-	Form 5500-SF Short Form Annual Return/Report of Small Employee Department of the Treasury Benefit Plan					OMB Nos. 1210-0110 1210-0089	
Inter De	anal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Reti Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the In Revenue Code (the Code).				t 2018 This Form is Open to	
	enefit Guaranty Corporation	 Complete all entries in a 	Kevenue Code (the Code). Public Inspect Complete all entries in accordance with the instructions to the Form 5500-SF.				
Part I		Identification Information					
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2			31/2018		
A This ret	turn/report is for:	a single-employer plan		olan (not multiemployer) (Fi employer information in acco		•	
B This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report		urn/report (less than 12 mor	nths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	rogram	
		special extension (enter descri	iption)				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation				
1a Name	•	N. A.M.			1b Three		
CMBELL CC	MPANY, INC. 401K P	'LAN			(PN)	number 001	
					1c Effec	tive date of plan 01/01/2002	
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Emplo (EIN)	oyer Identification Number 91-2139307	
	Town, state or provinc MPANY, INC.	e, country, and ZIP or foreign posta	al code (if foreign, see ins	structions)	2c Spon	sor's telephone number 509-525-2216	
				:	2d Busin	ess code (see instructions)	
62 MOJONN WALLA WAL	IIER PL LLA, WA 99362-7311					519100	
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	ISOr.	:	3b Admir	nistrator's EIN	
				:	3c Admin	nistrator's telephone number	
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN		
this pl		nsor's name, EIN, the plan name a		the last return/report.	4d PN		
C Plan N							
5a Total	number of participants	at the beginning of the plan year			5a	8	
		at the end of the plan year			5b	6	
		account balances as of the end of t		-	5c	4	
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	8	
• •		rticipants at the end of the plan yea			5d(2)	6	
than	100% vested	terminated employment during the	• •		5e	0	
Caution: A	A penalty for the late	or incomplete filing of this return her penalties set forth in the instruc	/report will be assesse	d unless reasonable caus			
SB or Sche		nd signed by an enrolled actuary, a					
SIGN	Filed with authorized	/valid electronic signature.	07/22/2019	C. MICHAEL BELL			
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing a	as plan administrator	
SIGN							
HERE	Signature of emplo		Date	Enter name of individua	al signing a	as employer or plan sponsor	
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.171027	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	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	surance p	rogram (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 instru-								
Pa	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End c	f Year				
а	Total plan assets	7a	117				1223045					
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	117	76039				1223045				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) To	tal				
а	Contributions received or receivable from: (1) Employers	8a(1)		6953								
	(2) Participants	8a(2)	5	52397								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	-1	2344								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						47006				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0				
i	Net income (loss) (subtract line 8h from line 8c)	8i						47006				
	Transfers to (from) the plan (see instructions)	0:										
j		8j										
j		ðj										
j	rt IV Plan Characteristics		Dodes from the List of Pla	an Cha	racteris	stic Codes	in the instru	uctions:				
j Pa	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co										
j Pa 9a b	rt IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension 2E2F2G2J2K2R2T3D	feature co							_			
j Pa 9a b	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare for If the plan provides welfare benefits, enter the applicable welfare for	feature co					n the instruc					
j Pa 9a b Pa	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare for If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions	feature co eature coo tions withi 'oluntary F	tes from the List of Plar		acterist	ic Codes i	n the instruc	ctions:				
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j Pa b Pa 10 a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 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	feature co eature coo tions withi 'oluntary F ? (Do not	in the time period Fiduciary Correction	Chara	acterist	ic Codes i No X	n the instruc	ctions:				
j Pa 9a b Pa 10 6	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 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.)	feature coo eature coo tions withi 'oluntary F ? (Do not fidelity bo	des from the List of Plan in the time period Fiduciary Correction include transactions ind, that was caused	10a 10b	Yes	ic Codes i No X	n the instruc	mount	00			
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j Pa 9a b Pa 10 2 4 0 0 0	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 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 provides to the plan any participant contributed welfare for the plan any participant contributed welfare for the plan provides applied to the plan any participant contributed welfare for the plan provides applied to the plan provide by a fidelity bond? 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.)	feature co eature coo tions withi 'oluntary F ? (Do not fidelity bo ner persor ne or all of	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c 10d	Yes	ic Codes i No X X X X X X	n the instruc	mount	00			
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j Pa 9a b Pa 10 20 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 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 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.) Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo ner persor ne or all of n? 	des from the List of Plar in the time period Fiduciary Correction include transactions and, that was caused the benefits under the benefits under end.) uctions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	ic Codes i No X X X X X X X X X X X X X X X X X X	n the instruc	mount	00			
j Pa 9a b Pa 10 20 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 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 to transmit to the plan any participant plan provides and DOL's V Program). 0 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 1 Was the plan covered by a fidelity bond? 2 Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 2 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.) 4 Were any failed to provide any benefit when due under the plan 5 <td< th=""><th>feature co eature coo tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n? </th><th>in the time period Fiduciary Correction include transactions and, that was caused the benefits under the benefits under end.)</th><th>10a 10b 10c 10d 10e 10f 10g</th><th>Yes</th><th>ic Codes i No X X X X X X X X X X X X X X X X X X</th><th>n the instruc</th><th>mount</th><th>00</th></td<>	feature co eature coo 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 the benefits under end.)	10a 10b 10c 10d 10e 10f 10g	Yes	ic Codes i No X X X X X X X X X X X X X X X X X X	n the instruc	mount	00			

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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				
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	× 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)

Form 5500-SF	Short Form Annu		t of Small Employe	e OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan	1065 of the Employee Detiron	2018
Department of Labor Employee Benefits Security Administration			4065 of the Employee Retiren 57(b) and 6058(a) of the Inten e).	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5500-S	Public Inspection
Part Annual Report	Identification Information		ructions to the Form 5500-0	· · /
For calendar plan year 2018 or fis		01/01/2018	and ending	12/31/2018
A This return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer) (Filers	checking this box must attach a ance with the form instructions.)
B This return/report is	the first return/report			
	an amended return/report		rn/report (less than 12 months)
C Check box if filing under:			_	
Check box II hing under:	Form 5558	automatic extension		FVC program
	special extension (enter desc			
Part II Basic Plan Info	rmation—enter all requested ir	nformation		
1a Name of plan			1b	Three-digit
CMBELL COMPANY, I	NC. 401K PLAN			plan number (PN) ▶ 001
			1c	Effective date of plan
				01/01/2002
2a Plan sponsor's name (emplo Mailing address (include roor	m, apt., suite no. and street, or P.	O. Box)		Employer Identification Number (EIN) 91-2139307
City or town, state or provinc	e, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions) 2c	Sponsor's telephone number
CMBELL COMPANY, I	NC.			509-525-2216
62 MOJONNIER PL			2d	Business code (see instructions)
WALLA WALLA	WA 99362-	-7311		519100
3a Plan administrator's name an	nd address X Same as Plan Spo	onsor.	3b	Administrator's EIN
			30	Administrator's telephone number
	21			
4 If the name and/or EIN of the	e plan sponsor or the plan name h	has changed since the last		EIN
this plan, enter the plan spor a Sponsor's name	nsor's name, EIN, the plan name	and the plan number from		PN
C Plan Name				
5a Total number of participants	at the beginning of the plan year		5	a 8
b Total number of participants	at the end of the plan year			b 6
	account balances as of the end of		d contribution plans	с
				T
	rticipants at the beginning of the p		C -1	
• •	rticipants at the end of the plan ye			(2) 6
• •	terminated employment during th	•		e 0
Caution: A penalty for the late	or incomplete filing of this retui	rn/report will be assessed	l unless reasonable cause is	established.
Under penalties of perjury and oth SB or Schedule MB completed ar belief, it is true, correct, and comp	nd signed by an enrolled actuary,			ncluding, if applicable, a Schedule to the best of my knowledge and
SIGN C. MC	hal Pall	1/72/20	C. MICHAEL BELL	<u></u>
HERE Signature of plan a	dministrator	Date	Enter name of individual sig	ning as plan administrator
SIGN		Build		
HERE Signature of emplo	ver/nlan sponsor	Date	Enter name of individual eig	gning as employer or plan sponsor
For Paperwork Reduction Act Notic				Form 5500-SF (2018)
				v.171027

Form 5500-SF (2018)

Page 2	2
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6a b	Were all of the plan's assets during the plan year invested in eli Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili	of an independe	ent qualified public accountant (IQPA	
C	If you answered "No" to either line 6a or line 6b, the plan ca If the plan is a defined benefit plan, is it covered under the PBGC			
	If "Yes" is checked, enter the My PAA confirmation number from			. (See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year

Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
Total plan assets	7a	1,176,039	1,223,045
Total plan liabilities	7b		
Net plan assets (subtract line 7b from line 7a)	7c	1,176,039	1,223,045
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	6,953	
(2) Participants	8a(2)	52,397	
(3) Others (including rollovers)	8a(3)		
	8b	-12,344	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		47,006
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
Certain deemed and/or corrective distributions (see instructions)	8e		
Administrative service providers (salaries, fees, commissions)	8f		
Other expenses	8g		
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
Net income (loss) (subtract line 8h from line 8c)	8i		47,006
Transfers to (from) the plan (see instructions)	8i		
rt IV Plan Characteristics			
	feature co	des from the List of Plan Character	istic Codes in the instructions:
If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteris	stic Codes in the instructions:
	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare form	Total plan assets7aTotal plan liabilities7bNet plan assets (subtract line 7b from line 7a)7cIncome, Expenses, and Transfers for this Plan Year7cContributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)Other income (loss)8bTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cBenefits paid (including direct rollovers and insurance premiums to provide benefits)8dOther expenses8gTotal expenses (add lines 8d, 8e, 8f, and 8g)8hNet income (loss) (subtract line 8h from line 8c)8iTransfers to (from) the plan (see instructions)8jrensfers to (from) the plan (see instructions)8jrensfers to 2E 2F 2G 2J 2K 2R 2T 3D1f the plan provides welfare benefits, enter the applicable welfare feature codIf the plan provides welfare benefits, enter the applicable welfare feature cod	Total plan assets 7a 1, 176, 039 Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7c 1, 176, 039 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: 8a(1) 6, 953 (1) Employers 8a(2) 52, 397 (2) Participants 8a(3) 0 Others (including rollovers) 8a(3) 0 Others (including rollovers) 8a(3) 0 Others (including direct rollovers and insurance premiums to provide benefits) 8c 8e Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 Other expenses 8g 0 0 Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 Net income (loss) (subtract line 8h from line 8c) 8i 0 Transfers to (from) the plan (see instructions) 8j 0 Transfers to (from) the plan (see instructions) 8j 0 Transfers to (from) the plan (see instructions) 8j 0 Transfers to (from) the plan (see instructions) 8j 0

Part V Compliance Questions

10	During the plan year:	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		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		165,000
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		Х	
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		х	
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			