Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 | | Identification Information | | | | | | | | | |
|---|--------------------------|---|------------------------------|---|-------------------------------------|-----------------------------------|--|--|--|--|--|
| For calend | dar plan year 2018 or fi | scal plan year beginning 01/01/2 | 2019 | and ending 0 | 6/26/2019 | | | | | | |
| A This re | eturn/report is for: | X a single-employer plan | | olan (not multiemployer) (mployer information in ad | | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | | |
| B This ret | turn/report is | the first return/report | the final return/report | | | | | | | | |
| | | an amended return/report | a short plan year retu | ırn/report (less than 12 m | ionths) | | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC progra | am | | | | | |
| | | special extension (enter desc | • • | | | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested in | formation | | T | | | | | | |
| 1a Name SLOPE 401 | • | | | | 1b Three-dig plan numl (PN) ▶ | | | | | | |
| | | | | | 1c Effective | | | | | | |
| 2a Plan s | sponsor's name (emplo | byer, if for a single-employer plan) | | | 2b Employer | Identification Number | | | | | |
| | | m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post | | etructions) | (EIN) | 46-4364697 | | | | | |
| TERNPRO, | • | o, oddritty, and Zii or foreign post | an oode (ii foreign, ooe ine | ardonono) | | s telephone number 38-483-8779 | | | | | |
| | | | | | 2d Business | code (see instructions) | | | | | |
| 321 3RD AV STE 304 | /E S | | | | 512100 | | | | | | |
| SEATTLE, V | NA 98104 | | | | | | | | | | |
| 3a Plan administrator's name and address ∑ Same as Plan Sponsor. | | | | | 3b Administra | ator's EIN | | | | | |
| | | | | | 3c Administra | ator's telephone number | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | | | | | 41 | | | | | | |
| | | e plan sponsor or the plan name honsor's name, EIN, the plan name a | | | 4b EIN | | | | | | |
| | sor's name | • | · | · | 4d PN | | | | | | |
| C Plan N | Name | | | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year. | | | . 5a | 9 | | | | | |
| b Total | number of participants | at the end of the plan year | | | . 5b | 0 | | | | | |
| | | account balances as of the end of | | • | 5c | 0 | | | | | |
| d(1) Tot | tal number of active pa | articipants at the beginning of the p | lan year | | 5d(1) | | | | | | |
| d(2) Total number of active participants at the end of the plan year | | | | | 5d(2) 0 | | | | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | 5e | 0 | | | | | |
| Caution: / | A penalty for the late | or incomplete filing of this retur | n/report will be assessed | d unless reasonable ca | | | | | | | |
| SB or Sch | | ther penalties set forth in the instru nd signed by an enrolled actuary, a plete. | | | | | | | | | |
| SIGN | | l/valid electronic signature. | 09/03/2019 | DANIEL J. BLOOM | | | | | | | |
| HERE | Signature of plan a | administrator | Date | Enter name of individ | lual signing as pl | an administrator | | | | | |
| SIGN | | | | | | | | | | | |
| HERE | Signature of emplo | over/plan sponsor | Date | Enter name of individ | lual signing as er | nplover or plan sponsor | | | | | |

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| b Are you claiming a waver of the annual examination and report of an independent qualified public accountant (IOPA) If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must line 9 and must line 9 and 10 and | 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | . X Y | es No |
|--|----------|---|------------|-----------------------------|----------|---------|---------|----------------|-------------|-------------|
| If you answered "No" to either line 6 ar or line 8b, the plan cannot use Form 5500-SF 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)? | b | | | | | | | | | as Π No |
| British Free Financial Information Read R | | · · · · · · · · · · · · · · · · · · · | | | | | | | | , I II |
| Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 220857 0 b Total plan assets 7b 0 c Net plan assets (publication for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for from line 7a) 7c 220857 0 c Net plan assets (publication for formation for | С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | orogram (see ERISA se | ection 4 | 021)? | Г | Yes No | Not de | etermined |
| 7 Plan Ássels and Liabilities | | If "Yes" is checked, enter the My PAA confirmation number from the | e PBGC p | remium filing for this p | lan yea | r | | | (See ins | ructions.) |
| 7 Plan Ássels and Liabilities | Pa | rt III Financial Information | | | | | | | | |
| a Total plan assets | 7 | | | (a) Beginning | of Year | | | (b) En | d of Year | |
| b Total plan liabilities | a | | 7a | ` , , , , | | | | (4) = | |) |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Participants. (6) Other income (loss). (8) Other income in | b | | | | | | | | | |
| a Contributions received or receivable from: (i) Employers. (ii) Employers. (iii) Employers. (iiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | С | Net plan assets (subtract line 7b from line 7a) | 7c | 22 | 20857 | | | | |) |
| (2) Participants | 8 | | | (a) Amoun | ıt | | | (b) Total | | |
| (2) Participants | а | | | | • | | | | | |
| (3) Others (including rollovers) | | | ` ' | | | | | | | |
| b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Evaluation demed and/or corrective distributions (see instructions) B | | | | | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums by provide benefits) | | ` / | | • | 24112 | | | | 0444 | <u> </u> |
| e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses | | | 80 | | | | | | 2411. | <u> </u> |
| f Administrative service providers (salaries, fees, commissions) | | | 8d | 24 | 44838 | | | | | |
| g Other expenses | е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | 8f | | 131 | | | | | |
| 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 | | | | | | 24496 | 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 2J 2F 2G 3D 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: 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? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 To V 10 To | i_ | | 8i | | | | | | -22085 | 7 |
| If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Example Examp | <u>j</u> | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| 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: 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 periord? (See instructions and 29 CFR 2520.101-3.) 10h X | Pa | rt IV Plan Characteristics | | | | | | | | |
| Figure 1 Figure 2 Figure 3 | 9a | | feature co | odes from the List of Plant | an Cha | racteri | stic Co | odes in the in | structions: | |
| 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 | b | | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | des in the ins | tructions: | |
| 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? | | in the plant promises mental a serione, error the approache mental a | | | | 2010110 | | | | |
| 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) | Par | t V Compliance Questions | | | | | | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | <u> </u> | | | | Yes | No | | Amount | |
| Program) | а | | | | | | | | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | | 10a | | X | | | |
| C Was the plan covered by a fidelity bond? | b | Were there any nonexempt transactions with any party-in-interest | ? (Do not | include transactions | 10b | | 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? 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 If 10h was answered "Yes," check the box if you either provided the required notice or one of the | С | | | | 10c | Х | | | 1 | 0000 |
| 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 | · | - | | | | Y | | | |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | | • | | | 10d | | ^ | | | |
| 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.) | | | | | | | X | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i 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 plan? 10f | | | | | X | | | |
| 2520.101-3.) | 9 | g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | | | X | | | |
| | h | • | • | | 10h | | Х | | | |
| | i | | | | 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 cor (Form 5500) and line 11a below) | | | В | . Y | es 🗌 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 Cod ERISA? | e or section | n 302 of | | . Y | es X No |
| | (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 instrugranting the waiver | | d enter t Day | | of the letter Year _ | ruling |
| lf : | ou 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 | 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 negative amount) | of a | 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? | | | X Yes | . 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 brought control of the PBGC? | | | | X Yes | No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | the plan(s) |) to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) |
| | | | | | | |

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).

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

| | | , complete an entinee in | accordance min and mic | | 000 0 | | | | |
|---|---|--|--|--|---|-------------------------|--|--|--|
| Part I | | Identification Information | 1 | | | | | | |
| For calend | ar plan year 2018 or f | iscal plan year beginning | 01/01/2019 | and ending | 06/26/2 | 2019 | | | |
| A This ref | turn/report is for: | X a single-employer plan | | plan (not multiemployer) (employer information in ac | | | | | |
| | • | a one-participant plan | a foreign plan | , , | | , | | | |
| B This retu | urn/report is | the first return/report | X the final return/report | t | | | | | |
| | | an amended return/report | X a short plan year retu | urn/report (less than 12 m | nonths) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC progra | ım | | | |
| | | special extension (enter desc | • • | | | | | | |
| Part II | | ormation—enter all requested in | nformation | | T | | | | |
| 1a Name SLOP | of plan PE 401 (K) PLAI | Л | | | 1b Three-dig plan numl (PN) ▶ | | | | |
| | | | | | 1c Effective (| | | | |
| Mailing | g address (include roc | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 | | | 2b Employer Identification Number (EIN) 46-4364697 | | | | |
| | rtown, state or provinction. IPRO, INC. | ce, country, and ZIP or foreign pos | tal code (if foreign, see ins | structions) | | s telephone number | | | |
| 320 | 320 WESTLAKE AVE. | | | | | code (see instructions) | | | |
| SEAT | SEATTLE WA 98109 | | | | | | | | |
| 3a Plan a | 3a Plan administrator's name and address 🛛 Same as Plan Sponsor. | | | | | ator's EIN | | | |
| 4 If the i | name and/or FIN of th | ne plan sponsor or the plan name h | has changed since the last | return/report filed for | 3c Administra 4b EIN | ator's telephone number | | | |
| this pl | lan, enter the plan spo | onsor's name, EIN, the plan name | | | | | | | |
| C Plan N | or's name lame | | | | 4d PN | | | | |
| 5a Total | number of participants | s at the beginning of the plan year. | | | 5a | | | | |
| | | s at the end of the plan year | | | 5b | C | | | |
| C Numb | er of participants with | account balances as of the end of | the plan year (only define | ed contribution plans | 5c | C | | | |
| | , | articipants at the beginning of the p | | | 5d(1) | 7 | | | |
| | | articipants at the end of the plan ye | | | 5d(2) | C | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | . 5e | C | | | |
| Under pena SB or Sche | alties of perjury and o | or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, | ictions, I declare that I hav as well as the electronic v | re examined this return/re | port, including, if | applicable, a Schedule | | | |
| SIGN | J- | DJ Bh | 09/03/2019 | DANIEL J. BLO | OM | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | lual signing as pl | an administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of emplo | over/plan sponsor | Date | Enter name of individ | lual signing as er | nplover or plan sponsor | | | |

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

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| _ | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | No No |
|----------|--|----------------------------|---|----------|----------|------------|------------------------|----------|
| С | If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the | nsurance p | rogram (see ERISA se | ection 4 | 021)? | Y | es No Not determined | |
| Pa | rt III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) End of Year | |
| а | Total plan assets | 7a | | 220, | 857 | | | (|
| b | Total plan liabilities | 7b | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 220, | 857 | | | (|
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | nt | | | (b) Total | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | | 0 | | | |
| | (2) Participants | 8a(2) | | | 0 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | |
| b | Other income (loss) | 8b | | 24, | 112 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 24,1 | 12 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 244, | 838 | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) \dots | 8e | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 131 | | | |
| g | Other expenses | 8g | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 244,9 | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -220,8 | 5 |
| <u>j</u> | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D | feature co | des from the List of Pl | an Cha | racteris | stic Codes | s in the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | cterist | ic Codes | in the instructions: | |
| 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) | oluntary F | iduciary Correction | 10a | | Х | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | Х | | |
| | | | | 10c | Х | | 10,0 | 0 (|
| d | | fidelity bo | nd, that was caused | 10d | | Х | | |
| 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.) | her person ne or all of | s by an insurance the benefits under | 10e | | Х | | |
| f | Has the plan failed to provide any benefit when due under the pla | ın? | <u></u> | 10f | | Х | | |
| g | 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? 2520.101-3.) | • | | 10h | | Х | | |
| 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 | | | 10i | | | | |

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|--------|-------|---|----------------------------------|-------------------|----------|-----------------|------------------|-------|-------------------|---------|
| | Г | | | | | | | | | |
| Part ' | VI | Pension Funding Compliance | | | | | | | | |
| 11 | | nis a defined benefit plan subject to minimum furm 5500) and line 11a below) | | | | complete Sch | edule S | В | Ye | es 🗌 No |
| 11a | Ente | er the unpaid minimum required contributions fo | or all years from Schedule SB | (Form 5500) line | ne 40 | | 11a | | | |
| 12 | ERI | his a defined contribution plan subject to the mi SA? | ······ | | of the (| Code or sectio | n 302 of | f | Ye | es X No |
| | | Yes," complete line 12a or lines 12b, 12c, 12d, | | | | | | | | |
| а | | waiver of the minimum funding standard for a p nting the waiver | | | | | d enter t Day | | he letter Year | ruling |
| lf y | you c | completed line 12a, complete lines 3, 9, and | 10 of Schedule MB (Form 55 | 600), and skip to | to line | 13. | | | | |
| b | Ente | r the minimum required contribution for this plar | n year | | | | 12b | | | |
| С | Ente | 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 ative amount) | | - | | left of a | 12d | | | |
| е | Will | the minimum funding amount reported on line | 12d be met by the funding dea | ıdline? | | | | Yes | No | N/A |
| Part ' | VII | Plan Terminations and Transfers of | of Assets | | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted in | any plan year? | | | | | X Yes | No |) |
| | If "Y | es," enter the amount of any plan assets that re | everted to the employer this ye | ear | | | 13a | | | |
| b | | re all the plan assets distributed to participants trol of the PBGC? | | | | | | X | Yes 🗌 | No |
| С | | uring this plan year, any assets or liabilities wer ch assets or liabilities were transferred. | re transferred from this plan to | another plan(s) | i), iden | tify the plan(s |) to | | | |

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)