-	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee	ON	IB Nos. 1210-0110 1210-0089	
Inter D	epartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the		2018 This Form is Open to		
	enefit Guaranty Corporation	 Complete all entries in a 	Υ.	,	00-SF.	Public	Inspection	
Part I	Annual Report	Identification Information						
For calend	lar plan year 2018 or fis	cal plan year beginning 01/01/2			/31/2018			
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (F employer information in acc		-		
B This ret	urn/report is	the first return/report	the final return/report	t				
		an amended return/report	a short plan year retu	urn/report (less than 12 mc	onths)			
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram		
		special extension (enter descri	,					
Part II	Basic Plan Info	rmation—enter all requested inf	ormation		-			
1a Name	of plan				1b Three plan	e-digit number		
USUNW RE					(PN)		001	
					1c Effec	tive date of p 09/01/2		
Mailin	g address (include roon	/er, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Empl (EIN)		ation Number 3116	
USO NORTI		e, country, and ZIP or foreign posta	al code (il foreign, see ins	structions)	2c Spor	nsor's telepho 206-246-1		
					2d Busir	ness code (se	e instructions)	
SEATTLE, V	RNATIONAL BLVD., PI VA 98158	MB 313				813000)	
3a Plan a	administrator's name an	d address 🛛 Same as Plan Spon	nsor.		3b Admi	nistrator's Ell	N	
					3c Admi	nistrator's tel	ephone number	
		plan sponsor or the plan name ha			4b EIN			
•	lan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN			
C Plan N	Name							
5a Total	number of participants	at the beginning of the plan year			5a		11	
-		at the end of the plan year			5b		13	
C Numb	per of participants with a	account balances as of the end of t	the plan year (only define	ed contribution plans	5c		8	
d(1) Tot	al number of active par	ticipants at the beginning of the pla	an year		5d(1)		11	
d(2) Tot	tal number of active par	ticipants at the end of the plan yea	ar		5d(2)		13	
than	100% vested	terminated employment during the	• •		5e		0	
		or incomplete filing of this return ner penalties set forth in the instruct					ble, a Schedule	
SB or Sche		d signed by an enrolled actuary, a						
SIGN HERE	Filed with authorized/	valid electronic signature.	07/12/2019	DONALD M. LEINGAN	IG, EXECU	ITIVE DIREC		
neke	Signature of plan ad	dministrator	Date	Enter name of individu	al signing a	as plan admiı	nistrator	
SIGN	L							
HERE	Signature of employ		Date	Enter name of individu	al signing a			
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	- э г.			For	rm 5500-SF (2018) v.171027	

 6a Were all of the plan's assets during the plan year invested in eligible 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 lf you answered "No" to either line 6a or line 6b, the plan cannot c If the plan is a defined benefit plan, is it covered under the PBGC instructions 	an independ and condition ot use Forr	lent qualified public acc ns.) n 5500-SF and must in	countant (I nstead us	QPA) e Form	n 5500. Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the Part III Financial Information	e PBGC pre	emium filing for this plar	n year		(See instructions.)
7 Plan Assets and Liabilities		(a) Beginning of	Year		(b) End of Year
a Total plan assets	7a	273			314324
b Total plan liabilities	7b		86		3000
C Net plan assets (subtract line 7b from line 7a)	7c	273	689		311324
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)	18	882		
(2) Participants	8a(2)	37	533		
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	-15	362		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				41053
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	168		
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f	:	250		
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3418
i Net income (loss) (subtract line 8h from line 8c)	8i				37635
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension f 2G 2J 2K 2T 3D	feature cod	es from the List of Plan	Characte	ristic Co	odes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan (Characteri	stic Co	des 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vertex 10.100) and DOL's Vertex 10.100 a		luciary Correction	10-	~	

-	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
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	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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	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 d	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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× 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)		130	:(3) PN	l(s)

Filing Authorization for the 2018 Form 5500-SF

Name of Plan: USONW Retirement Plan

EIN / PN: 91-0573116/001

Plan Year Ending: December 31, 2018

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the abovenamed return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Donald M. Leingang Date: 4/12/19 Plan Administrator:

	T				
Form 5500-SF	Short Form Annua	l Return/Repoi Benefit Plan	rt of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be filed	under sections 104 and	4065 of the Employee I	Retirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6 Revenue Code (the Cod	057(b) and 6058(a) of th de).	e Internal	This Form is Open to
Pension Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inc	fructions to the Form /	500 OF	Public Inspection
Part I Annual Report I	dentification Information	condance with the ms	diructions to the Form :	500-5F.	
For calendar plan year 2018 or fisc		01/01/2018	and ending	12/3	1/2018
	X a single-employer plan				ing this box must attach a
A This return/report is for:		list of participating e	employer information in a	ccordance wi	ith the form instructions.)
B This return/report is	a one-participant plan				
	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	urn/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter descrip	/			
Part II Basic Plan Infor	mation—enter all requested info	rmation			
1a Name of plan				1b Three	e-diait
USONW RETIREMENT P	LAN			plan r	number
				(PN)	
					ive date of plan 01/2010
2a Plan sponsor's name (employe	er, if for a single-employer plan)				over Identification Number
City or town, state or province,	apt., suite no. and street, or P.O. country, and ZIP or foreign postal	Box) code (if foreign, see ins	structions)	(EIN)	91-0573116
USO NORTHWEST					sor's telephone number -246-1908
17801 INTERNATIONA	L BLVD., PMB 313				ess code (see instructions)
SEATTLE	WA 98158	2			
3a Plan administrator's name and				8130	istrator's EIN
				JU Admin	istrator's EIN
				3c Admin	istrator's telephone number
A 100					
4 If the name and/or EIN of the p this plan, enter the plan spons	olan sponsor or the plan name has or's name, EIN, the plan name and	changed since the last d the plan number from	return/report filed for the last return/report.	4b EIN	
 a Sponsor's name c Plan Name 				4d PN	
5a Total number of participants at	the beginning of the plan year			5a	11
	the end of the plan year			5b	13
C Number of participants with ac	count balances as of the end of the	e plan year (only defined	d contribution plans	5c	8
	pipants at the beginning of the plan			5d(1)	
	cipants at the end of the plan year			5d(2)	13
 e Number of participants who te 	rminated employment during the p	lan year with accrued b	enefits that were less		10
than 100% vested		-		5e	0
Caution: A penalty for the late or Under penalties of perjury and othe	Incomplete filing of this return/r	eport will be assessed	l unless reasonable ca	use is establ	ished.
SB of Schedule MB completed and	signed by an enrolled actuary, as	well as the electronic ve	ersion of this return/repor	t, and to the b	y, ii applicable, a Schedule best of my knowledge and
sign	le.	4/12/19	The second s		xecutive Direc
HERE	- nemo	([[C]]]		1	
Signature of plan adn		Date	Enter name of individ	ual signing as	s plan administrator
SIGN HERE Signature of annulaus					
For Paperwork Reduction Act Notice,	r/pian sponsor see the Instructions for Form 5500-S	Date F.	Enter name of individ	ual signing as	s employer or plan sponsor Form 5500-SF (2018)

v.171027

Page 2

6a Were all of the plan's assets during the plan year invested in eligil	ble assets? (See instructions.)		
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ	dent qualified public accountant	(IQPA)	X Yes 🗌 No
If you answered "No" to either line 6a or line 6b, the plan can	not use For	m 5500-SF and must instead	use Forn	n 5500.
C If the plan is a defined benefit plan, is it covered under the PBGC i				
If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pre	emium filing for this plan year		(See instructions.)
Part III Financial Information				
7 Plan Assets and Liabilities	- and the	(a) Beginning of Year	T	(b) End of Year
a Total plan assets	. 7a	273,77	5	314,324
b Total plan liabilities	. 7b	8	6	3,000
C Net plan assets (subtract line 7b from line 7a)	. 7c	273,68	9	311,324
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a Contributions received or receivable from: (1) Employers	. 8a(1)	18,88	2	
(2) Participants	8a(2)	37,53	3	
(3) Others (including rollovers)	. 8a(3)			
b Other income (loss)	8b	-15,36	2	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			41,053
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3,16	8	
e Certain deemed and/or corrective distributions (see instructions)	8e		No.	
f Administrative service providers (salaries, fees, commissions)	8f	25	0	
g Other expenses	8g			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3,418
i Net income (loss) (subtract line 8h from line 8c)	8i			37,635
J Transfers to (from) the plan (see instructions)	8j			
Part IV Plan Characteristics				
9a If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	feature code	es from the List of Plan Charact	eristic Co	odes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan Characte	ristic Coc	les in the instructions:
Part V Compliance Questions				
10 During the plan year:	and the other states of the states of	Ye	s No	Amount
	CONTRACTOR OF THE OWNER			and an

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		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		500,000
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	
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	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d complete Sch	nedule S	B	Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio	n 302 o	f	. Yes	X No
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	d enter Da		of the letter ru Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.	_			
b	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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
Part						
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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught under the		[Yes X M	10
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred.) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)

Filing Authorization for the 2018 Form 5500-SF

Name of Plan: USONW Retirement Plan

EIN / PN: 91-0573116/001

Plan Year Ending: December 31, 2018

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the abovenamed return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Donald M. Leingang Date: 4/12/19 Plan Administrator:

Form 5500-SF	Short Form Annua	I Return/Repo Benefit Plan		loyee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be filed	under sections 104 and	d 4065 of the Employee	Retirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of th de).	e Internal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the ins	structions to the Form	5500-SF	Public Inspection
Part I Annual Report I	dentification Information				
For calendar plan year 2018 or fisc		1/01/2018	and ending	12/3	1/2018
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers check	ing this box must attach a the form instructions.)
	a one-participant plan	a foreign plan		accordance w	ar the form instructions.)
B This return/report is	the first return/report	the final return/repor	t		
	an amended return/report	a short plan year ret	urn/report (less than 12 r	months)	
C Check box if filing under:] Form 5558	automatic extension	1	DFVC pr	ogram
	special extension (enter descrip				
Part II Basic Plan Inform	mation-enter all requested infor	mation			
1a Name of plan				1b Three	-diait
USONW RETIREMENT P	LAN			plan r	number
				(PN)	ive date of plan
				09/	01/2010
2a Plan sponsor's name (employe Mailing address (include room.	er, if for a single-employer plan) apt., suite no. and street, or P.O. I	3ox)			over Identification Number
City or town, state or province, USO NORTHWEST	country, and ZIP or foreign postal	code (if foreign, see ins	structions)		91-0573116 sor's telephone number
050 NORTHWEST				206-	-246-1908
17801 INTERNATIONA	L BLVD., PMB 313			2d Busine	ess code (see instructions)
SEATTLE	WA 98158			8130	000
3a Plan administrator's name and	address 🛛 Same as Plan Sponso	or.		3b Admin	istrator's EIN
				3c Admin	istrator's telephone number
4 If the name and/or FIN of the r	lan sponsor or the plan name has	changed since the last		41	
this plan, enter the plan spons	or's name, EIN, the plan name and	the plan number from	the last return/report.	4b EIN	
a Sponsor's namec Plan Name				4d PN	
5a Total number of participants at	the beginning of the plan year			5a	11
	the end of the plan year				11 13
C Number of participants with ac	count balances as of the end of the	plan year (only define	d contribution plans	50 50	
	ipants at the beginning of the plan			5d(1)	8
	cipants at the end of the plan year.				13
e Number of participants who te	rminated employment during the plan	an year with accrued b	enefits that were less		15
than 100% vested				5e	0
Caution: A penalty for the late or Under penalties of perjury and other	incomplete filing of this return/re	port will be assessed	d unless reasonable ca	use is establ	ished.
SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an enrolled actuary, as y	vell as the electronic ve	e examined this return/repor	eport, including rt, and to the l	g, if applicable, a Schedule best of my knowledge and
SIGN Dould M.	him.	4/12/19	Donald M. Lei	ngang, E	xecutive Direc
HERE Signature of plan adn	ninistrato	Date	Enter name of individ		
SIGN	U	Date		iudi siyriiriy as	pian auministrator
HERE Signature of employe	r/plan sponsor	Date	Enter name of individ		
For Paperwork Reduction Act Notice,	see the Instructions for Form 5500-SI			iual signing as	employer or plan sponsor Form 5500-SF (2018)

v.171027

6a b	set of the plane decore during the plan year invested in engible assets? (See instituctions.)	X Yes 🗌 No
	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.	X Yes 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined
Pa	rt III Financial Information	

7	Plan Assets and Liabilition							
<u></u>	Plan Assets and Liabilities		(a) Beginning	_			(b) End of Year	
	Total plan assets	7a		273,			31	.4,324
	Total plan liabilities	7b			86			3,000
	Net plan assets (subtract line 7b from line 7a)	7c		273,	689		31	1,324
8	Income, Expenses, and Transfers for this Plan Year	1.00.1	(a) Amoun	t			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		18,	882	71		
	(2) Participants	8a(2)		37,	533	0.13		1000
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-15,	362	1		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			15		4	1,053
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		з,	168			
e	Certain deemed and/or corrective distributions (see instructions)	8e						1.018
f	Administrative service providers (salaries, fees, commissions)	8f			250			1200
g	Other expenses	8g						-
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1995	-0.5			3,418
i	Net income (loss) (subtract line 8h from line 8c)	8i		100				7,635
j	Transfers to (from) the plan (see instructions)	8j						11.4.1.4
Pa	t IV Plan Characteristics							
b Par	If the plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions							
10	During the plan year:				Yes	No	A	
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)	oluntary Fi	duciary Correction	10a	103	x	Amount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ir	nclude transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х		50	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	fidelity bon	d, that was caused	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons e or all of t	by an insurance he benefits under	10e		x		
f				10f		х		
g				10g		x		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	ctions and 29 CFR	10g		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	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)	Sched	ule S	В		Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?	ction 3	02 0	f		Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	and er	nter Day		of the lett Year	er rul	ling
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	1	2b				
	Enter the amount contributed by the employer to the plan for this plan year		2c				
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)		2d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	No	Π	N/A
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the] [Yes	X N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred.						
1	13c(1) Name of plan(s): 13c(2)				13c(3) PN	l(s)
		_					