Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	rt of Small Employee				
Department of the Treasury Internal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2018		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the I		This Form is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection		
	dentification Information						
For calendar plan year 2018 or fis	cal plan year beginning 01/01/20			/31/2018			
A This return/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)		
B This return/report is	a one-participant plan	a foreign plan					
	the first return/report	the final return/report					
	an amended return/report	a short plan year return	n/report (less than 12 mc	onths)			
C Check box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
	special extension (enter descri	ption)					
Part II Basic Plan Infor	mation—enter all requested info	ormation		-	Γ		
1a Name of plan PHENOPATH LABORATORIES 40				1b Thre	e-digit number		
FILNOFATT LABORATORIES 40				(PN)			
				1c Effect	tive date of plan		
2a Plan sponsor's name (employ	er. if for a single-employer plan)			2b Empl	05/01/1998 oyer Identification Number		
Mailing address (include room	n, apt., suite no. and street, or P.O. , country, and ZIP or foreign posta		uctions)	(EIN)	-		
PHENOPATH LABORATORIES, PL		i code (ii foreign, see instr		2c Spor	nsor's telephone number 206-374-9000		
				2d Busir	ness code (see instructions)		
551 N 34TH STREET SEATTLE, WA 98103-8675					621510		
				0	· · · · ·		
3a Plan administrator's name and	d address X Same as Plan Spon	sor.		3D Admi	nistrator's EIN		
				3c Admi	nistrator's telephone number		
4 If the name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last re	eturn/report filed for	4b EIN			
this plan, enter the plan spon a Sponsor's name	sor's name, EIN, the plan name ar	nd the plan number from th	ne last return/report.	4d PN			
C Plan Name				TU IN			
5a Total number of participants a	at the beginning of the plan year			5a	110		
	at the end of the plan year			5b	111		
	ccount balances as of the end of the			5c	92		
d(1) Total number of active part	icipants at the beginning of the pla	ın year		5d(1)	80		
	ticipants at the end of the plan yea			5d(2)	73		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0		
Caution: A penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau				
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	d signed by an enrolled actuary, as						
	valid electronic signature.	06/27/2019	STEVEN KUSSICK				
HERE Signature of plan ac	Iministrator	Date	Enter name of individu	al signing	as plan administrator		
SIGN							
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor		

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

Form 5500-SF (2018) v.171027

6a	Were all o	of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	under 29	aiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you ans	swered "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.)
Pa	rt III F	inancial Information	

	Dian Accests and Liphilitian			. f V			(h) End of Voor	
<u>-</u>	Plan Assets and Liabilities	_	(a) Beginning o	of fear 68599			(b) End of Year 9267504	1
-	Total plan assets	7a 7b	930	00099			9207504	t
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	03/	68599			9267504	1
8	Income, Expenses, and Transfers for this Plan Year	70					(b) Total	r
	Contributions received or receivable from:		(a) Amoun	t	-		(b) Totai	
u	(1) Employers	8a(1)	22	29159				
	(2) Participants	8a(2)	49	94578				
	(3) Others (including rollovers)	8a(3)		305				
b	Other income (loss)	8b	-50	01302				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					222740)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32	21957				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1878				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32383	5
i	Net income (loss) (subtract line 8h from line 8c)	8i					-101095	5
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	2E 2F 2G 2J 2K 2T 3B 3D							
9a b								
b	2E 2F 2G 2J 2K 2T 3B 3D							
b	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year:	eature coo	les from the List of Pla					
b Pa 10	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut	eature coo	les from the List of Plan		acterist	ic Codes	s in the instructions:	
b Pa 10	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	eature coo tions withi oluntary F	les from the List of Plan n the time period Fiduciary Correction		acterist	ic Codes	s in the instructions:	
b Pa 10	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	eature coo tions withi /oluntary F	les from the List of Plan n the time period Fiduciary Correction include transactions	n Chara	acterist	ic Codes	s in the instructions:	
b Pa 10	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) O Were there any nonexempt transactions with any party-in-interest	eature coo tions withi /oluntary F .? (Do not	hes from the List of Plan n the time period Fiduciary Correction include transactions	n Chara	acterist	No X	s in the instructions: Amount	0000
b 10 1	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Section 20 CFR 2510.3-102	eature coo tions withi /oluntary F ? (Do not fidelity bo	les from the List of Plan n the time period Fiduciary Correction include transactions nd, that was caused	n Chara 10a 10b	Yes	No X	s in the instructions: Amount	0000
b 10 10 10 0	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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	tions withi /oluntary F ? (Do not fidelity bo	n the time period Fiduciary Correction include transactions and, that was caused the benefits under	n Chara 10a 10b 10c	Yes	No X X	s in the instructions: Amount	0000
b 10 10 10 0	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for TV Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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	tions withi oluntary F (Do not fidelity bo her person he or all of	n the time period include transactions include transactions ind, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X	s in the instructions: Amount	0000
b 10 3 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for TV Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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.)	tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n?	In the time period Fiduciary Correction include transactions and, that was caused the benefits under	n Chara 10a 10b 10c 10d 10e	Yes	No X	a in the instructions: Amount 100	0000
b Pa 10 3 4 9 9	2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Dever there any nonexempt transactions with any party-in-interest reported on line 10a.) b Was the plan covered by a fidelity bond? b Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? b 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	tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n? s of year (See instru	n the time period Fiduciary Correction include transactions nd, that was caused the benefits under the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	Yes X	No X	a in the instructions: Amount 100	

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	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		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				
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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			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) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

<u></u>					
Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file		4065 of the Employee R	etirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Form is Open to
Pension Benefit Guaranty Corporation	-	2	,		Public Inspection
Part I Annual Repor	Complete all entries in a tidentification Information		ructions to the Form 5	000-SF.	
For calendar plan year 2018 or		01/01/2018	and ending	12/	31/2018
A This return/report is for:	🛛 a single-employer plan				ing this box must attach a ith the form instructions.)
• • • •	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter descr	ription)			
Part II Basic Plan Infe	ormation—enter all requested inf	formation			
1a Name of plan				1b Three	e-digit
PhenoPath Laborator	ries 401(k) Plan				number
			·		tive date of plan
				05/	01/1998
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O		0		oyer Identification Number 91-1862536
City or town, state or provin PhenoPath Laborator	ce, country, and ZIP or foreign posta ries, PLLC	al code (if foreign, see insti	ructions)		sor's telephone number 6) 374-9000
					ess code (see instructions)
551 N 34th Street					
Seattle		WA	98103-8675	621	510
3a Plan administrator's name a	and address 🖾 Same as Plan Spon	nsor.		3b Admir	nistrator's EIN
				3c Admir	nistrator's telephone number
4 If the name and/or FIN of th		a shareed sizes the last	turn (man a t file d fa a	Ab citi	
	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
a Sponsor's namec Plan Name			2	4d PN	
-					
	s at the beginning of the plan year		Г	5a	110
	s at the end of the plan year account balances as of the end of t			5b	111
				5c	92
d(1) Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	80
	articipants at the end of the plan yea			5d(2)	73
e Number of participants who than 100% vested	o terminated employment during the	e plan year with accrued be	nefits that were less	5e	0
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ise is estab	lished.
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com	ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.	tions, I declare that I have s well as the electronic ver	examined this return/report sion of this return/report	oort, includir , and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN	ussuch	06/27/19	Steven Kussick		
HERE Signature of plan a	administrator	Date	Enter name of individu	al signing a	s plan administrator
SIGN V				20. 100 - 202	
Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500	-SF.	Enter name of individu	al signing a	s employer or plan sponsor Form 5500-SF (2018)

v.171027

A -		
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🛛 Yes 🗍 No
b	Are you claiming a waiver of the annual examination and speed of an independent wailfaid as the second state of the	
	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.)	🛛 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.	
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	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning	of Yea	r I		(b) E	ind of Ye	ar
a	Total plan assets	7a		368,					9,267,504
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	9,	368,	599				9,267,504
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		229,	159	on of son on other			
	(2) Participants	8a(2)		494,	578		nong sa sa		
	(3) Others (including rollovers)	8a(3)			305				
b	Other income (loss)	8b	-	·501,	302				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							222,740
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		321,	957				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1,	878				
<u> </u>	Other expenses	8g			e obride				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							323,835
i	Net income (loss) (subtract line 8h from line 8c)	8i							-101,095
					22	a de la calega de la	ional de la colempia	Children and	
j	Transfers to (from) the plan (see instructions)	8j			505				
	t IV Plan Characteristics		des from the List of Pl	an Cha	racteri	stic Co	odes in the i	nstruction	ns:
9a b	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for 2E 2F 2G 2J 2K 2T 3B 3D	feature co							
9a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for tV Compliance Questions	feature co			acteris	tic Cod		structions	3:
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	feature code	es from the List of Pla	n Char					3:
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If 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 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 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 benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare benefits, enter the plan provides welfa	feature code eature code tions withir oluntary Fi ? (Do not i	es from the List of Pla n the time period iduciary Correction include transactions		acteris	No		structions	3:
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature code tions withir oluntary Fi	es from the List of Pla n the time period iduciary Correction Include transactions	n Char 10a 10b	Yes	No X		Amou	nt
9a b Par 10 a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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 code eature code tions withir 'oluntary Fi ? (Do not in fidelity bor	es from the List of Pla the time period iduciary Correction include transactions id. that was caused	n Chara 10a 10b 10c	acteris	No X		Amou	3:
9a b Par 10 a b c	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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 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	feature code eature code tions withir oluntary Fi ? (Do not in fidelity bor er persons e or all of t	es from the List of Pla the time period iduciary Correction include transactions id, that was caused is by an insurance the benefits under	n Char 10a 10b	Yes	No X X		Amou	nt
9a b Par 10 a b c d d	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If 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 welfare benefits, enter the applicable welfare for the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other the plan between the plan brokers, agents, or other the plan between the plan brokers, agents, or other the plan between the plan brokers, agents, or other the plan between the plan brokers, agents, or other the plan between the plan brokers, agents, or other the plan between the plan between the plan brokers, agents, or other the plan between the pl	feature code eature code tions withir 'oluntary Fi ? (Do not in fidelity bor er persons e or all of t	es from the List of Pla the time period iduciary Correction include transactions ad, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X X		Amou	nt
9a b Par 10 a b c d d	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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 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 code eature code tions withir oluntary Fi ? (Do not in fidelity bor er persons e or all of t	es from the List of Pla in the time period iduciary Correction include transactions id, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X		Amou	s: nt 1,000,000
9a b Par 10 a b c d d e f g	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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 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 code eature code tions withir 'oluntary Fi ? (Do not in fidelity bor er persons e or all of t n? s of year-en See instrue	es from the List of Pla the time period iduciary Correction iduciary	n Chara 10a 10b 10c 10d 10e	Yes	No X X X X		Amou	nt

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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 complet (Form 5500) and line 11a below)	e Scl	nedule	SB		Yes	X No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a	1			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?	sectio	on 302 (of		Yes	X No
	(in res, complete line 12a of 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 instruction granting the waiver	is, an	d enter Da		of the lef Yea		ng
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	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 left of a negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A
Part.	All 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	T			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	er the	•	[Yes	X No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s) to				
1		3c(2)	EIN(s)		13c	(3) PN(s)