Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information	1							
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/2	2018		and ending 1	2/31/2018				
A This ref	turn/report is for:	a single-employer plan			an (not multiemployer) (ployer information in ac					
R This ret	urn/report is	a one-participant plan	∐ af	oreign plan						
D IIIIs ieu	um/report is	X the first return/report	the	final return/report						
•		an amended return/report	as	hort plan year return	n/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558 special extension (enter description)		tomatic extension		DFVC prograi	m			
Part II	Basic Blan Info	prmation—enter all requested in	· ·	· · · · · · · · · · · · · · · · · · ·						
		mation—enter all requested in	iioimalic)TI		1b Three-digit				
1a Name INSITE 401	•					plan numb				
1101112 4011	VI LAN					(PN) •	001			
						1c Effective d	ate of plan			
							01/01/2018			
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		Chambian and bear	(!)		Identification Number 06-1283671			
-		ce, country, and ZIP or foreign post ING & LANDSCAPE ARCHITECTU			uctions)		telephone number 5-225-9690			
						2d Business code (see instructions)				
3 GARRETT						541310				
CARMEL, N	Y 10512									
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spo	neor			3b Administra	tor's FIN			
Ju i lali a	diffillistrator 3 flame at	dadiess A came as i lan opon	11301.			7 tallilliotta	tor 5 Env			
						3c Administra	tor's telephone number			
1 If the a					tume/newent file of few	4h FIN	_			
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b EIN				
	or's name	, , ,	,	'	·	4d PN				
C Plan N	lame									
Fo. Tatal						. 5a	25			
_		at the beginning of the plan year.				5b	25 32			
C Numb	er of participants with	at the end of the plan year account balances as of the end of	the plar	n year (only defined	contribution plans	. 5c	30			
	,	of the control of the decoders of the col				5d(1)	25			
d(1) Total number of active participants at the beginning of the plan year			5d(1)	25 30						
 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 										
than	100% vested					. 5e	2			
		or incomplete filing of this return								
SB or Sche		ther penalties set forth in the instruind signed by an enrolled actuary, a plete.								
SIGN		/valid electronic signature.		04/11/2019	JEFFREY CONTELM	10				
HERE	Signature of plan a	ıdministrator		Date	Enter name of individ	lual signing as pla	ın administrator			
SIGN	Filed with authorized	/valid electronic signature		04/11/2019	JEFFREY CONTELM	10				

Date

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF (2018) Page **2**

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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. 								
С	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 the					_			
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
а	Total plan assets	7a		0				509964	
<u>b</u>	Total plan liabilities	7b		0				0	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		0		509964			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	20	09267					
	(2) Participants	8a(2)	16	69281					
	(3) Others (including rollovers)	8a(3)	18	82564					
b	Other income (loss)	8b	-:	38366					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						522746	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		12458					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		324					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12782	
i	Net income (loss) (subtract line 8h from line 8c)	8i					509964		
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
c	C Was the plan covered by a fidelity bond?			10c	X			50000	
d	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		00000	
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	f Has the plan failed to provide any benefit when due under the plan?			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ·····		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		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 (Form 5500) and line 11a below)			Yes 🛚 No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	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							
C Enter the amount contributed by the employer to the plan for this plan year									
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
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	s 🔀 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 the control of the PBGC?									
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 (a single-employer plan) a single-employer plan (a number-organic plan in the final return/report is a one-participant plan an emended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part III Basic Plan Information enter all requested information 1a Name of plan Insiste 401k Plan Part III Basic Plan Information enter all requested information 1a Name of plan Insiste 401k Plan Part III Basic Plan Information enter all requested information 1a Name of plan Insiste 401k Plan Part III Basic Plan Information enter all requested information 1a Name of plan Insiste 401k Plan Part III Basic Plan Information enter all requested information 1a Name of plan Insiste 401k Plan Part III Basic Plan Information enter all requested information 1a Name of plan Insiste 401k Plan 1b Three-digit plan number (PN) 1c Effective date of plan O1/01/2018 2a Plan sponsor's name (employer, if for a single-employer plan) Malling Address (include room, apt. suite no. and sired, or P.O. Box) City or flown, state or province, country, and ZP or foreign postal code (if foreign, see instructions) 1c Effective date of plan O1/01/2018 2a Garrett Place Insiste Engianeering, Surveying & Landscape Architecture, PC 2b Sponsor's name Insiste Sponsor's name and address Same as Plan Sponsor 3c Administrator's lelephone number of same and address Same as Plan Sponsor 4 If the name and/or ElN of the plan sponsor or the plan name has changed since the last return/report, filed for this plan, enter the plan sponsor's name, ElN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year Sal Postal number of participants at the end of the plan year Sal Postal number of particip	P	art I	Annual Report	t Identification Information	1					
A This return/report is for: a one-participant plan a one-participant plan a foreign plan a foreign plan a foreign plan the final return/report a short plan year return/report (less than 12 months) C Check box if filling under: Form 5558 automatic extension DFVC program DFVC program	For	calend	lar plan year 2018 or fi	iscal plan year beginning		01/01/2018	and ending	1	2/31/2018	
B This return/report is:	A	This re	turn/report is for:		⊢ al	list of participating e				
an amended return/report	D .	Thia re	turn/ran art ia			- ·				
C Check box if filing under:	D	inis re	turn/report is:	- H	<u> </u>	·				
Special extension (enter description) Part II				an amended return/report	∐ a s	short plan year retu	rn/report (less than 12	months)	
Part II Basic Plan Information enter all requested information 1a Name of plan Insite 401k Plan	С	Check	box if filing under:			itomatic extension			DFVC progra	am
1a Name of plan Insite 401k Plan 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 lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Insite Engineering, Surveying & Landscape Architecture, PC 3 Garrett Place 3 Garrett Place 3 Plan administrator's name and address XI Same as Plan Sponsor 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year C Plan Name 5 Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year Mailing Address (include room, apt., suite no. and street, or P.O. Box) Add PN 5 Total number of active participants at the beginning of the plan year S Documber of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year S Documber of participants with account balances as of the end of the plan year S Documber of participants who terminated employment during the plan year with account belances in a summary of participants who terminated employment during the plan year with account benefits that were less than 100% vested and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a School of the plan year well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete.	ъ.	art II	Rasic Plan Infe	<u> </u>		ation .				
Insite 401k Plan Plan sponsor's name (employer, if for a single-employer plan) 1c Effective date of plan 01/01/2018 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Num Malling Address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Num (EIN) 06-1283671 C Sponsor's telephone number (845) 225-9690 2d Business code (see instruct 541310 US Carmel NY 10512 3a Plan administrator's name and address S Same as Plan Sponsor 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name Plan Name 5a		***************************************		omation enter all requested	IIIIOIIIIa	ition		1b	Three-digit	
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) Insite Engineering, Surveying & Landscape Architecture, PC 2d Susiness code (see instruct 541310 2d Business code (see instruct 541310 2d Business code (see instruct 541310 3a Plan administrator's name and address X Same as Plan Sponsor 3 B Administrator's telephone n 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 30 4d(1) Total number of active participants at the end of the plan year C Number of participants with account balances as of the plan year C Number of participants with account balances as of the plan year C Number of participants with account balances as of the plan year C Number of participants with account balances as of the plan year C Number of participants with account balances as of the plan year C Number of participants with account balances as of the plan year C Number of participants with account balances as of the plan year C Number of participants with cerminated employment during the plan year with accrued benefits that were less than 100% vested 5c 20 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge belief, it is true, correct, and complete.			•						plan number	001
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) Insite Engineering, Surveying & Landscape Architecture, PC 3 Garrett Place US Carmel NY 10512 3a Plan administrator's name and address X Same as Plan Sponsor 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of								1c		of plan
Insite Engineering, Surveying & Landscape Architecture, PC 2 Sponsor's telephone number (845) 225–9690 2 Id Business code (see instruct 541310 3 Plan administrator's name and address	2a	Mailii	ng Address (include ro	om, apt., suite no. and street, or P.	.O. Box)) e (if foreian, see ins	tructions)	2b		
3 Garrett Place US Carmel NY 10512 3a Plan administrator's name and address Same as Plan Sponsor 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 4d PN 5a 25 b Total number of participants at the beginning of the plan year		-	•	• •			· · · · · · · · · · · · · · · · · · ·	2c		
3b Administrator's EIN 3c Administrator's telephone n 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name C Plan Name 5a 25 Total number of participants at the beginning of the plan year		3 G	arrett Place					2d		(see instructions)
3b Administrator's EIN 3c Administrator's telephone n 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name C Plan Name 5a 25 Total number of participants at the beginning of the plan year		US C	armel NY 10512							
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	3a			and address 🗓 Same as Plan Sp	onsor			3b	Administrator's	EIN
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year										
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Sponsor's name Plan Name Total number of participants at the beginning of the plan year								3с	Administrator's	telephone number
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	4							4b	EIN	
5a Total number of participants at the beginning of the plan year	a		•	oneo. o manio, Em, ino pian name c		plati flatilogi from a	io last rotalimopolit.	4d	PN	
Total number of participants at the end of the plan year	С	Plan	Name							
Total number of participants at the end of the plan year	 5a	Total	number of participants	s at the beginning of the plan year	**********	***************************************		. 5a	a	25
complete this item) 30 d(1) Total number of active participants at the beginning of the plan year 5d(1) 25 d(2) Total number of active participants at the end of the plan year 5d(2) 30 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 2 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Scr SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete.									o	32
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	С				•		•	. 50	>	30
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sch SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete.	d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year	***************************************	******************************	. 5d	(1)	25
Less than 100% vested	d(2) Tot	al number of active pa	rticipants at the end of the plan yea	ar	••••••		. 5d	(2)	30
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sch SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete.	е							. 5	е	2
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge belief, it is true, correct, and complete.	Ca	ution:	A penalty for the late	or incomplete filing of this retu	rn/repo	rt will be assessed	l unless reasonable d	ause is	established.	
SIGN 4/1/19 JEFFREY CONTELMO	SB	or Sch	nedule MB completed	and signed by an enrolled actuary,						
	SI	IGN .	fxm9			4/11/19	JEFFREY CONTEL	MO		
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator			Signature of plan adr	ministrator		Date	Enter name of individ	ual sign	ing as plan adm	inistrator
SIGN 4/11/19 JEFFREY CONTELMO	e.		S	and the same of th		4/11/19				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spor			Signature of employe	er/plan sponsor			Enter name of individ	ual sign	ing as employer	or plan sponsor

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		V						MSSTRIPTO STRIP AND A STATE AN		
	Were all of the plan's assets during the plan year invested in eligible		·				••••••	X Yes No		
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 a									
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins	tead	use f	orm	5500.			
C	If the plan is a defined benefit plan, is it covered under the PBGC in:	surance pi	rogram (see ERISA sectio	n 40	21)?		Yes	No Not determine		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year					(See instructions.)		

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of Year		
а	Total plan assets	7a			0			509,964		
b	Total plan liabilities	7b			0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c			0	1		509,964		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			1		(b) Total		
а	Contributions received or receivable from:		<u> </u>							
	(1) Employers	8a(1)	20	9,2	67					
	(2) Participants	8a(2)	16	59,2	81					
	(3) Others (including rollovers)	8a(3)	18	32,5	64					
b	Other income (loss)	8b	(38	3,36	6)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						522,746		
d	Benefits paid (including direct rollovers and insurance premiums		_							
	to provide benefits)	8d	<u> </u>	.2,4						
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		3	24					
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12,782		
i	Net income (loss) (subtract line 8h from line 8c)	8i				509,964				
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
-	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harad	tariet	ic Cor	les in th	he instructions:		
	2A 2E 2G 2J 2K 3D	Jatare oou	co nom the List of Fran O	na a	ACI ISI	000	103 111 11	iii iii dadaana.		
D	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Ch	aract	eristic	Code	s in the	e instructions:		
					····					
Pa	rt V Compliance Questions						* Later to the contract I	· · · · · · · · · · · · · · · · · · ·		
<u>10</u>	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	duciary Correction							
	Program)			10a		Х				
b	Train and any management and any party in interest	? (Do not i	nclude transactions			١				
	reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c	Х			50,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		,	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an insurance					, , , , , , , , , , , , , , , , , , ,		
	carrier, insurance service, or other organization that provides some			400		x				
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?			10e 10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x				
9 h				ıvg		<u> </u>				
	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	······································	х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Parl	VI Pension Funding Compliance					***************************************		
11	1 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 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 C ERISA?		on 302	of		Yes 🗓] No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		***************************************		<u></u>			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month DayYear							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter the minimum required contribution for this plan year.		12b					
С	C Enter the amount contributed by the employer to the plan for the plan year							
d	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)							
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes No N/A			
Parl	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					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.)							
13	3c(1) Name of plan(s):	13c(2) El	N(s)		130	(3) PN(s)	