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	Annual Report	Identification Information	<u>1</u>					
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2	/2018		and ending 12	2/31/2018		
A This re	turn/report is for:	X a single-employer plan			n (not multiemployer) (ployer information in ac		-	
		a one-participant plan		eign plan	.,			,
B This ret	urn/report is	the first return/report	the fi	nal return/report				
		an amended return/report	a sho	ort plan year return	report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558		matic extension		DFVC pr	ogram	
		special extension (enter descri	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name DAVID J. BA	of plan ALINT, PLLC PROFIT	SHARING PLAN				1b Three plan r (PN)	number	001
						1c Effect		f plan 2/1981
Mailing	g address (include rooi	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	O. Box)			2b Emplo		fication Number
•	r town, state or provinc SSOCIATES, PLLC	e, country, and ZIP or foreign post	stal code (if	foreign, see instru	uctions)	2c Spons	sor's telep 206-728	hone number 3-7799
5950 6TH A\ SUITE 200 SEATTLE, V						2d Busin	ess code (5411	see instructions)
3a Plan a	dministrator's name ar	nd address 🛚 Same as Plan Spor	onsor.			3b Admir		EIN elephone number
4 If the	name and/or FIN of the	e plan sponsor or the plan name ha	nas change	ad since the last re	turn/report filed for	4b EIN		
this p		onsor's name, EIN, the plan name a				4 d PN		
C Plan N						104		
5a Total	number of participants	at the beginning of the plan year				5a		5
b Total	number of participants	at the end of the plan year				5b		6
		account balances as of the end of		, .	·	5c		6
d(1) Tot	al number of active pa	articipants at the beginning of the pl	olan year			5d(1)		4
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ear			5d(2)		4
than	100% vested	terminated employment during the				5e		0
		or incomplete filing of this return						
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and com	her penalties set forth in the instru nd signed by an enrolled actuary, a plete.	as well as	eclare that I have e the electronic vers	examined this return/re sion of this return/repor	port, includir t, and to the	ng, if applic best of my	able, a Schedule knowledge and
SIGN	Filed with authorized	/valid electronic signature.	09	9/24/2019	DAVID J. BALINT			
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing a	s plan adn	ninistrator
SIGN								
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	ual signing a	s employe	r or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of							X Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							N 162 NO
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year
а	Total plan assets	7a		51761				1416527
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c	14	51761				1416527
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		28711				
	(2) Participants	8a(2)		1800				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	+	56191				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-25680
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		340				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		9214				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9554
i	Net income (loss) (subtract line 8h from line 8c)	8i						-35234
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3B 3D	feature co	des from the List of Pl	an Chai	racteri	stic Co	odes in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			V		
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X		
	reported on line 10a.)			10b		X		
c	Was the plan covered by a fidelity bond?			10c	X			150000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som							
	the plan? (See instructions.)			10e		Χ		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d 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 Sche (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 Code or section ERISA?		:	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 instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	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)	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?		Yes	× N	o
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

EFAST2 Filing Authorization for the Form 5500

Name-of-Plan: David J. Balint, PLLC Profit Sharing Plan	
FIN / PN: 91-2046896 / 001	
Plan Year Ending: <u>December 31, 2018</u>	_

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Hunter Benefits Consulting Group to electronically sign and file the abovenamed return/report through FFAST2

I understand that in granting this authority that:

- I/we must manually sign and date the Form 5500 and provide an original or a scanned. copy of that form to Hunter Benefits Consulting Group before the electronic filing can be initiated:
- Hunter Benefits Consulting Group will retain a copy of this written authorization in its records:
- Hunter Benefits Consulting Group will notify the Individual(s) 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 the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Hunter Benefits Consulting Group 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.

Plan Administrator / Employer: David J Kelint Date:

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0009

2018

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information				
For calendar plan year 2018 or		1/01/2018	and ending	12/31/	2018
A This return/report is for:	X a single-employer plan		lan (not multlemployer) (mployer information in ac		
	a one-participant plan	a foreign plan			
B This return/report is	[] Ine first return/report] the final return/report			
	an amanded return/report	a short plan year retu	rn/report (less than 12 m	onlhs)	
C Check box if filing under:	🕱 Form 5558	automatic extension	9	DFVC progra	am
	special extension (enter descrip	ion)			
Part II Basic Plan Inf	ormation-enter all requested infor	mation			
1a Name of plan DAVID J. BALINT,	PLLC PROFIT SHARING PI	JAN		1b Three-dig plan num (PN) ▶	
				1c Effective 01/02/	
2a Plan sponsor's name (empl	oyer, If for a single-employer plan)			2b Employer	Identification Number
Mailing address (include ro	om, apt., suite no. and street, or P.O. f ce, country, and ZIP or foreign postal	sox) code (if foreign, see ins:	ruclions)		-2046896
Ballni & Appoula	· · · · · · · · · · · · · · · · · · ·				telephone number
	HSC				code (see instructions)
5950 6th Avenue : Suite 200	S			au Eddiness	oodo (ooo manaana)
Seattle	WA 98108	¥i		541110	
3a Plan administrator's name a	ınd address 🛛 Same las Plan Sponso	Dr.		3b Administra	etor's EIN
•				3c Administra	ator's lelephone number
	e plan sponsor or the plan name has onsor's name, EIN, the plan name and			4b EIN	
a Sponsor's name	The property of the property o	F		4d PN	
C Plan Name .					
5a Total number of participants	at the beginning of the plan year			5a	* 5
	at the end of the plan year			5b	6
	account balances as of the end of the			бс	6
d(1) Tutal number of active pa	atiopents at the beginning of the plan	year		5d(1)	4
d(2) Total number of active pa	articipants at the end of the plan year.)	5d(2)	4
e Number of participants who	b terminated employment during the p	an year with accrued b		5е _	0
Caution: A penalty for the late	or incomplete filing of this return/re	bessessas ed (IIw troop			
	ther penalties set forth in the instruction and signed by an enrolled actuary, as wellete				
SIGN Level	1 Kill	9.44.19	David J. Balin	ıt.	
HERE Signature of plan	aministrator	Date	Enter name of individu	ıal signîng as pl	an administrator
SIGN Jew	y Kilo _	9.24.19	David J. Balin		
Signature of empl	yer/plan sponsor	Date	Enter name of Individu	ıal signing as en	nployer or plan sponsor

Form 5500-SF (2018)

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	ੋਮੀਮਾਦ ਸ਼ੀਦਰ ਗਿਜ਼ ਹੀਜ਼ਰਤ ਸਭਵਾਤਿ ਸੰਗਰਾਹ ਜਿਵ ਸ਼ਹਿਰ ਪਦਰ ਬਿਲਨੀਜ਼ੀ ਸੇ। ਜੀਗਿ Are you claiming a waiver of the annual examination and report of			00000	fool (le	ODAN			₩ Yaa-	Мa
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility	and condi	lions.)	accoui	uzni (i	цг <i>н)</i> 			X Yes 🛮	Νφ
	ir you answered "No" to either line sa or line sb, the plan cana								_	
C	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_		Not determ?	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this	plan ye	ar			(Se	e instructio	n s.)
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) I	ind of Y	ear	- 25
a	Total plan assets	7a	1	,451,	761				1,416,	をうる
b	Total plan liabilities	7b	* *							
C	Net plan assets (subtract line 7h from line 7a)	70	1	451,	761			20	1,416,	527
	Income. Expenses, and Transfers for this Plan Year	3.3	(a) Amou	ηţ			. (b) Total		
	Contributions received or receivable from: (1) Employers	n-(4)		28.	711			22	Nagy B	
_	AND 17 N	8a(1)			800				_	
	(2) Participants	8a(2)		Д.,	800				30 FL	
-	(3) Others (Including rollovers)	0a(3)		- F C	101	31	U 19 12	W 1983	-	-
	Other income (loss)	8b		-56,	191			5 Au.	0.5	
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	Ac			55°				-25,	680
u	to provide benefits)	8d			340		300			
	Certain deemed and/or corrective distributions (see Instructions)	8e				6 E	11.0		7.4	100
	Administrative service providers (salaries, fees, commissions)	af		9,	214		7.			
-					\neg	i i	÷.		Come 6	
g	Direct expenses	8a								
	Other expenses Total expenses (add lines 6d, 6e, 8f, and 6u)	8g 8lu	5 V-7 - 1 - 22 - 1	1,2,000	16				D,	551
h	Total expenses (add lines 5d, 5e, 5f, and 5g)	811	1 77 . 1	jan	, is				D,	_
h ľ		81. 81		j	. 15		8 4			_
lı I	Total expenses (add lines 5d, 5e, 5f, and 5g)	811		, , , , , , , , , , , , , , , , , , ,	, 16		8,4			_
lı I J Par	Total expenses (add lines 5d, 5e, 5f, and 5g)	81 81 8]	skep Sunselfia. Lieb of Pi	lan Oha		elie Ose	E v	inela, ľ	-35,	_
lı I J Par	Total expenses (add lines 5d, 5e, 5f, and 5g)	81 8] 8] (calors-se						_	-35,	_
lı I J Par	Total expenses (add lines 5d, 5e, 5f, and 5g)	81 8] 8] (calors-se						_	-35,	_
lı I J Par Oa b	Total expenses (add lines 8d, 8e, 8f, and 8g)	81 8] 8] (calors-se						_	-35,	_
I I Par 9a b	Total expenses (add lines 8d, 8e, 8f, and 8g)	81 8] 8] (calors-se						_	-35,	_
I I J Part b Part	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract fine 8h from line 8c) Transfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides pension benefits, onter the applicable pension 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fellowing the plan year: V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOC's V.	81 81 81 6-store-aa eature cod	es from the List of Pla n the time period Iductary Correction		acteris	No No		struction	-35,	_
In I I I I I I I I I I I I I I I I I I	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract fine 8h from line 8c) Transfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides pension benefits, onter the applicable pension 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fellowing the plan year: V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's M. Program)	81 81 8] feature cod lions within	es from the List of Pia n the time period Iductary Correction		acteris	lic Code		struction	-35,	_
Part Da b	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract fine 8h from line 8c) Transfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides pension benefits, onter the applicable pension 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fellowing the plan year: V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOC's V.	81 81 81 64 82 calure cod lions within foluntary F	es from the List of Pla I the time period Idudary Correction	n Chan	acteris	No No		struction	-35,	_
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Part Da b Part C	Total expenses (add lines &d, &e, &f, and &g)	81 81 81 82 Feature cod lions within oluntary F	es from the List of Pla I the time period Idudary Correction Include transactions Ind, that was caused	10a 10b	Yes	No X		struction	-35,	234
Part Da b	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract fine 8h from line 8c) Transfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides pension benefits, onter the applicable pension 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions During the plan year: Was there a fallure 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? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	81 81 81 63 ions within oluntary F 7 (Do not I	es from the List of Pla n the time period Iductary Correction nclude transactions nd, that was caused	10a	Yes	No X		struction	-35,	234
Part 0 a b c d	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract fine 8h from line 8c) Transfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides pension benefits, onto the applicable pension 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fellowing the plan year: Was there a fallure 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? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any fees or commissions pakt to any brokers, agents, or other any broker	81 81 81 82 83 625693-88 83 83 84 85 86 86 87 87 87 87 87 87 87 87 87 87 87 87 87	es from the List of Pla I the time period Idudary Correction Include transactions Ind, that was caused In by an insurance	10a 10b 10c	Yes	No X		struction	-35,	234
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Part lo a b c d e	Net income (loss) (subtract fine 8h from line 8c) Transfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides person benefits, order the applicable person 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fer the plan provides welfare benefits, enter the applicable welfare fer the plan provides welfare benefits, enter the applicable welfare fer the plan provides welfare fer the plan provides welfare for the plan any participant contribution 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? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any form or commissions paid to any brokers, agents, or other arganization that provides some the plan? (See Instructions.)	81 81 81 81 82 83 84 85 86 86 86 86 86 86 86 86 86 86 86 86 86	es from the List of Plant in the time period ductary Correction include transactions ind, that was caused the benefits under	10a 10b 10c 10d	Yes	No X X X X X		struction	-35,	234
Part 10 a b c d e	Net income (loss) (subtract fine 8h from line 8c) Fransfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides pension benefits, onter the applicable pension 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions During the plan year: Was there a fallure 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? Did the plan have a loss, whether or not reimbursed by the plan's reby fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other exists, insurance sorvice, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loss? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (See Instructions)	8] 8] 6sters as a salure cod lions within oluntary F 7 (Do not library F 8 of year-e See instru	es from the List of Plant In the time period iductory Correction include transactions ind, that was caused in benefits under ind.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X		struction	-35,	234
Part 10 a b c d e	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract fine 8h from line 8c) Transfers to (from) the plan (see instructions) LIV Plan Characteristics If the plan provides pension benefits, onter the applicable pension 2E 2F 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions During the plan year: Was there a fallure 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? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any face or commissions paid to any brokers, agents, or other enganization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	81 81 81 81 82 83 84 84 85 86 86 86 86 87 87 87 87 87 87 87 87 87 87 87 87 87	es from the List of Plant in the time period iductory Correction include transactions include transactions in the benefits under the benefits under include includer	10a 10b 10c 10d	Yes	No X X X X X		struction	-35,	234

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