-	rm 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Re				2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the I		This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	structions to the Form 550	00-SF.	Public Inspection			
Part I		Identification Information							
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2			/31/2018	ten dete han en et alterak a			
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) (F employer information in acc		-			
B This ret	urn/report is								
	·	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mo	onthe)				
				-	-				
Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Dest II		special extension (enter desc	, ,						
Part II		rmation—enter all requested in	formation		4				
1a Name M.D. EXTER	of plan RIORS, INC.401(K) PL	AN			1b Three plan	e-digit number			
					(PN)				
			1c Effec	tive date of plan 01/01/2014					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	D. Box)		2b Empl (EIN)	oyer Identification Number			
City or M.D. EXTER		e, country, and ZIP or foreign post	tal code (if foreign, see in	structions)	2c Sponsor's telephone number 425-265-1500				
					2d Business code (see instructions)				
1420 80TH S EVERETT, V	ST SW SUITE F				236200				
, .									
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
				-	3c Administrator's telephone number				
4 If the r	name and/or EIN of the	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
•	· · ·	nsor's name, EIN, the plan name a	and the plan number from		4d PN				
C Plan N	or's name Iame				HU FIN				
_		at the beginning of the plan year.			5a	4			
		at the end of the plan year account balances as of the end of			5b	4			
comp	lete this item)			·····	5c				
		rticipants at the beginning of the p	•	F	5d(1) 5d(2)	4			
• •	 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 					3			
than	100% vested				5e	0			
Caution: A	A penalty for the late	or incomplete filing of this retur her penalties set forth in the instru	n/report will be assesse	d unless reasonable cau					
SB or Sche		nd signed by an enrolled actuary, a							
SIGN		/valid electronic signature.	01/31/2019	MICHELLE R. DAVIS					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ndividual signing as plan administrator				
SIGN	· · ·	/valid electronic signature.	01/31/2019	MICHELLE R. DAVIS	<u> </u>				
HERE	Signature of emplo	0	Date	Enter name of individu	al signina a	as employer or plan sponsor			
For Paperw		e, see the Instructions for Form 550		•		Form 5500-SF (2018)			

v.171027

 6a 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.) 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	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.)							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			
а	Total plan assets	7a	450387		491017			

b Total plan liabilities To 491017 C Net plan assets (subtract line 7b from line 7a) To 450387 491017 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) 1 30118 (c) (d) Enditional Transfers for this Plan Year (a) Amount (b) Total (c) (d) Enditional Transfers for this Plan Year (a) Amount (b) Total (c) (d) Enditional Transfers for this Plan Year (a) Amount (b) Total (c) (d) Enditional Transfers for this Plan Year (a) Amount (b) Total (c) (d) Defersional Amount (b) Stational Transfers (c) Stational Transfers (c) (e) Other expenses (c) (c) Stational Year (c) (c) (e) Other expenses (c) (c) <th>а</th> <th>Total plan assets</th> <th>7a</th> <th>4</th> <th>50387</th> <th></th> <th></th> <th>491017</th>	а	Total plan assets	7a	4	50387			491017
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) (b) Total 30113 (a) Control program 8a(1) 30113 30113 (a) Others (including collovers) 8a(2) 51413 30 (b) Other income (cas) 8b -38427	b Total plan liabilities							
a Contributions received or receivable from: 8a(1) 30118 (i) Employers 30118 30118 (i) Employers 8a(2) 51413 (ii) Other income (loss) 8a(3) 8a(3) b Other income (loss) 8a(3) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 38427 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 43104 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 9 g Other expenses 6 2474 9 g Other expenses 8g 9 9 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8t 40630 j Transfers to (from) the plan (see instructions) 8i 40630 j Transfers to (from) the plan (see instructions) 8j 9 Part V Plan Characteristics 9 g If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2G 2G J D During the plan space. 10a X 10a X 10a <t< th=""><th>С</th><th colspan="3">Net plan assets (subtract line 7b from line 7a) 7c</th><th colspan="3">450387</th><th>491017</th></t<>	С	Net plan assets (subtract line 7b from line 7a) 7c			450387			491017
(1) Employers 8a(1) 30118 (2) Participants 8a(2) 51413 (3) Others (including rollovers) 8a(3) 6 b Other income (dos) 8b -38427 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 43104 d Benefits paid (including direct rollovers and insurance premums to provide benefits) 8d 6 e Certain deemed and/or corrective distributions (see instructions) 8d 2474 g Other expenses 8g 1 f Administrative service providers (salaries, fees, commissions) 8f 2474 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 2474 i Net income (loss) (subtract line 8h from line 8c) 8i 40630 j Transfers to (from) the plan (see instructions) 8j 1 Part IV Plan Characteristics 8j 1 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2 F 2 G 2 J 2 K 2 T 3 D z A 2 E F 2 G 2 G 3 J 2 K 2 T 3 D 0 1 1 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total
(a) Others (including rollovers) 8a(2) b) Other income (loss) 8a(2), add lines 8a(1), 8a(2), 8a(3), and 8b) 8c c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 43104 d) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 6 e) Cortain deemed and/or corrective distributions (see instructions) 8e 6 f) Administrative service providers (salaries, fees, commissions) 8f 2474 g) Other expenses 8g 9 h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2474 i) Net income (loss) (subtract line 8h from line 8c) 8i 40630 j) Transfers to (from) the plan (see instructions) gi 1 g) Part IV Plan Characteristics 9 g) If the plan provides velfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2C 2C 2C 3C b) If the plan provides velfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2C 2C 2C 3C 3C	а		8a(1)		30118			
b Other income (loss) 8b -38427 c Total income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c 43104 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 6 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, cormissions) 8e 6 g Other synches 8g 6 2474 g Net synches 8g 6 2474 g Other synches 8g 6 40630 j Transfers to (from) the plan (see instructions) 8j 9 10 Part V Plan Characteristics 9 11 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 10 If the pl		(2) Participants	8a(2)	ŧ	51413			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	4	38427			
Bd Bd e Certain deemed and/or corrective distributions (see instructions) Be f Administrative service providers (salaries, fees, commissions)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					43104
f Administrative service providers (salaries, fees, commissions)	d		8d					
g Other expenses Bg h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i 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: 2A 2E 2E 2Z 2Z 2Z 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 DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) x c Was the plan covered by a fidelity bond? 10c X 65000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10d X e Were any fees or commissions paid to any br	е	Certain deemed and/or corrective distributions (see instructions)	8e					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2474 i Net income (loss) (subtract line 8h from line 8c) 8i 40630 j Transfers to (from) the plan (see instructions) 8j 40630 ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A ga 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 × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b × 65000 c Was the plan covered by a fidelity bond? 10c × 65000 65000 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 × 65000 c Were any fees or commissions paid to any brokers, ag	f	Administrative service providers (salaries, fees, commissions)	8f		2474			
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g					
j Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2474
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: 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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)	i	Net income (loss) (subtract line 8h from line 8c)	8i					40630
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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) Yes No Amount b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 65000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Q Action Program insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Q X 65000 d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Did X 274 f Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR Did X 274	j	Transfers to (from) the plan (see instructions)	8j					
2A 2E 2F 2G 2J 2K 2T 3D 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 65000 c Was the plan covered by a fidelity bond? 10c X 65000 65000 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 274 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.) 10f X 274 f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 274 h	Pa	rt IV Plan Characteristics						
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)	b	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for						
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)						Yes	No	Amount
reported on line 10a.)10bXCWas the plan covered by a fidelity bond?10cX65000dDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dX65000eWere 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.)10eX274fHas the plan failed to provide any benefit when due under the plan?10fX274gDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gXXhIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFRXX		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	oluntary F	iduciary Correction	10a			Anoun
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	kk				10b		Х	
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 274 f Has the plan failed to provide any benefit when due under the plan? 10f X 274 g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 274	C	Was the plan covered by a fidelity bond?			10c	Х		65000
carrier, insurance service, or other organization that provides some or all of the benefits under 10e X 274 f Has the plan failed to provide any benefit when due under the plan? 10f X 274 g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X X	C							
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 X					10d		х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	e	 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 service. 	ner persor ne or all of	is by an insurance the benefits under		X	X	274
		 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.)	ner persor ne or all of	is by an insurance the benefits under	10e	×		274
		 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 	ner persor ne or all of n?	is by an insurance the benefits under	10e 10f	×	X	274

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)		B		Yes	X No	
11a	Ent	er 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?								X 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 lette granting the waiver								ing
lf	you o	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 ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	3c(1) Name of plan(s): 13c(2) EI				13	13c(3) PN(s)	

						1			
Form 5500-	F Short For	m Annual Re	yee	OMB Nos. 1210-0110 1210-0089					
Department of the Trea Internal Revenue Serv	ce This form i	is required to be filed	enefit Plan under sections 104 and	4065 of the Employ	ee –	2018			
Department of Labo Employee Benefits Security A	ministration Retirement In	come Security Act of the Internal	1974 (ERISA), and sec Revenue Code (the C	tion 6057(b) and 605 ode).	8(a) of This Form is Open to Publi Inspection				
Pension Benefit Guaranty C			ance with the instruct	ions to the Form 55	00-SF.				
	Report Identification		01 /01 /0010	and onding	12/3	1/2018			
For calendar plan year 2	018 or fiscal plan year begin	_	01/01/2018	and ending					
A This return/report is	or: a single-emplo		a multiple-employer pla a list of participating err a foreign plan	n (not multiemployer) ployer information in	accordance	king this box must attach with the form instructions.)			
B This return/report is:	the first return	. 8	he final return/report						
-	an amended re	eturn/report	a short plan year return	/report (less than 12	months)				
C Check box if filing u	der: Form 5558		automatic extension)FVC program			
		ion (enter description)						
Part II Basic P	an Information ente	er all requested inform	nation						
1a Name of plan					1b Thr	ee-digit n number			
M.D. Exterio	rs, Inc.401(k) Plan	1				l) ▶ 001			
						ective date of plan /01/2014			
2a Plan sponsor's na	ne (employer, if for a single-	employer plan)				ployer Identification Number			
Mailing Address (i	iclude room, apt., suite no. a or province, country, and ZI	and street, or P.O. Bo	X) de (if foreign, see instru	uctions)	Construction of the second	N) 20-8035959			
City or town, state M.D. Exteric		P or foreign postal col				2c Sponsor's telephone number (425) 265-1500			
						2d Business code (see instructions)			
1420 80th St	SW Suite F					6200			
US Everett WA 9					3h Ad	ministrator's EIN			
3a Plan administrator	s name and address X S	ame as Plan Sponsor			SD Au				
					3c Ad	ministrator's telephone number			
				um/use art filed for	4b EIN	1			
4 If the name and/o this plan, enter the	EIN of the plan sponsor or t plan sponsor's name, EIN,	the plan name has chat the plan name and the	e plan number from the	last return/report.					
a Sponsor's name					4d PN				
c Plan Name									
-		<i>cu</i> 1			5a	4			
	articipants at the beginning of articipants at the end of the p					4			
c Number of partici	ants with account balances	as of the end of the p	lan year (only defined of	contribution plans	50	4			
complete this iten)	*****	*******		E-1/4)	4			
	active participants at the be				5d(2)	3			
Number of partici	active participants at the en pants who terminated employ	yment during the plan	year with accrued ben	efits that were	56	0			
less than 100% v									
Caution: A penalty	or the late or incomplete fi	ling of this return/re	port will be assessed	evamined this return	report inclu	iding, if applicable, a Schedule			
Under penalties of penalties of penalties of penalties of several several several tensors of the several sever	ompleted and signed by an g	torth in the instruction enrolled actuary, as w	rell as the electronic ve	rsion of this return/re	port, and to t	iding, if applicable, a Schedule he best of my knowledge and			
	neut	7 as	1-31-19	Michelle	R Da	VB			
SIGN HERE Signature	f plan administrator		Date	Enter name of indiv	idual signing	as plan administrator			
		NS	1-31-19	Michelle		Wis			
SIGN SIGN	mult _	NY NY		1-11-PIC-IPC					

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	or Form 5500-SF.	Form 5500-SF (20 v.171

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	XYes No
	if you answered two to either line 68 or line 60, the plan cannot use rorm 5500-5r and must instead use rorm 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 year	(See instructions.)
Р	art III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	450,387	491,017
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	450,387	491,017
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	30,118	
	(2) Participants	8a(2)	51,413	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	(38,427)	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		43,104
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	2,474	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,474
i	Net income (loss) (subtract line 8h from line 8c)	8i		40,630
j	Transfers to (from) the plan (see instructions)	8j		
D	aut IV Dian Characteristics			

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:

2A 2E 2F 2G 2J 2K 2T 3D

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

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	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		x		
С	Was the plan covered by a fidelity bond?	10c	х			65,000
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			274
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

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Part	: VI	Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
а								
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter t	ne minimum required contribution for this plan year.	•••••	12b				
С	Enter t	ne amount contributed by the employer to the plan for the 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 re amount)		12d				
е	Will the	e 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 i	resolution to terminate the plan been adopted in any plan year?			Yes	X N	0	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0		י 🗌	res 🗴	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.)								
1:	13c(1) Name of plan(s): 13c(2) E					13c(3)	PN(s)	