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 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										
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018				
A This re	a single-employer plan a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
	·	a one-participant plan	a foreign plan							
B This ret	B This return/report is the first return/report the final return/report									
an amended return/report a short plan year return/report (less than 12 months)										
C Check	box if filing under:	Form 5558	aut	tomatic extension		DFVC pi	ogram			
_	special extension (enter description)									
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	n						
1a Name of plan ROCHESTER LEAD WORKS INC 401K SAVINGS PLAN						1b Three plan (PN)	number	003		
						1c Effec		f plan 1/2002		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O Boy)			-	-	fication Number		
		ce, country, and ZIP or foreign post		(if foreign, see instru	uctions)	(EIN)		612430		
•	R LEAD WORKS INC				,	2c Spon	sor's telep 585-442	hone number 2-8500		
						2d Busin	ess code (see instructions)		
	ON AVENUE R, NY 14607						4231	00		
ROOFILOTE	14, 141 14007									
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.			3b Admir	nistrator's I	EIN		
						3c Administrator's telephone number				
						3C Admin	ilistrator s t	elepriorie number		
A 16.0	// FIN (1)					46 =				
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN				
•	or's name					4d PN				
C Plan N	lame									
5a Total	number of participants	s at the beginning of the plan year				5a		99		
b Total	number of participants	s at the end of the plan year				5b		94		
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).							90			
d(1) Total number of active participants at the beginning of the plan year							78			
d(2) Total number of active participants at the end of the plan year						5d(2)		72		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		3		
Caution: A	A penalty for the late	or incomplete filing of this return	rn/report	will be assessed u	unless reasonable cau	use is estab	lished.			
SB or Sche		ther penalties set forth in the instructed signed by an enrolled actuary, applete.								
SIGN	Filed with authorized	d/valid electronic signature.		07/11/2019	PETER J SARRATOR	RI				
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signing a	as plan adr	ninistrator		
SIGN										
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ividual signing as employer or plan sponsor				

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						No.		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th						· —	. (See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
а	Total plan assets	7a	, , , , , , , , , , , , , , , , , , , ,	13525			(0)	5819279	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	59°	913525				5819279	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)	10	05719					
	(2) Participants	8a(2)		16982					
	(3) Others (including rollovers)	8a(3)		21424					
b	Other income (loss)	8b	-24	47175					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						326950	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	16091					
е	Certain deemed and/or corrective distributions (see instructions)	8e		5105					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						421196	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-94246	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 3H	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	cteris	tic Coc	des in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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	40-		_			
b	Program) Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10a		X			
	reported on line 10a.)			10b 10c	X	X		250000	
d				100				250000	
	by fraud or dishonesty?			10d		X			
е	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.)	ne or all of	the benefits under	10e	X			6653	
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							129173	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	he required	d notice or one of the	10i					

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Part	VI Pension Funding Compliance								
11	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	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o				
	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?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	rt Identification Information	1						
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31	/2018			
A This return/report is for: X a single-employer plan								
	a one-participant plan	a foreign plan						
B This return/report is								
an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC prog	gram			
	special extension (enter desc	cription)		_				
Part II Basic Plan In	formation—enter all requested in	formation						
1a Name of plan	ORKS INC 401K SAVINGS			1b Three-oplan nu (PN)	ımber			
					ve date of plan 1/2002			
	loyer, if for a single-employer plan)	hat			er Identification Number			
	om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ructions)	(EIN) 1	6-0612430			
ROCHESTER LEAD W		tai code (ii foreigh, see insti	uctions)		or's telephone number			
76 ANDERSON AVEN	מזה			585-442-8500 2d Business code (see instructions)				
70 MIDENSON AVER	OE							
ROCHESTER	NY 146	07		423100				
3a Plan administrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administrator's EIN				
	3c Administrator's telephone number							
	he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
a Sponsor's name	one of tame, End, the plantame	and the plan namber from t	io idot rotali i roporti	4d PN				
C Plan Name								
52 Total number of participan	to at the headening of the plan year		and the state of t	5a	99			
· ·	5a Total number of participants at the beginning of the plan year							
b Total number of participants at the end of the plan year								
complete this item)				5c	90 78			
	participants at the beginning of the p	-		5d(1) 5d(2)	78			
 d(2) Total number of active participants at the end of the plan year 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 Schedule								
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 and belief, it is true, correct/and complete.								
SIGN Puty A	unh	7-11-19	PETER J. SARF	RATORI				
HERE Signature of plan		Date	Enter name of indivi	dual signing as	plan administrator			
SIGN								
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of indivi	dual signing as	employer or plan sponsor			

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under 29 CFR 2520.104-467 (See Instructions on walver eligibility and conditions). If you answered "No" to affer tine Se or line 65, the plan cannot use Form 5500-5F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC Insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligib						X Yes No		
If you answord "No" to either line & or line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Under 29 CFR 2520 104-462 (See instructions on waiver eligibility and conditions)								
c if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										
Part III Financial Information 7	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA se	ection 4	021)?	[Yes No Not determined		
7 Plan Assets and Liabilities 7 8 5, 913, 525 5, 819, 27		If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC i	premium filing for this p	lan yea	r		. (See instructions.)		
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities. 7b	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	. 7a	5,	913,	525		5,819,279		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 105,715 (2) Participants. 8a(2) 246,982 (3) Others (Including rollovers)	b	Total plan liabilities	. 7b							
a Contributions received or receivable from: (1) Employers 8a(1) 105,719 (2) Participants 8a(2) 246,982 30 Others (incuding rollovers) 8a(3) 221,424 b Other income (loss) 6b -247,175 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	5,	913,	525	5,819,279			
(1) Employers 8a(1) 105,739 (2) Participants 8a(2) 246,982 (3) Others (including rollovers) 8a(3) 221,424 (b) Other income (loss) 8a(3) 221,424 (c) Total Income (loss) 8a(2),8a(2),8a(3), and 8b) 8c 326,95 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 416,091 (e) Certain deemed and/or corrective distributions (see instructions) 8e 5,105 (f) Administrative service providers (salaries, fees, commissions) 8f (g) Other expenses 8d 416,091 (h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h (h) Total expenses (add	8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
33 Others (including rollovers)	а 		. 8a(1)		105,	719				
b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). 8e f Administrative service providers (salaries, fees, commissions). 8f f Administrative service from the List of Plan Characteristic Codes in the instructions: 2		(2) Participants	. 8a(2)		246,	982	No.			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 326, 95 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) and (including direct rollovers and insurance premiums to provide benefits) and (including direct rollovers and insurance premiums to provide benefits) and (including direct rollovers and insurance premiums to provide benefits) and (including direct rollovers and insurance premiums to provide benefits) and (including direct rollovers and insurance premiums to provide separate service providers (salaries, fees, commissions) 8d 416,091 e Certain deemed and/or corrective distributions (see instructions) 8d 5,105 f Administrative service providers (salaries, fees, commissions) 8f 9 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 421,13 i Net income (loss) (subtract line 8h from line 8c) 8l 9 421,13 i Net income (loss) (subtract line 8h from line 8c) 8l 9 421,13 j Transfers to (from) the plan (see instructions) 8j 9 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 2G 2J 2X 3D 3H 3H 5B 10B 10B 10B 10B 10B 10B 10B 10B 10B 10		(3) Others (including rollovers)	. 8a(3)		221,	424				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 416,091 9d Certain deemed and/or corrective distributions (see instructions). 8e 5,105 f Administrative service providers (salaries, fees, commissions)	b	Other income (loss)	. 8b	_	247,	175				
to provide benefits)	<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		September September		326,950			
f Administrative service providers (salaries, fees, commissions)	d		. 8d		416,	091				
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	. 8e		5,105					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				421,196			
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 2G 2J 2K 3D 3H	i							-94,246		
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 3H	j	Transfers to (from) the plan (see instructions)	. 8i							
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: 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 129,1" h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2502.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Pa	t IV Plan Characteristics		•						
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a		feature c	odes from the List of Pl	an Cha	racter	istic Co	odes in the instructions:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	n Chara	acteris	tic Coc	les in the instructions:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t.V Compliance Questions								
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)	y -1 (90,000)	3200.005.24.4				Yes	No	Amount		
Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 250,00 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 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 129,1° 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	а	Was there a failure to transmit to the plan any participant contribu								
reported on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) That the plan have any participant loans? (If "Yes," enter amount as of year-end.) That is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) That is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) That is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) That is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) That is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Program)			10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.). • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		х			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	Х		250,000		
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.)	d				10d		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides son	ne or all o	f the benefits under	10e	х		6,653		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х		129,173		
	h						х			
	i				10i					