	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OI	MB Nos. 1210-0110 1210-0089				
Inter D	epartment of Labor Benefits Security Administration	4065 of the Employee Re 057(b) and 6058(a) of the	058(a) of the Internal This Form is O								
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	Revenue Code (the Cod	,	500-SF		c Inspection				
Part I	Annual Report I	dentification Information									
For calend	lar plan year 2018 or fis	cal plan year beginning 01/01/2			2/31/2018						
A This re	A This return/report is for:          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.)          B This return/report is for:          a one-participant plan										
<b>B</b> This ret	urn/report is	the first return/report	the final return/report		opthe)						
C Charle											
C Check	box if filing under:		DFVC p	rogram							
Dert II	Decis Dien Infor	special extension (enter descr									
Part II		mation—enter all requested inf	ormation		1b Three	o digit					
1a Name KAUFMAN (	•	DEVELOPMENT, INC. 401(K) PL	AN		plan	number	001				
	(PN) ▶ 001 <b>1c</b> Effective date of plan 01/01/1998										
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.O	). Box)		2b Empl (EIN)	oyer Identifi	cation Number				
Mailing address (include room, apt., suite no. and street, or P.O. Box)       (EIN)       20-8954878         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C       Sponsor's telephone number of telephone numbe											
				·	2d Busir	siness code (see instructions)					
7711 MARTI OLYMPIA, V						23890	00				
3a Plan a	administrator's name and	d address 🛛 Same  as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's E	IN				
					<b>3c</b> Admi	nistrator's te	elephone number				
		plan sponsor or the plan name ha			4b EIN						
•	ian, enter the plan spon sor's name	sor's name, EIN, the plan name a	ind the plan number from	the last return/report.	<b>4d</b> PN						
C Plan N											
5a Total	number of participants a	at the beginning of the plan year			5a		29				
		at the end of the plan year		•	5b		35				
		ccount balances as of the end of t			5c		35				
<b>d(1)</b> Tot	al number of active part	ticipants at the beginning of the pla	an year		5d(1)		26				
		ticipants at the end of the plan yea			5d(2)		31				
than	100% vested	terminated employment during the			5e		3				
Caution: A	A penalty for the late o	r incomplete filing of this return	n/report will be assessed	d unless reasonable caι							
SB or Sche	alties of perjury and oth edule MB completed and true, correct, and comp	er penalties set forth in the instruc d signed by an enrolled actuary, a lete.	is well as the electronic ve	e examined this return/report	t, and to the	best of my	knowledge and				
SIGN		valid electronic signature.	08/22/2019	JOHN M. KAUFMAN							
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signing	as plan adm	inistrator				
SIGN											
HERE	Signature of employ		Date	Enter name of individu	ual signing						
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			Fo	orm 5500-SF (2018) v.171027				

6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	. 🗙 Yes 🗌 No				
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.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the	surance p	rogram (see ERISA section 4021)? 🏾 Yes 🔹 No					
Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year (b) En	d of Year				
а	Total plan assets	7a	2424079	2440009				
b	Total plan liabilities	7b	0					
C	Not plan assats (subtract line 7h from line 7a)	70	2424079	2440009				

С	Net plan assets (subtract line 7b from line 7a)	7c	2424079	2440009
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	43504	
	(2) Participants	8a(2)	190063	
	(3) Others (including rollovers)	8a(3)	7974	
b	Other income (loss)	8b	-198047	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		43494
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6835	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	20729	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		27564
i	Net income (loss) (subtract line 8h from line 8c)	8i		15930
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 2A 2E 2F 2G 2J 2K 2T 2R 3D	feature co	des from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	es from the List of Plan Characteristic C	odes in the instructions:

Par	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)         1	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? 1	10c	x		300000
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? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	10g	Х		29469
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		х	

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				
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)

Benefit Plan         2018           Department of Loc         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 8058(a) of the Internal Revenue Code (the Code).         2018           Partin Manual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning         01/01/2018         and ending         12/31/2018           A This return/report is for:              a one-participant plan a one-participant plan             a and ending         12/31/2018           B This return/report is for:              a and ending manual to the form instructions.)             a and ending manual to the form instructions.)             a one-participant plan             a foreign plan             a foreign plan             a foreign plan             be for first return/report             a namended return/report             a namended return/report             a namended return/report             a short plan year return/report             a short plan             xaufman Construction and Development, Inc.             401 (k) Plan               1b Three-digit             plan number             (PIN)              001             (EIN) 20-8954878             28 8000             33             Plan administrator's name and address           Shoresor's name             and and the plan sponsor's name, EIN, the plan name and the plan number from the last return/report file for             this plan, enter the plan sponsor's nam
Department of Later Projuge Benefits Search Administrator Pendion Benefit Guarany Corporation         Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).         This Form is Open to Public Inspection           Part I         Annual Report Identification Information         -
Part I       Annual Report Identification Information         For calendar plan year 2018 or fiscal plan year beginning       01/01/2018       and ending       12/31/2018         A This return/report is for:       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.)         B This return/report is       the first return/report       the final return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       S Form 5558       automatic extension       DFVC program         geal axtension (enter description)       Special extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       1b Three-digit plan number (NN) > 001         1c Effective date of plan Kaufman Construction and Development, Inc. 401 (k) Plan       1b Three-digit plan number (NN) > 001         2a Plan sponsor's name (employer, if for a single-employer plan)       Mailing address (Include room, apt., suite no. and street, or P.O. Box)         City or town, state or province, country, and ZP or foreign postal code (if foreign, see instructions)       Za Benloyer Identification Number (EIN) 20-8954878         2d Business code (see instructions)       MA 98516       238900         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's EIN
For calendar plan year 2018 or fiscal plan year beginning       01/01/2018       and ending       12/31/2018         A This return/report is for:       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.)         B This return/report is       a one-participant plan       a foreign plan       a foreign plan         B This return/report is       the first return/report       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       S Form 5558       automatic extension       DFVC program         special extension (enter description)       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       The re-digit plan number (PN)       001         1c Effective date of plan       Construction and Development, Inc. 401 (k) Plan       1b Three-digit plan number (PN)       001         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c Sponsor's telephone number 306-491-5230       238900         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number 306-491-5230       238900         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's tel
A This return/report is for:       □ a one-participant plan       □ list of participating employer information in accordance with the form instructions.)         B This return/report is       □ a one-participant plan       □ a foreign plan         B This return/report is       □ the first return/report       □ a short plan year return/report (less than 12 months)         C Check box if filing under:       ○ Form 5558       □ automatic extension       □ DFVC program         □ special extension (enter description)       □ DFVC program       □ DFVC program         □ Ta Name of plan       Instruction and Development, Inc. 401 (k) Plan       1b Three-digit plan number (PN) ▶       001         1 C Effective date of plan       01/01/1998       2b Employer Identification Number (EIN) 20-8954878       2c Sponsor's telephone number 306-491-5230         2 A Plan sponsor's name (employer, if for a single-employer plan)       Maling address (include room, apt., suite no. and street, or P.O. Box)       2d Business code (see instructions)         Kaufman Construction and Development, Inc.       2d Business code (see instructions)       2d Business code (see instructions)         7711 Martin Way E       01/ympia       WA 98516       238900       3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number         3c Administrator's telephone number       is Administrator's telephone number       is Administrator's telephone number </td
B This return/report is       the first return/report       a short plan year return/report         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 program         special extension (enter description)       DFVC program       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number         1a Name of plan       Kaufman Construction and Development, Inc. 401 (k) Plan       1b       Three-digit plan number         1c       Effective date of plan 01/01/1998       2b       Employer Identification Number (EIN) 20-8954878         2a Plan sponsor's name (employer, if for a single-employer plan)       Mailing address (include room, apt., suite no. and street, or P.O. Box)       2b       Employer Identification Number (EIN) 20-8954878         2b       Sponsor's telephone number 306-491-5230       2d       Business code (see instructions)         7711 Martin Way E       01ympia       WA       98516       238900         3a       Plan administrator's name and address Same as Plan Sponsor.       3b       Administrator's telephone number         3c       Administrator's telephone number       3c       Administrator's telephone number
C       Check box if filing under:       □       Form 5558       □       automatic extension       □       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN) ▶       001         1a       Name of plan Kaufman Construction and Development, Inc. 401(k) Plan       1b       Three-digit plan number (PN) ▶       001         2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or PO. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Kaufman Construction and Development, Inc.       2c       Employer Identification Number (EIN)20-8954878         2d       Business code (see instructions)       2d       Business code (see instructions)         7711       Martin Way E       238900       238900         3a       Plan administrator's name and address Same as Plan Sponsor.       3b       Administrator's telephone number 306-491-5230         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN
Part II       Basic Plan Information—enter all requested information         1a Name of plan       Ib Three-digit plan number (PN) > 001         1c Effective date of plan 01/01/1998       001         2a Plan sponsor's name (employer, if for a single-employer plan)       Basic Plan sponsor's name (employer, if for a single-employer plan)         Mailing address (include room, apt, suite no. and street, or P.O. Box)       2b Employer Identification Number (EIN) 20-8954878         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c Sponsor's telephone number 306-491-5230         7711 Martin Way E       01ympia       WA 98516       238900         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number is for Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN
Part II       Basic Plan Information—enter all requested information         1a Name of plan Kaufman Construction and Development, Inc. 401(k) Plan       1b Three-digit plan number (PN) ▶ 001         2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign posal code (if foreign, see instructions) Kaufman Construction and Development, Inc.       2b Employer Identification Number (EIN) 20-8954878         7711 Martin Way E       2d Business code (see instructions)         01ympia       WA 98516         3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's telephone number 306 Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN
1a Name of plan Kaufman Construction and Development, Inc. 401(k) Plan       1b Three-digit plan number (PN) ▶       001         1c Effective date of plan 01/01/1998       1c Effective date of plan 01/01/1998       001         2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Kaufman Construction and Development, Inc.       2b Employer Identification Number (EIN) 20-8954878         7711 Martin Way E       01ympia       WA 98516       238900         3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's telephone number 306 - 491 - 5230         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN
2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Kaufman Construction and Development, Inc.       2b       Employer Identification Number (EIN) 20-8954878         2c       Sponsor's telephone number 306-491-5230       2d       Business code (see instructions)         7711       Martin Way E       238900       2d         01ympia       WA       98516       238900         3a       Plan administrator's name and address X Same as Plan Sponsor.       3b       Administrator's telephone number is plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN
Mailing address (include room, apt., suite no. and street, or P.O. Box)       (EIN) 20-8954878         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c         Kaufman Construction and Development, Inc.       2c         7711 Martin Way E       2d         Olympia       WA       98516         2a       Plan administrator's name and address X Same as Plan Sponsor.       3b         Administrator's telephone number       238900         3t       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for       4b         EIN       4b
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c       Sponsor's telephone number 306-491-5230         Kaufman Construction and Development, Inc.       2d       Business code (see instructions)         Olympia       WA       98516       238900         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's EIN         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN
Olympia       WA       98516       238900         3a       Plan administrator's name and address X Same as Plan Sponsor.       3b       Administrator's EIN         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN
3a Plan administrator's name and address X Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN
<ul> <li>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.</li> </ul>
<ul> <li>If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.</li> </ul>
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
C Plan Name
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
<ul> <li>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</li></ul>
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 8.ZZ.19 John M. Kaufman
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor

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

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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.)	X 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.	
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 Financial Information	

Part III Financ	cial information							
7 Plan Assets and	Liabilities		(a) Beginning	of Year		(b) End	of Year	
a Total plan assets	5	7a	2,	424,07	79		2,4	40,009
<b>b</b> Total plan liabiliti	es	7b			0			
<b>c</b> Net plan assets (	subtract line 7b from line 7a)	7c	2,	424,07	79		2,4	40,009
8 Income, Expense	es, and Transfers for this Plan Year		(a) Amoun	t		(b) T	otal	
	eived or receivable from:	8a(1)		43,50	)4			
(2) Participants.		8a(2)		190,00	53			
(3) Others (inclu	ding rollovers)	8a(3)		7,97	74			
<b>b</b> Other income (lo	ss)	8b	_	198,04	17			
c Total income (ad	d lines 8a(1), 8a(2), 8a(3), and 8b)	8c						43,494
	luding direct rollovers and insurance premiums ts)	8d		6,83	35			
e Certain deemed	and/or corrective distributions (see instructions)	8e				1		
f Administrative se	rvice providers (salaries, fees, commissions)	8f		20,72	29	: :		
g Other expenses.		8g						
h Total expenses (a	add lines 8d, 8e, 8f, and 8g)	8h						27,56
i Net income (loss	) (subtract line 8h from line 8c)	8i						15,930
j Transfers to (from	n) the plan (see instructions)	8j						
9a If the plan provid	aracteristics les pension benefits, enter the applicable pension 2G 2J 2K 2T 2R 3D	feature co	odes from the List of Pl	an Charac	cteristic C	Codes in the inst	ructions:	
b If the plan provid	es welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Charact	eristic Co	odes in the instru	uctions:	
	ance Questions							
10 During the plan	-			<u> </u>	es No	·	Amount	
described in 29	ure to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction	10a	x			
b Were there any	nonexempt transactions with any party-in-interest 10a.)	t? (Do not	include transactions	10b	Х			
<b>c</b> Was the plan c	overed by a fidelity bond?			10c	Х		3	00,000
<b>d</b> Did the plan hav by fraud or dish	e a loss, whether or not reimbursed by the plan's onesty?	fidelity bo	nd, that was caused	10d	x			
carrier, insuranc	or commissions paid to any brokers, agents, or oth e service, or other organization that provides som nstructions.)	ne or all of	the benefits under	10e	x			
<b>6 1 1 1 1 1 1</b>								

Х

Х

29,469

Х

Х

10f

10g

10h

10i

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

i

2520.101-3.) .....

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

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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 a (Form 5500) and line 11a below)	and complete Sch	iedule S	В	Yes No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	he Code or sectio	n 302 o	f	Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver.	Month	d enter i Day		f the letter ruling Year
If 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		
c 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 negative amount)	the left of a	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?			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 t control of the PBGC?	prought under the			Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), i which assets or liabilities were transferred.		) to		
13c(1) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> PN(s)
·····				