10 | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare fermination of the plan provides welfare benefits, enter the plan provides welfare benefits | feature cod eature cod tions within 'oluntary F | es from the List of Plan n the time period iduciary Correction include transactions | Chara | racteris | ic Codes | in the inst | ructions: | | | |
| 9a b Pa 10 | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare of the plan provides welfare ference of the plan provides welfare of the plan provides we | feature cod eature cod tions within oluntary F ? (Do not i | es from the List of Plan n the time period iduciary Correction include transactions | Chara | racteris | ic Codes No X | in the inst | ructions: | | | |
| 9a b Pa 10 | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare of the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's | feature cod eature cod tions within 'oluntary F ? (Do not i fidelity boi | es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused | 10a | racterist Acterist Yes | ic Codes No X | in the inst | ructions: | | | |
| 9a b Pa 10 6 k | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare of the plan provides | feature cod eature cod tions within oluntary F ? (Do not i fidelity bon ner persons te or all of | es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under | 10a 10b 10c | racterist Acterist Yes | No X | in the inst | ructions: | | | |
| 9a Pa 10 2 2 2 2 2 2 2 2 2 2 | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides provides in 29 CFR 2510.3-102? (See instructions and DOL's V Program) • Was there any nonexempt transactions with any party-in-interest reported on line 10a.) • Was the plan covered by a fidelity bond? • Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some provides some provides pr | feature cod eature cod tions within 'oluntary F ? (Do not i fidelity bon fidelity bon her person e or all of | es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under | 10a 10b 10c 10d | racterist Acterist Yes | IIC Codes | in the inst | ructions: | | | |
| 9a Pa 10 2 2 2 2 2 2 2 2 2 2 | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan year; Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan | feature cod eature cod tions within oluntary F ? (Do not i fidelity bon ner persons te or all of n? | es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under | 10a 10b 10c 10d | racterist Acterist Yes | No X X X X X X X X | in the inst | ructions: | | | |
| 9a b Pa 10 6 6 6 | rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J If the plan provides welfare benefits, enter the applicable welfare ference t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) O Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Id the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan | feature cod eature cod tions within 'oluntary F ? (Do not i fidelity bon fidelity bon eer persons te or all of n? s of year-e (See instru | es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.) ictions and 29 CFR | 10a 10b 10c 10d 10e 10f | racterist Acterist Yes | IIC Codes | in the inst | ructions: | | | |

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) | l complete Sch | edule S | 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 ERISA? | Code or sectio | n 302 c | f | . 🛛 | Yes X | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver. | Month | d enter Da | | of the leti Year | | 9 |
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | e 13. | | | | | |
| b | Enter the minimum required contribution for this plan year | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) | 12d | | | | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | No | N// | ٩ |
| Part V | /II Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Yes | Х | 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 broucontrol of the PBGC? | | | | Yes | X No | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.) | | to | | | 5) | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(| 3) PN(s |) |
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