	rm 5500-SF	Short Form Annu	ee	OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury rnal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Refined Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the				2018		
Employee B	epartment of Labor Benefits Security Administration	Income Security Act of 1974	157(b) and 6058(a) of the Inte le).	rnal	This Form is Open to Public Inspection			
	enefit Guaranty Corporation		accordance with the ins	tructions to the Form 5500-	SF.			
For calend		Identification Information cal plan year beginning 01/01/2	018	and ending 12/31/	/2018			
		X a single-employer plan	a multiple-employer p	blan (not multiemployer) (Filer	s checkin	•		
A This ret	turn/report is for:	mployer information in accorc	lance with	the form instructions.)				
B This ret	urn/report is	a one-participant plan a foreign plan the first return/report the final return/report						
		an amended return/report		rn/report (less than 12 month	is)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram		
		special extension (enter descr	iption)					
Part II	Basic Plan Info	rmation—enter all requested inf	ormation	1				
1a Name	•	/ICES, INC. 401(K) PROFIT SHAF		11	Three-organized plan nutries of the second secon			
SEATTLE C	ONSTRUCTION SERV	1023, INC. 401(K) PROFIT SHAF			(PN)			
				10	Effectiv	ve date of plan 01/01/1999		
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)	2t	Employ (EIN)	ver Identification Number 91-1453580		
	r town, state or province ONSTRUCTION SERV	e, country, and ZIP or foreign post (ICES, INC.	al code (if foreign, see ins	tructions) 2c	· · /	or's telephone number 425-837-9720		
				20	Busine	ss code (see instructions)		
	IPER STREET SUITE	100				237310		
ISSAQUAH,	WA 90027							
3a Plan a	administrator's name an	d address 🛛 Same as Plan Spor	nsor.	3b	Adminis	strator's EIN		
				30	Adminis	strator's telephone number		
		plan sponsor or the plan name ha			D EIN			
•	lan, enter the plan spon sor's name	nsor's name, EIN, the plan name a	ind the plan number from		PN			
C Plan N								
5a Total	number of participants	at the beginning of the plan year			5a	48		
		at the end of the plan year			5b	53		
		account balances as of the end of			5c	53		
•	,	ticipants at the beginning of the pla			d(1) 29			
• •		ticipants at the end of the plan yea			d(2)	28		
than	100% vested	terminated employment during the			5e			
		or incomplete filing of this return ner penalties set forth in the instruct						
SB or Sche		d signed by an enrolled actuary, a						
SIGN		valid electronic signature.	10/01/2019	ROBERT HOWIE				
HERE	Signature of plan ac	dministrator	Date	Enter name of individual s	signing as	plan administrator		
SIGN	L							
HERE	Signature of employ		Date	Enter name of individual s	signing as	employer or plan sponsor		
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	J-SF.			Form 5500-SF (2018) v.171027		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					🗙 Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a				``	,		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		,					
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					_		(See instructions.)
			· -···· · · · · · · · · · · · · · · · ·	,				()
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End o	f Year
а	Total plan assets	7a	212	23539				1659913
b	Total plan liabilities	7b		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	212	23539				1659913
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	tal
а	Contributions received or receivable from:	• (I)						
	(1) Employers	8a(1)		58680				
	(2) Participants	8a(2)		74735				
<u> </u>	(3) Others (including rollovers)	8a(3)			_			
	Other income (loss)	8b	-20	00762				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-67347
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	39	95979				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		300				
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						396279
— <u></u> i	Net income (loss) (subtract line 8h from line 8c)	8i						-463626
	Transfers to (from) the plan (see instructions)	-						400020
		8j						
9a	If the plan provides pension benefits, enter the applicable pension	footuro oo	dea from the List of Di	on Chou	rootori	otio Co	dog in the instru	uctions:
Ja	2E $2F$ $2G$ $2J$ $2K$ $3D$	lealure co		an Ghai	acteri			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instruc	tions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Ar	nount
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 Program)			10a		x		
b	Were there any nonexempt transactions with any party-in-interest			IVa		~		
~	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			300000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	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.)	ner person ne or all of	s by an insurance the benefits under	10e		x		
f				10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	Х			68400
	If this is an individual account plan, was there a blackout period?	,	,					00100

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

i

Х

Х

10h

10i

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X 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 o	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)		13	c(3) PN	۱(s)

LOPPO EEOO CE	Short Form Ann	al Datura /Dama	t of Consell Engel	la sur		OMB Nos. 1210-011		
Form 5500-SF	Short Form Annu	Benefit Plar		oyee		1210-008		
Internal Revenue Service	This form is required to be fil	This form is required to be filed under sections 104 and 4065 of the Employee						
Department of Labor Employee Benefits Security Administratio	Income Security Act of 197	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in	17	6	m 5500-SF. Public Inspection				
	rt Identification Information	n			X , 23 (
For calendar plan year 2018 or	fiscal plan year beginning 01/01/20		and ending 12/3			4)		
A This return/report is for:	X a single-employer plan	a multiple-employer list of participating	plan (not multiemployer) (employer information in ac	Filers check	ing this bo ith the forr	ox must attach a n instructions.)		
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/repo	rt					
	an amended return/report	a short plan year rei	turn/report (less than 12 m	onths)				
Check box if filing under:	X Form 5558	automatic extension	n	DFVC pr	ogram			
	special extension (enter desc	cription)			3			
Part II Basic Plan In	formation—enter all requested in	nformation				W.C.M.		
a Name of plan				1b Three	-digit	1 Martine Contraction		
EATTLE CONSTRUCTION SE	RVICES, INC. 401(K) PROFIT SHA	ARING PLAN		plan r	number	001		
				(PN) 1c Effect				
						пріан		
Mailing address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		2b Employer Identification Number (EIN) 91-1453580				
ATTLE CONSTRUCTION SE	nce, country, and ZIP or foreign pos RVICES, INC.	tal code (if foreign, see in	structions)	2c Spon		hone number 837-9720		
				2d Busin	The second second	(see instructions)		
5 NE JUNIPER STREET SUIT	E 100			23731				
SAQUAH, WA 98027								
	and address 🗙 Same as Plan Spo	nsor.		3b Admir	istrator's I	EIN		
	and address 🛛 Same as Plan Spo	nsor.						
	and address 🛛 Same as Plan Spo	nsor.						
a Plan administrator's name				3c Admir				
a Plan administrator's name If the name and/or EIN of the name an	he plan sponsor or the plan name h	as changed since the last	t retum/report filed for the last return/report.					
 Plan administrator's name If the name and/or EIN of the this plan, enter the plan sp Sponsor's name 		as changed since the last	t retum/report filed for the last return/report.	3c Admir				
 Plan administrator's name If the name and/or EIN of the this plan, enter the plan sp Sponsor's name 	he plan sponsor or the plan name h	as changed since the last	t retum/report filed for the last return/report.	3c Admir 4b EIN				
 a Plan administrator's name If the name and/or EIN of the this plan, enter the plan sp a Sponsor's name c Plan Name 	he plan sponsor or the plan name h onsor's name, EIN, the plan name :	as changed since the last and the plan number from	the last return/report.	3c Admir 4b EIN 4d PN		telephone numbe		
 a Plan administrator's name If the name and/or EIN of the this plan, enter the plan sp a Sponsor's name c Plan Name a Total number of participant 	he plan sponsor or the plan name h ionsor's name, EIN, the plan name a ts at the beginning of the plan year.	as changed since the last and the plan number from	the last return/report.	3c Admir 4b EIN 4d PN 5a		telephone numbe		
 a Plan administrator's name If the name and/or EIN of the this plan, enter the plan sp a Sponsor's name c Plan Name a Total number of participant b Total number of participant 	he plan sponsor or the plan name h ionsor's name, EIN, the plan name a ts at the beginning of the plan year	as changed since the las and the plan number from	the last return/report.	3c Admir 4b EIN 4d PN		elephone numbe		
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 a Plan administrator's name If the name and/or EIN of the this plan, enter the plan space a Sponsor's name c Plan Name a Total number of participant b Total number of participants with complete this item)	he plan sponsor or the plan name h ionsor's name, EIN, the plan name a is at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the p	as changed since the last and the plan number from the plan year (only define lan year	a the last return/report.	3c Admir 4b EIN 4d PN 5a 5b		telephone numbe		
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 a Plan administrator's name If the name and/or EIN of the this plan, enter the plan space of the plan	he plan sponsor or the plan name h ionsor's name, EIN, the plan name i is at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan ye o terminated employment during the or incomplete filing of this retur	as changed since the last and the plan number from the plan year (only define lan year ar e plan year with accrued i n/report will be assesse	a the last return/report.	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establ	lished.	48 53 53 29 28		
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 Ba Plan administrator's name If the name and/or EIN of the this plan, enter the plan span, enter the plan span sponsor's name C Plan Name Total number of participant Total number of participants with complete this item)	he plan sponsor or the plan name h ionsor's name, EIN, the plan name a ts at the beginning of the plan year . Is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan ye o terminated employment during the other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.	as changed since the lasi and the plan number from the plan year (only define lan year ar e plan year with accrued l n/report will be assesse ctions, I declare that I hav as well as the electronic v	the last return/report. ed contribution plans benefits that were less d unless reasonable cau re examined this return/report,	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establic port, includin , and to the	lished. g, if applic best of my	telephone number 48 53 53 29 28 able, a Schedule knowledge and		

Form 5500-SF (2018)

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
	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.	X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	
-	rt III Financial Information	. (See instructions.)

7								
	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of	(ear
a	Total plan assets	7a		21235			(5) 2110 01	1659913
b	Total plan liabilities	7b		100	0			
C	Net plan assets (subtract line 7b from line 7a)	7c		21235	39			1659913
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Tota	
а	Contributions received or receivable from: (1) Employers	8a(1)		586	80		(0) 1012	
	(2) Participants	8a(2)		747	35			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-2007	62			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		NET MOD				-67347
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3959	79			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		30	00			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Í			396279
i	Net income (loss) (subtract line 8h from line 8c)	8i			1 - Y		the second second	-463626
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics		War-		l-			
	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Pla	an Cha	racteris	stic Codes i	n the instructi	ons:
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for If the plan provides welfare benefits, enter the applicable welfare for							
Par	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions				acterist	ic Codes in	the instructio	ns:
	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year:	eature codes tions within t	s from the List of Plan he time period uciary Correction					ns:
Par 10	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t 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)	tions within t oluntary Fidu	he time period uciary Correction	n Chara	acterist	ic Codes in	the instructio	ns:
Par 10 a	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t 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.)	tions within t oluntary Fide ? (Do not inc	s from the List of Plan he time period uciary Correction clude transactions	n Chara 10a 10b	acterist	No X	the instructio	ns: unt
Par 10 a b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid 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 Did the plan have a loss, whether or not reimbursed by the plan's	eature codes tions within t oluntary Fidu ? (Do not inc fidelity bond	he time period uciary Correction clude transactions	n Chara 10a 10b 10c	Yes	No X	the instructio	ns:
Par 10 a b c d	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid 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	eature codes tions within t oluntary Fidi ? (Do not inc fidelity bond er persons b e or all of the	he time period uciary Correction clude transactions , that was caused	n Chara 10a 10b	Yes	No X X	the instructio	ns: unt
Par 10 a b c d	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid 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 other	eature codes tions within t oluntary Fidu ? (Do not inc fidelity bond er persons b e or all of the	the time period uciary Correction clude transactions , that was caused and insurance e benefits under	10a 10b 10c 10d	Yes	No X	the instructio	ns: unt
Par 10 a b c d	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid 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.)	eature codes tions within t oluntary Fidi ? (Do not inc fidelity bond er persons b e or all of the	the time period uciary Correction clude transactions , that was caused oy an insurance e benefits under	10a 10b 10c 10d 10e 10f	Yes	No X	the instructio	ns: unt 300000
Par 10 a b c d d e f f g	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribuid 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 failed to provide any benefit when due under the plan	tions within t oluntary Fidu ? (Do not inc fidelity bond er persons b e or all of the n? s of year-enc See instructi	the time period uciary Correction clude transactions , that was caused benefits under benefits under	n Chara 10a 10b 10c 10d	Yes X	No X	the instructio	ns: unt

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Yes X No
Yes X No
the letter ruling
Year
and the second
No N/A
X No
[]
Yes X No
13c(3) PN(s)