

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans 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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information										
<b>1a</b> Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/1966</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) <u>91-0295070</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number <u>206-322-4200</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) <u>624310</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>01/01/1966</u>		<b>2b</b> Employer Identification Number (EIN) <u>91-0295070</u>		<b>2c</b> Plan Sponsor's telephone number <u>206-322-4200</u>		<b>2d</b> Business code (see instructions) <u>624310</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>										
<b>1c</b> Effective date of plan <u>01/01/1966</u>											
<b>2b</b> Employer Identification Number (EIN) <u>91-0295070</u>											
<b>2c</b> Plan Sponsor's telephone number <u>206-322-4200</u>											
<b>2d</b> Business code (see instructions) <u>624310</u>											
<b>2a</b> 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) <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u>  <div style="display: flex; justify-content: space-between;"> <div><u>P.O. BOX 14959</u> <u>SEATTLE, WA 98114-0959</u></div> <div><u>2501 SOUTH PLUM STREET</u> <u>SEATTLE, WA 98144-4711</u></div> </div>											

**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 accompanying schedules, statements and attachments, 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2019	HEATHER BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)  
v. 171027

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 490
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 137 <b>6a(2)</b> 130 <b>6b</b> 158 <b>6c</b> 176 <b>6d</b> 464 <b>6e</b> 0 <b>6f</b> 464 <b>6g</b> <b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE SB (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0295070</u>

<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
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<b>Part I</b>	<b>Basic Information</b>
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<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	<u>24713072</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>24653331</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>157</u>	<u>9887816</u>	<u>9887816</u>
<b>b</b> For terminated vested participants .....	<u>196</u>	<u>5029873</u>	<u>5029873</u>
<b>c</b> For active participants .....	<u>137</u>	<u>5536644</u>	<u>5536644</u>
<b>d</b> Total .....	<u>490</u>	<u>20454333</u>	<u>20454333</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	<u>5.66 %</u>	
<b>6</b> Target normal cost .....	<b>6</b>	<u>60000</u>	

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>10/11/2019</u>
Signature of actuary		Date
<u>ROBERT V. ANTHONY</u>		<u>17-04924</u>
Type or print name of actuary		Most recent enrollment number
<u>NORTHWEST PLAN SERVICES, INC.</u>		<u>425-742-0177</u>
Firm name		Telephone number (including area code)
<u>15130 MAIN STREET, SUITE 300 MILL CREEK, WA 98012</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1465584
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	1465584
<b>10</b> Interest on line 9 using prior year's actual return of <u>13.71</u> % .....	0	200932
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		1925686
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.85</u> % .....		112653
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		2038339
<b>d</b> Portion of (c) to be added to prefunding balance .....		2038339
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	3704855

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	102.41%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	102.41%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.54%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b>	Discount rate:			
<b>a</b>	Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		<input type="checkbox"/> N/A, full yield curve used		
<b>b</b>	Applicable month (enter code) .....	<b>21b</b>	0	
<b>22</b>	Weighted average retirement age .....	<b>22</b>	64	
<b>23</b>	Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate
		Current regulation:	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate
			<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute

**Part VI Miscellaneous Items**

<b>24</b>	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b>	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b>	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b>	Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6) .....	<b>31a</b>	60000
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	60000
<b>32</b>	Amortization installments:	Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....	0	0
<b>b</b>	Waiver amortization installment .....	0	0
<b>33</b>	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance
<b>35</b>	Balances elected for use to offset funding requirement .....	0	0
<b>36</b>	Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0
<b>38</b>	Present value of excess contributions for current year (see instructions)		
<b>a</b>	Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b>	Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b>	If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b>	Schedule elected .....	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
<b>b</b>	Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010
		<input type="checkbox"/> 2011		

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2018</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
<b>A</b> Name of plan THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 THE LIGHTHOUSE FOR THE BLIND, INC.	<b>D</b> Employer Identification Number (EIN) 91-0295070	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 28 51	INVESTMENT ADVISOR	76959	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BADGLEY PHELPS, INC.

91-0789795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	12055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

<b>A</b> Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0295070</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT SHORT-TERM INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>8966056</u></span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT LT CREDIT BOND INDEX NON-LENDING</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY OF CONNECTICUT (NTCC)</u>		
<b>c</b> EIN-PN <u>06-6275604-116</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2833458</u></span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT LT GOVT. BOND INDEX NON-LENDING</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>		
<b>c</b> EIN-PN <u>45-6138589-060</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3051678</u></span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT 1-10 YR INTERM. BOND IDX LENDING</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>		
<b>c</b> EIN-PN <u>45-6138589-054</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>7830824</u></span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>		
<b>A</b> Name of plan <b>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</b>		<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE LIGHTHOUSE FOR THE BLIND, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>91-0295070</b>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	<b>1b(1)</b>	500000	0
(2) Participant contributions .....	<b>1b(2)</b>		
(3) Other.....	<b>1b(3)</b>	31284	670144
<b>c</b> General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>		
(2) U.S. Government securities .....	<b>1c(2)</b>	357962	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred .....	<b>1c(3)(A)</b>	699623	0
(B) All other.....	<b>1c(3)(B)</b>	1599586	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred .....	<b>1c(4)(A)</b>		
(B) Common.....	<b>1c(4)(B)</b>	3310490	0
(5) Partnership/joint venture interests .....	<b>1c(5)</b>		
(6) Real estate (other than employer real property).....	<b>1c(6)</b>		
(7) Loans (other than to participants) .....	<b>1c(7)</b>		
(8) Participant loans.....	<b>1c(8)</b>		
(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>	9565755	22682015
(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
(12) Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	5248743	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
(15) Other.....	<b>1c(15)</b>	1805834	34251

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	23119277	23386410

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	6205	1
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	6205	1

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	23113072	23386409
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**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	1600000	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1600000
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	5156	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	42117	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		47273
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	27891	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	102733	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		130624
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	8826055	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	8690708	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		135347
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-355974
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-168639
c Other income.....	2c		828
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1389459

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	1025575	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1025575
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions) .....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	89067	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other .....	2i(4)	1480	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		90547
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1116122

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		273337
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....		X	
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		1000000
<b>4e</b>	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>4f</b>		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>4g</b>		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>4m</b>			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			
<b>4n</b>			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☒ Yes ☐ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** 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 4148046. (See instructions.)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

<b>A</b> Name of plan <u>THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>THE LIGHTHOUSE FOR THE BLIND, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0295070</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>91-6022854</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>0</u>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b>		
If you completed line 6c, skip lines 8 and 9.			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box .....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year.....

**b** The plan year immediately preceding the current plan year.....

**c** The second preceding plan year.....

**14a****14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**b** The corresponding number for the second preceding plan year.....

**15a****15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16a****16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



REPORT OF INDEPENDENT AUDITORS  
AND FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULES

THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN

July 30, 2019, December 31, 2018 and 2017



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## **Report of Independent Auditors**

To the Investment and Retirement Plans Committee  
The Lighthouse for the Blind, Inc. Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of The Lighthouse for the Blind, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of July 30, 2019 (in liquidation) and December 31, 2018 and 2017 (ongoing), and the related statements of changes in net assets available for benefits for the period ended July 30, 2019 (in liquidation), and year ended December 31, 2018 (in liquidation), and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of July 30, 2019, and December 31, 2018 and 2017, and for the period ended July 30, 2019, and year ended December 31, 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Emphasis of Matter – Plan Termination***

As further discussed in Note 1 to the financial statements, the Board of Directors approved a plan of liquidation on November 6, 2018, and management determined liquidation is imminent. As a result, in accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing (going concern) basis of accounting used in presenting the 2017 financial statements to the liquidation basis of accounting used in presenting the 2018 and 2019 financial statements. Our disclaimer of opinion is not modified with respect to this matter.

***Other Matter***

The Schedule H, line 4(i) – schedule of assets (held at end of year) as of December 31, 2018 (in liquidation), and the Schedule H, line 4(j) – schedule of reportable transactions for the period ended July 30 2019 (in liquidation), and year ended December 31, 2018 (in liquidation), are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

***Report on Form and Content in Compliance with DOL Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Moss Adams LLP*

Seattle, Washington

October 8, 2019

**The Lighthouse for the Blind, Inc. Retirement Plan**  
**Statements of Net Assets Available for Benefits**

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	July 30, 2019	December 31, 2018	December 31, 2017
	(liquidation)	(liquidation)	(ongoing)
<b>ASSETS</b>			
Investments, at fair value			
Common stocks	\$ -	\$ -	\$ 3,397,114
U.S. government and agency securities	-	-	357,962
Corporate bonds	-	-	2,299,209
Mutual funds	-	-	5,248,743
Hedge fund	-	34,251	1,719,210
Collective trusts	-	22,682,015	9,565,755
	<hr/>	<hr/>	<hr/>
Total investments	-	22,716,266	22,587,993
Accrued income on investments	-	670,143	25,079
Sponsor contributions receivable	-	-	500,000
	<hr/>	<hr/>	<hr/>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ -</u></u>	<u><u>\$ 23,386,409</u></u>	<u><u>\$ 23,113,072</u></u>

## The Lighthouse for the Blind, Inc. Retirement Plan

### Statements of Changes in Net Assets Available for Benefits in Liquidation

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	Period Ended July 30, 2019	Year Ended December 31, 2018
INVESTMENT INCOME (LOSS)		
Net appreciation (depreciation) in fair value of investments	\$ 329,507	\$ (443,916)
Interest	67,664	151,169
Dividends	-	82,206
	<u>397,171</u>	<u>(210,541)</u>
SPONSOR CONTRIBUTIONS	<u>-</u>	<u>1,600,000</u>
DEDUCTIONS		
Benefits paid to participants (prior to liquidation)	(293,889)	(1,025,575)
Lump sum payments made to participants (upon liquidation)	(7,560,016)	-
Purchases of annuity contracts	(15,509,367)	-
Transfer to Plan Sponsor	(383,134)	-
Expenses	<u>(37,174)</u>	<u>(90,547)</u>
	<u>(23,783,580)</u>	<u>(1,116,122)</u>
CHANGE IN NET ASSETS	(23,386,409)	273,337
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>23,386,409</u>	<u>23,113,072</u>
End of year	<u><u>\$ -</u></u>	<u><u>\$ 23,386,409</u></u>

# The Lighthouse for the Blind, Inc. Retirement Plan

## Notes to Financial Statements

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### Note 1 – Description of the Plan

The Lighthouse for the Blind, Inc. Retirement Plan (the Plan) was a noncontributory defined benefit pension plan. The following description provides only general information about the Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General and Plan termination** – On June 17, 2008, the Board of Trustees of the Plan adopted a resolution to freeze accrued benefits in the Plan effective December 31, 2008. Participants in the Plan prior to this time continued to be credited with years of service for purposes of vesting in their frozen accrued benefits as long as they remained an active employee of The Lighthouse for the Blind, Inc. (the Sponsor). No new participants were allowed into the Plan and existing participants did not accrue additional benefits after December 31, 2008.

On November 6, 2018, the Sponsor's Board of Trustees resolved to terminate the Plan and liquidate the assets in 2019. At that time all participants were 100% vested. The termination amendment gave terminated-vested and active employees the option to receive a lump sum of the present value of their benefit based on interest rates published by the IRS or an annuity.

The Plan mailed "Notice of Intent to Terminate" to affected parties on October 12, 2018, and sent Forms 5310, 6088, 8717, 2848, and necessary back-up documents to the IRS in October 2018. Notice of Plan Benefits were distributed in early January 2019 to participants, beneficiaries of deceased participants, and alternative payees.

Participants had until March 1, 2019, to elect a lump sum distribution. In total, the Plan distributed \$7,560,016 of lump sum payments to electing participants, which were substantially complete on March 22, 2019. On March 21, 2019, United Omaha Life Insurance Company (Omaha Life) was chosen for the group annuity contract for the participants that did not elect to take the lump sum distribution. The Plan retained sufficient funds to make the April 1, 2019, regular annuity payments and transferred \$15,509,367 to Omaha Life on March 27, 2019. Omaha Life took over monthly annuity payments to participants on May 1, 2019. The Plan paid its remaining liabilities shortly thereafter. Upon liquidation and after all benefits were paid or transferred to Omaha Life, remaining assets representing over-funding in the amount of \$348,884 were transferred to the Sponsor.

The Plan applied for and received a favorable determination letter from the IRS for the termination on March 18, 2019. The Plan filed a "Post Distribution Certification" (PBGC Form 501) with the Pension Benefit Guarantee Corporation (PBGC) on June 10, 2019, and will file the final Form 5500 within seven months after the pension trust closes, subject to allowable extensions.

**Benefits** – Prior to December 31, 2008, the Plan covered all employees who were over 21 years old and who had been employed by the Sponsor for at least 12 months in which they had been credited with at least 1,000 hours of service. The Plan provided for retirement and disability benefit payments to participants upon retirement and survivor benefits to spouses of deceased participants. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The annual benefit amount payable to any participant under the Plan was the sum of (a) 1.4% of the participant's earnings for 2001 multiplied by the participant's years of service prior to January 1, 2002, and (b) 1.5% of the participant's earnings for each year of credited service earned after January 1, 2002. For employees who terminated before 2001, benefits are calculated according to the formula in place at the date of termination.

# The Lighthouse for the Blind, Inc. Retirement Plan

## Notes to Financial Statements

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### Note 1 – Description of the Plan

**Contributions and funding** – The Sponsor made all contributions to the Plan. The contributions were sufficient to finance the pension benefits provided for in the Plan based on actuarial assumptions. The Plan met the minimum funding requirements during 2017, 2018, and 2019. In 2018, the Sponsor's Board of Trustees met and approved a contribution of \$1,600,000 to be attributed to 2017 for funding purposes. As the additional contribution was not the result of a formal commitment at December 31, 2017, it was reported as a contribution in 2018. This contribution is characterized as a 2017 contribution for funding purposes and reported on the Schedule SB of the 2017 Form 5500 and on Schedule H in 2018.

**Vesting** – All participants are 100% vested in the Plan.

### Payments of benefits

*Pension benefits* – Participants with five or more years of service were entitled to annual pension benefits beginning at the normal retirement age (65) equal to the vested accrued benefit as of the date of termination, and then adjusted for form of payment. The Plan permitted early retirement between the ages of 55 and 64 years. If participants terminated before rendering five years of service, they forfeited the right to receive the portion of their accumulated Plan benefits attributable to the Sponsor's contributions. Participants could elect to receive the value of their accumulated Plan benefits as a whole life annuity or as a joint and survivor annuity payable monthly from retirement.

*Death and disability benefits* – If an active employee died at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. There were no disability benefits payable under the Plan.

### Note 2 – Accounting Policies

**Basis of accounting** – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (US GAAP), using the liquidation basis of accounting in 2018 and 2019 and the ongoing basis in 2017. As a result of the change in accounting basis, the Plan has accrued investment income in 2018 of \$670,143 expected to be earned in liquidation. As the Sponsor pays all costs of the Plan there are no expenses to accrue under liquidation.

**Use of estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Expenses** – Administrative expenses related to operating and maintaining the Plan were paid by the Sponsor. Investment advisory fees and transaction fees were paid by the Plan.

# The Lighthouse for the Blind, Inc. Retirement Plan

## Notes to Financial Statements

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### Note 2 – Accounting Policies (continued)

**Investment valuation** – The investments are reported at fair value. The Plan's trustee, The Northern Trust Company, certifies the fair value of all investments. If available, quoted market prices are used to value investments. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

The Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (see Note 5). The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

**Level 1** – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability;

**Level 3** – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There were no changes in the methodologies used at July 30, 2019, December 31, 2018 and 2017.

Shares of common stock and mutual funds are valued at the quoted market prices on national exchanges.

Units in collective trusts are valued using the NAV practical expedient of the collective trust as reported by the investment manager based on the fair value of the underlying assets owned by the fund, minus its liabilities, and divided by the number of units outstanding. Collective trusts file Form 5500 as direct filing entities and may be redeemed daily without restriction.

For corporate bonds and U.S. government and agency securities, fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, discounted cash flows and other observable inputs.



# The Lighthouse for the Blind, Inc. Retirement Plan

## Notes to Financial Statements

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### Note 2 – Accounting Policies (continued)

The hedge fund is the Northern Trust Alpha Strategies Fund (the Fund) which is invested primarily in a hedge “fund of funds” whereby the hedge fund owns units in several sub-funds. The Fund's investment objective is to seek risk-adjusted rates of return through investment in a diversified portfolio of assets. The hedge fund is valued at NAV practical expedient as estimated by the investment manager taking into account the NAV of the sub-funds. The estimated value could be different than the fair value had a readily available market existed for the sub-funds. The Plan can redeem its interest in the Fund quarterly at NAV.

**Risks and uncertainties** – Plan contributions and the actuarial present value of accumulated Plan benefits are prepared based on assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the actuarial present value of accumulated Plan benefits.

Similarly, investment securities are exposed to various risks, such as interest rate, market, and credit risk. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect the amounts reported in the financial statements.

**Payment of benefits** – Benefits are recorded when paid or when annuity contracts are purchased.

**Income recognition** – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation (depreciation) in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

**Subsequent events** – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued. The Plan has evaluated subsequent events through October 8, 2019, which is the date the financial statements are available to be issued.

### Note 3 – Actuarial Valuation

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

# The Lighthouse for the Blind, Inc. Retirement Plan

## Notes to Financial Statements

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### Note 3 – Actuarial Valuation (continued)

An independent actuarial valuation of the Plan is prepared annually using the cost method. Significant actuarial assumptions used in preparing the December 31, 2017, valuation were as follows: (1) discount rate of 3.38%; (2) the mortality rates from the RP-2014 (Blue Collar) Mortality Table projected for all future years using the MP-2016 projection scale, and (3) varying ages between 55 and 65 with 100% of employees retired by age 65.

In 2018, the Plan changed to the liquidation basis of accounting which included changes to assumptions. The retirement age assumption was the same but the mortality table was the RP-2014 Mortality Table projected for all future years using the MP-2018 projection scale with separate rates for males and females, and the discount rate was 4.50% to reflect the Plan termination liability. As detailed in the following tables, the majority of the decrease in the present value of accumulated Plan benefits during 2018 stems from the increase in the discount rate.

For 2019, all actuarial assumptions remained the same as 2018.

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Actuarial present value of accumulated plan benefits			
Vested			
Participants receiving benefits	\$ -	\$ 11,092,634	\$ 11,144,041
Other participants	-	11,320,265	14,448,916
	<u>\$ -</u>	<u>\$ 22,412,899</u>	<u>\$ 25,592,957</u>

Changes in the actuarial present value of accumulated Plan benefits for the period ended July 30, 2019, and year ended December 31, 2018, are summarized as follows:

	<u>2019</u>	<u>2018</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 22,412,899</u>	<u>\$ 25,592,957</u>
Increase (decrease) during the year attributed to		
Benefits accumulated and net gains	950,373	828,620
Reduction in discount period	-	847,710
Benefits paid or transferred to annuity company	(23,363,272)	(1,025,575)
Change in discount rate	-	(3,765,367)
Change in mortality table	-	(65,446)
Net decrease	<u>(22,412,899)</u>	<u>(3,180,058)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ -</u>	<u>\$ 22,412,899</u>

# The Lighthouse for the Blind, Inc. Retirement Plan

## Notes to Financial Statements

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### Note 4 – Information Certified by Plan Trustee

The following information in the financial statements and supplemental schedules was certified to be complete and accurate by The Northern Trust Company, the trustee of the Plan, within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- Amounts included as investments on the statements of net assets available for benefits as of December 31, 2018 and 2017.
- Investment income (loss) included in the statement of changes in net assets available for benefits for the period ended July 30, 2019, and year ended December 31, 2018.
- Investment information included in the supplemental schedules.

### Note 5 – Fair Value Measurements

The following table discloses, by level, the fair value hierarchy discussed in Note 2 as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Common stocks	\$ 3,397,114	\$ -	\$ -	\$ 3,397,114
U.S. government and agency securities	-	357,962	-	357,962
Corporate bonds	-	2,299,209	-	2,299,209
Mutual funds	5,248,743	-	-	5,248,743
Total assets in the fair value hierarchy	<u>\$ 8,645,857</u>	<u>\$ 2,657,171</u>	<u>\$ -</u>	11,303,028
Investments measured at NAV (practical expedient)				<u>11,284,965</u>
Investments at fair value				<u>\$ 22,587,993</u>

As of December 31, 2018, the Plan's investments are all measured at NAV practical expedient, which are not presented in the hierarchy in accordance with US GAAP. The Plan was fully liquidated by July 30, 2019.

### Note 6 – Party-In-Interest Transactions

Plan investments included units of collective trusts and a hedge fund managed by Northern Trust Global Advisors, Inc., a subsidiary of the Trustee. Transactions with this entity qualified as exempt party-in-interest transactions.

## **The Lighthouse for the Blind, Inc. Retirement Plan**

### **Notes to Financial Statements**

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#### **Note 7 – Income Tax Status**

The Plan received a determination letter from the Internal Revenue Service (IRS) dated October 3, 2012, stating the Plan was qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust was exempt from taxation. As stated in Note 1, the Plan received a favorable determination upon termination.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan had any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **Note 8 – Reconciliation of Financial Statements to Form 5500s**

The Form 5500s have certain classifications of assets and income that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

**Supplemental Schedules  
Required by the Department of Labor**

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**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2018**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>Collective Trusts</b>				
*	MFB NT COLTV LT GOVT BOND Index Fund	59,651 shares	\$ 3,038,197	\$ 3,051,678
*	MFB NT COLTV LT CREDIT BOND Index Fund	13,162 shares	2,879,053	2,833,457
*	MFB NTGI-QM COLTV DAILY 1-10 YR Index Fund	205,469 shares	7,737,224	7,830,824
*	COLTV SHORT TERM INVT FUND	- shares	8,966,056	8,966,056
			<u>22,620,530</u>	<u>22,682,015</u>
<b>Hedge Fund</b>				
*	Alpha Core Strategies Feeder Fund	41,041 shares	<u>34,251</u>	<u>34,251</u>
*	Indicates party-in-interest.		<u>\$ 22,654,781</u>	<u>\$ 22,716,266</u>

**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Year Ended December 31, 2018**

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (i) - Single Transactions in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 2,900,000	\$ 2,900,000	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 1,600,000	\$ 1,600,000	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 5,673,753	\$ 5,673,753	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 1,571,795	\$ 1,571,795	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ -		\$ 1	N/A	N/A	\$ 3,092,863	\$ 3,092,863	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ -		\$ 1	N/A	N/A	\$ 2,449,568	\$ 2,449,568	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ -		\$ 1	N/A	N/A	\$ 1,550,061	\$ 1,550,061	\$ -
MFB NT COLTV Aggregate Bond Index Fund	Collective trust		\$ -		\$ 530	N/A	N/A	\$ 3,644,126	\$ 3,763,417	\$ 119,291
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust		\$ 220		\$ -	N/A	N/A	\$ 2,400,000	\$ 2,400,000	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust		\$ 216		\$ -	N/A	N/A	\$ 1,200,000	\$ 1,200,000	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust		\$ -		\$ 212	N/A	N/A	\$ 1,420,947	\$ 1,380,000	\$ (40,947)
MFB NT COLTV Long Term Govt Bond Index	Collective trust		\$ 51		\$ -	N/A	N/A	\$ 3,400,000	\$ 3,400,000	\$ -
MFB NT COLTV Long Term Govt Bond Index	Collective trust		\$ -		\$ 48	N/A	N/A	\$ 1,761,803	\$ 1,670,000	\$ (91,803)
MFB NT COLTV Russell 1000 Index Fund	Collective trust		\$ 32		\$ -	N/A	N/A	\$ 2,100,000	\$ 2,100,000	\$ -
MFB NT COLTV Russell 1000 Index Fund	Collective trust		\$ -		\$ 31	N/A	N/A	\$ 2,100,000	\$ 2,045,176	\$ (54,824)
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust		\$ 38		\$ -	N/A	N/A	\$ 5,500,000	\$ 5,500,000	\$ -
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust		\$ 38		\$ -	N/A	N/A	\$ 1,380,000	\$ 1,380,000	\$ -

Category (ii) - A Series of non-Security Transactions  
with the Same Party in Excess of 5% of Plan Assets

There were no Category (ii) reportable transactions

**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Year Ended December 31, 2018**

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets										
Alpha Core Strategies Feeder Fund	Hedge Fund	N/A	\$ -	3	\$ 1,686,492	N/A	N/A	\$ 1,239,176	\$ 1,686,492	\$ 447,316
COLTV Short Term Investment Fund	Collective trust	133	\$ 19,117,290	N/A	\$ -	N/A	N/A	\$ 19,117,290	\$ 19,117,290	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	45	\$ 10,643,795	N/A	N/A	\$ 10,643,795	\$ 10,643,795	\$ -
MFB NT COLTV Aggregate Bond Index Fund	Collective trust	N/A	\$ -	2	\$ 3,863,417	N/A	N/A	\$ 3,741,453	\$ 3,863,417	\$ 121,964
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust	3	\$ 4,300,000	N/A	\$ -	N/A	N/A	\$ 4,300,000	\$ 4,300,000	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust	N/A	\$ -	1	\$ 1,380,000	N/A	N/A	\$ 1,420,947	\$ 1,380,000	\$ (40,947)
MFB NT COLTV Long Term Govt Bond Index	Collective trust	1	\$ 4,800,000	N/A	\$ -	N/A	N/A	\$ 4,800,000	\$ 4,800,000	\$ -
MFB NT COLTV Long Term Govt Bond Index	Collective trust	N/A	\$ -	1	\$ 1,670,000	N/A	N/A	\$ 1,761,803	\$ 1,670,000	\$ (91,803)
MFB NT COLTV Russell 1000 Index Fund	Collective trust	1	\$ 2,100,000	N/A	\$ -	N/A	N/A	\$ 2,100,000	\$ 2,100,000	\$ -
MFB NT COLTV Russell 1000 Index Fund	Collective trust	N/A	\$ -	2	\$ 2,045,176	N/A	N/A	\$ 2,100,000	\$ 2,045,176	\$ (54,824)
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust	3	\$ 7,880,000	N/A	\$ -	N/A	N/A	\$ 7,880,000	\$ 7,880,000	\$ -
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust	N/A	\$ -	1	\$ 143,000	N/A	N/A	\$ 142,776	\$ 143,000	\$ 224
MFC Flexshares Morningstar Global Upstream	Collective trust	N/A	\$ -	3	\$ 1,155,464	N/A	N/A	\$ 1,084,420	\$ 1,155,464	\$ 71,044
NT COLTV Large Cap Core	Collective trust	N/A	\$ -	3	\$ 1,991,392	N/A	N/A	\$ 1,711,718	\$ 1,991,392	\$ 279,674

Category (iv) - A Series of Transactions with the Same  
Party in Excess of 5% of Plan Assets

There were no Category (iv) reportable transactions



**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Period Ended July 30, 2019**

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (i) - Single Transactions in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust	N/A	\$ 1	N/A	\$ -	N/A	N/A	\$ 14,045,227	\$ 14,045,227	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	N/A	\$ 1	N/A	N/A	\$ 7,543,428	\$ 7,543,428	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	N/A	\$ 1	N/A	N/A	\$ 15,690,168	\$ 15,690,168	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust	N/A	\$ -	N/A	\$ 224	N/A	N/A	\$ 2,879,053	\$ 2,951,470	\$ 72,417
MFB NT COLTV Long Term Govt Bond Index	Collective trust	N/A	\$ -	N/A	\$ 51	N/A	N/A	\$ 3,038,197	\$ 3,066,711	\$ 28,514
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust	N/A	\$ -	N/A	\$ 39	N/A	N/A	\$ 7,737,224	\$ 8,027,046	\$ 289,823

Category (ii) - A Series of non-Security Transactions  
with the Same Party in Excess of 5% of Plan Assets

There were no Category (ii) reportable transactions

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust	15	\$ 15,192,191	N/A	0	N/A	N/A	\$ 15,192,191	\$ 15,192,191	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	15	\$ 24,158,247	N/A	N/A	\$ 24,158,247	\$ 24,158,247	\$ -

Category (iv) - A Series of Transactions with the Same  
Party in Excess of 5% of Plan Assets

There were no Category (iv) reportable transactions



THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN

ACTIVE PARTICIPANTS AS OF JANUARY 1, 2018  
Distribution of Salary

AGE	YEARS OF VESTING SERVICE					
	Less than 2		2 - 4		5 - 9	
	NUMBER	EARNINGS	NUMBER	EARNINGS	NUMBER	EARNINGS
Less than 25	0	\$ 0.00	0	\$ 0.00	0	\$ 0.00
25 to 29	0	0.00	0	0.00	0	0.00
30 to 34	0	0.00	0	0.00	0	0.00
35 to 39	0	0.00	0	0.00	0	0.00
40 to 44	0	0.00	0	0.00	0	0.00
45 to 49	0	0.00	0	0.00	1	43,326.90
50 to 54	0	0.00	0	0.00	1	41,878.94
55 to 59	0	0.00	0	0.00	2	66,851.54
60 to 64	0	0.00	0	0.00	1	12,811.67
65 and over	0	0.00	0	0.00	0	0.00
TOTALS	0	\$ 0.00	0	\$ 0.00	5	\$ 164,869.05

AGE	YEARS OF VESTING SERVICE					
	10 - 14		15 - 19		20 - 24	
	NUMBER	EARNINGS	NUMBER	EARNINGS	NUMBER	EARNINGS
Less than 25	0	\$ 0.00	0	\$ 0.00	0	\$ 0.00
25 to 29	0	0.00	0	0.00	0	0.00
30 to 34	1	28,586.72	0	0.00	0	0.00
35 to 39	8	376,201.82	3	122,753.50	0	0.00
40 to 44	4	203,317.96	1	38,389.10	1	60,101.00
45 to 49	5	306,776.99	0	0.00	3	143,175.17
50 to 54	12	684,128.65	3	89,461.20	6	313,037.21
55 to 59	8	423,009.16	2	49,121.06	6	213,389.40
60 to 64	9	375,470.00	4	201,244.11	3	130,073.14
65 and over	6	272,490.62	1	5,909.51	1	104,222.30
TOTALS	53	\$ 2,669,981.92	14	\$ 506,878.48	20	\$ 963,998.22

		YEARS OF VESTING SERVICE					
AGE	More than 24		All Years		AVERAGES		
	NUMBER	EARNINGS	NUMBER	EARNINGS			
Less than 25	0	\$ 0.00	0	\$ 0.00	AGE:	55.42	
25 to 29	0	0.00	0	0.00	SALARY:	48,487.81	
30 to 34	0	0.00	1	28,586.72	SERVICE:		
35 to 39	0	0.00	11	498,955.32	VESTING:	19.740	
40 to 44	0	0.00	6	301,808.06	BENEFIT:	11.140	
45 to 49	1	47,279.61	10	540,558.67			
50 to 54	5	211,048.78	27	1,339,554.78			
55 to 59	16	970,867.74	34	1,723,238.90			
60 to 64	12	569,763.52	29	1,289,362.44			
65 and over	11	538,143.28	19	920,765.71			
TOTALS	45	\$ 2,337,102.93	137	\$ 6,642,830.60			

**THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN**

**ACTUARIAL METHODS AND ASSUMPTIONS**  
**As of January 1, 2018**

**A) ACTUARIAL METHODS**

1) Cost Method

The funding method used for this valuation is the "Unit Credit" funding method as required by the Pension Protection Act of 2006.

2) Asset Valuation Method

Assets are valued at their fair market value.

**B) ACTUARIAL ASSUMPTIONS**

The results set forth in this report have as their basis the following valuation assumptions.

1) Interest Rate

Interest rate assumptions employed in this valuation are summarized below:

Liability Measured	Rates	Date Adopted
Minimum Funding (Exhibits 2 through 6)	3.92%/5.52%/6.29%	January 1, 2018
Minimum Funding Effective Rate	5.66%	January 1, 2018
ASC 960 Discount (Exhibit 7)	3.38%	January 1, 2018
PBGC Premium (Appendix I)	1.81%/3.68%/4.53%	January 1, 2018

The Minimum Funding Effective Rate is used to discount receivable contributions for determining the Market Value of Assets for both Funding and PBGC Premium purposes. It is determined as the single rate that is be used to calculate the same liability amount as the required three segment rates used for funding purposes.

The *ASC 960 Discount* rate was determined by discounting the expected benefit payment stream for expected future payments that are required to be measured using the annual spot rates from the Citigroup Pension Discount Curve as of December 31, 2017.

2) Mortality

For Funding and PBGC premium purposes, the sex-distinct RP-2014 (Combined) Mortality Table projected using the MP-2016 projection scale was used to estimate

**THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN**

APPENDIX B  
(Continued)

**ACTUARIAL METHODS AND ASSUMPTIONS**  
**January 1, 2018**

participant mortality rates (adopted on January 1, 2018). For ASC 960 purposes, the sex-distinct RP-2014 (Blue Collar) Mortality Table projected using the MP-2016 projection was used to estimate participant mortality rates scale (adopted on January 1, 2018).

3) **Salary Scale**

Salaries are assumed to increase at the rate of 4.0% per year (adopted January 1, 2004). Previously, salaries increased at the rate of 4.5% per year. Effective January 1, 2009, this assumption is meaningless since the Plan was frozen on December 31, 2008.

4) **Terminations**

Assumed rates of voluntary termination are on a 5-year select and ultimate basis and are based upon plan experience for the 1998-2003 plan years. Ultimate rates are based on the ultimate table as published in the August 1992 edition of *The Pension Forum*. Sample rates are shown below (adopted January 1, 2004):

**Select Rates:**

<u>Years of Service</u>	<u>Number Terminating Per 1,000 Covered</u>
0-5	190.0

**Ultimate Rates:**

<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>
25	136.1
30	101.0
35	79.0
40	65.0
45	55.0
50	45.0

**THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN**

APPENDIX B  
(Continued)

**ACTUARIAL METHODS AND ASSUMPTIONS**  
**January 1, 2018**

5) Retirement Age

Assumed retirement age for actives is based on plan experience for the 1998-2003 plan years. Sample rates are shown below (adopted January 1, 2004):

<u>Age</u>	<u>Number Retiring Per 1,000</u>
55-60	10
60-64	50
65	1,000

6) Expenses

Expenses of \$60,000 annually have been specifically allowed for (adopted January 1, 2004). Previously, annual expenses were assumed to be \$50,000.

**CHANGES SINCE THE PRIOR YEAR AND REASONS FOR CHANGE**

All actuarial assumptions described above are the same as used in the prior year's report, except for the Funding and PBGC Premium interest rate assumptions, which are mandated changes by law. In addition, for Funding and PBGC Premium purposes, the mortality table was updated from the RP-2000 Mortality Table to the RP-2014 Mortality Table using the MP-2016 scale to incorporate improvements in life expectancy into liability results as required by law. Also, the mortality table projection scale was updated to the MP-2016 scale from the MP-2015 scale for ASC 960 purposes.

In addition, the ASC 960 Discount Rate was changed from 3.84% to 3.38% to reflect the expected benefit payment stream using the December 2017 Citigroup Pension Discount Curve spot rates.

**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Year Ended December 31, 2018**

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (i) - Single Transactions in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 2,900,000	\$ 2,900,000	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 1,600,000	\$ 1,600,000	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 5,673,753	\$ 5,673,753	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ 1		\$ -	N/A	N/A	\$ 1,571,795	\$ 1,571,795	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ -		\$ 1	N/A	N/A	\$ 3,092,863	\$ 3,092,863	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ -		\$ 1	N/A	N/A	\$ 2,449,568	\$ 2,449,568	\$ -
COLTV Short Term Investment Fund	Collective trust		\$ -		\$ 1	N/A	N/A	\$ 1,550,061	\$ 1,550,061	\$ -
MFB NT COLTV Aggregate Bond Index Fund	Collective trust		\$ -		\$ 530	N/A	N/A	\$ 3,644,126	\$ 3,763,417	\$ 119,291
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust		\$ 220		\$ -	N/A	N/A	\$ 2,400,000	\$ 2,400,000	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust		\$ 216		\$ -	N/A	N/A	\$ 1,200,000	\$ 1,200,000	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust		\$ -		\$ 212	N/A	N/A	\$ 1,420,947	\$ 1,380,000	\$ (40,947)
MFB NT COLTV Long Term Govt Bond Index	Collective trust		\$ 51		\$ -	N/A	N/A	\$ 3,400,000	\$ 3,400,000	\$ -
MFB NT COLTV Long Term Govt Bond Index	Collective trust		\$ -		\$ 48	N/A	N/A	\$ 1,761,803	\$ 1,670,000	\$ (91,803)
MFB NT COLTV Russell 1000 Index Fund	Collective trust		\$ 32		\$ -	N/A	N/A	\$ 2,100,000	\$ 2,100,000	\$ -
MFB NT COLTV Russell 1000 Index Fund	Collective trust		\$ -		\$ 31	N/A	N/A	\$ 2,100,000	\$ 2,045,176	\$ (54,824)
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust		\$ 38		\$ -	N/A	N/A	\$ 5,500,000	\$ 5,500,000	\$ -
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust		\$ 38		\$ -	N/A	N/A	\$ 1,380,000	\$ 1,380,000	\$ -

Category (ii) - A Series of non-Security Transactions  
with the Same Party in Excess of 5% of Plan Assets

There were no Category (ii) reportable transactions

**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Year Ended December 31, 2018**

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets										
Alpha Core Strategies Feeder Fund	Hedge Fund	N/A	\$ -	3	\$ 1,686,492	N/A	N/A	\$ 1,239,176	\$ 1,686,492	\$ 447,316
COLTV Short Term Investment Fund	Collective trust	133	\$ 19,117,290	N/A	\$ -	N/A	N/A	\$ 19,117,290	\$ 19,117,290	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	45	\$ 10,643,795	N/A	N/A	\$ 10,643,795	\$ 10,643,795	\$ -
MFB NT COLTV Aggregate Bond Index Fund	Collective trust	N/A	\$ -	2	\$ 3,863,417	N/A	N/A	\$ 3,741,453	\$ 3,863,417	\$ 121,964
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust	3	\$ 4,300,000	N/A	\$ -	N/A	N/A	\$ 4,300,000	\$ 4,300,000	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust	N/A	\$ -	1	\$ 1,380,000	N/A	N/A	\$ 1,420,947	\$ 1,380,000	\$ (40,947)
MFB NT COLTV Long Term Govt Bond Index	Collective trust	1	\$ 4,800,000	N/A	\$ -	N/A	N/A	\$ 4,800,000	\$ 4,800,000	\$ -
MFB NT COLTV Long Term Govt Bond Index	Collective trust	N/A	\$ -	1	\$ 1,670,000	N/A	N/A	\$ 1,761,803	\$ 1,670,000	\$ (91,803)
MFB NT COLTV Russell 1000 Index Fund	Collective trust	1	\$ 2,100,000	N/A	\$ -	N/A	N/A	\$ 2,100,000	\$ 2,100,000	\$ -
MFB NT COLTV Russell 1000 Index Fund	Collective trust	N/A	\$ -	2	\$ 2,045,176	N/A	N/A	\$ 2,100,000	\$ 2,045,176	\$ (54,824)
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust	3	\$ 7,880,000	N/A	\$ -	N/A	N/A	\$ 7,880,000	\$ 7,880,000	\$ -
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust	N/A	\$ -	1	\$ 143,000	N/A	N/A	\$ 142,776	\$ 143,000	\$ 224
MFC Flexshares Morningstar Global Upstream	Collective trust	N/A	\$ -	3	\$ 1,155,464	N/A	N/A	\$ 1,084,420	\$ 1,155,464	\$ 71,044
NT COLTV Large Cap Core	Collective trust	N/A	\$ -	3	\$ 1,991,392	N/A	N/A	\$ 1,711,718	\$ 1,991,392	\$ 279,674

Category (iv) - A Series of Transactions with the Same  
Party in Excess of 5% of Plan Assets

There were no Category (iv) reportable transactions



**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Period Ended July 30, 2019**

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (i) - Single Transactions in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust	N/A	\$ 1	N/A	\$ -	N/A	N/A	\$ 14,045,227	\$ 14,045,227	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	N/A	\$ 1	N/A	N/A	\$ 7,543,428	\$ 7,543,428	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	N/A	\$ 1	N/A	N/A	\$ 15,690,168	\$ 15,690,168	\$ -
MFB NT COLTV Long Term Credit Bond Index Fund	Collective trust	N/A	\$ -	N/A	\$ 224	N/A	N/A	\$ 2,879,053	\$ 2,951,470	\$ 72,417
MFB NT COLTV Long Term Govt Bond Index	Collective trust	N/A	\$ -	N/A	\$ 51	N/A	N/A	\$ 3,038,197	\$ 3,066,711	\$ 28,514
MFB NTGI-QM COLTV 1-10 YR Intermediate	Collective trust	N/A	\$ -	N/A	\$ 39	N/A	N/A	\$ 7,737,224	\$ 8,027,046	\$ 289,823

Category (ii) - A Series of non-Security Transactions  
with the Same Party in Excess of 5% of Plan Assets

There were no Category (ii) reportable transactions

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets										
COLTV Short Term Investment Fund	Collective trust	15	\$ 15,192,191	N/A	0	N/A	N/A	\$ 15,192,191	\$ 15,192,191	\$ -
COLTV Short Term Investment Fund	Collective trust	N/A	\$ -	15	\$ 24,158,247	N/A	N/A	\$ 24,158,247	\$ 24,158,247	\$ -

Category (iv) - A Series of Transactions with the Same  
Party in Excess of 5% of Plan Assets

There were no Category (iv) reportable transactions

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018


▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan THE LIGHTHOUSE FOR THE BLIND, INC. RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE LIGHTHOUSE FOR THE BLIND, INC.	<b>D</b> Employer Identification Number (EIN) 91-0295070
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2018			
<b>2</b> Assets:			
<b>a</b> Market value.....		<b>2a</b>	24,713,072
<b>b</b> Actuarial value .....		<b>2b</b>	24,653,331
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	157	9,887,816	9,887,816
<b>b</b> For terminated vested participants .....	196	5,029,873	5,029,873
<b>c</b> For active participants .....	137	5,536,644	5,536,644
<b>d</b> Total .....	490	20,454,333	20,454,333
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....		<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....		<b>4b</b>	
<b>5</b> Effective interest rate.....	<b>5</b>	5.66%	
<b>6</b> Target normal cost .....	<b>6</b>	60,000	

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		10/11/2019
Signature of actuary		Date
ROBERT V. ANTHONY		1704924
Type or print name of actuary		Most recent enrollment number
NORTHWEST PLAN SERVICES, INC.		425-742-0177
Firm name		Telephone number (including area code)
15130 MAIN STREET, SUITE 300		
MILL CREEK WA 98012		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

## Part II Beginning of Year Carryover and Prefunding Balances

Beginning of Year Carryover and Prefunding Balance		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,465,584
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	1,465,584
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.71%</u> .....	0	200,932
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		1,925,686
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.85%</u> .....		112,653
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		2,038,339
	<b>d</b> Portion of (c) to be added to prefunding balance.....		2,038,339
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	3,704,855

<b>Part III</b>	<b>Funding Percentages</b>
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<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.41%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	102.41%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.54%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

## Part IV Contributions and Liquidity Shortfalls

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

## 20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
	Current regulation:	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	60,000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	60,000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment.....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:
<b>a</b> Schedule elected .....
<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....
<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

**The Lighthouse for the Blind, Inc.**  
**Retirement Plan**  
**2018**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

<b>Age</b>	<b>Number Active</b>	<b>Retirement Rate</b>	<b>Number Retiring</b>	<b>Number Retiring x Age</b>
55	1000.0	1%	10.0	550.0
56	990.0	1%	9.9	554.4
57	980.1	1%	9.8	558.7
58	970.3	1%	9.7	562.8
59	960.6	1%	9.6	566.8
60	951.0	1%	9.5	570.6
61	941.5	5%	47.1	2,871.5
62	894.4	5%	44.7	2,772.7
63	849.7	5%	42.5	2,676.5
64	807.2	5%	40.4	2,583.0
65	766.8	100%	766.8	49,844.7

<b>Average Age =</b>	<b>64.1</b>
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The number of participants retiring at a particular age is determined by multiplying the number of active employees by the retirement rate. The number retiring is subtracted from the number active to determine the number active at the next age. The weight given to each age is determined as the age multiplied by the number of participants retiring.

**THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN**

**SUMMARY OF PLAN PROVISIONS**  
**As of January 1, 2018**

1) **EFFECTIVE DATE**

The original effective date of the plan was January 1, 1966. The plan was restated January 1, 1996, amended January 1, 2005, and frozen effective December 31, 2008.

2) **FUNDING**

The plan is funded by employer contributions to a trust fund.

3) **EMPLOYEES INCLUDED**

Employees shall be eligible to participate on the first of the month following the completion of one year of service and the attainment of age 21.

4) **YEAR OF SERVICE**

For vesting and benefit purposes, a year of service is a plan year (January 1 through December 31) during which an employee is credited with at least 1,000 hours. Effective 12/31/2008, service was frozen for benefit and eligibility purposes.

5) **EARNINGS**

Earnings are defined as the amount of wages earned for services actually rendered in the course of employment with The Lighthouse for the Blind, Inc. but excludes extra pay, overtime pay, and bonuses. Effective 12/31/2008, salary was frozen for benefit purposes.

6) **EMPLOYER CONTRIBUTIONS**

Amounts sufficient to maintain the investment fund at an adequate level as determined by an Enrolled Actuary are contributed from time to time by the employer.

**THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN**

APPENDIX A  
(Continued)

**SUMMARY OF PLAN PROVISIONS (Cont.)**  
**As of January 1, 2018**

**7) EMPLOYEE CONTRIBUTIONS**

Participants in the plan are not required nor permitted to make any contributions.

**8) RETIREMENT DATE**

Normal - The normal retirement date for any participant is the first of the month following the participant's 65th birthday.

Early - Age 55 with five years of service.

**9) RETIREMENT BENEFIT**

Normal - The monthly normal retirement benefit is equal to  $1/12^{\text{th}}$  the sum of:

A.) 1.4% of the participant's Earnings for 2001 multiplied by the participant's credited service on January 1, 2002 plus:

B.) 1.5% of the participant's Earnings during each year of credited service earned after January 1, 2002. Effective 12/31/2008, the plan was frozen so that earnings and credited service earned after December 31, 2008 are not recognized.

The benefit is payable as a single life annuity. The Plan provides for a minimum monthly normal retirement benefit of \$100.

Early - The accrued normal retirement benefit multiplied by the early retirement factor. Early retirement factors are one minus  $1/2\%$  for each month that the early retirement date precedes the normal retirement date.

**10) RETIREMENT BENEFIT OPTIONS**

The retirement benefit options are:

- a) 50% joint and survivor annuity.
- b) 75% joint and survivor annuity.
- c) Life annuity.
- d) Lump sum if under \$5,000.

**THE LIGHTHOUSE FOR THE BLIND, INC.  
RETIREMENT PLAN**

APPENDIX A  
(Continued)

**SUMMARY OF PLAN PROVISIONS (Cont.)**  
**As of January 1, 2018**

**11) DEATH BENEFIT**

If death occurs before commencement of benefits and the participant is vested, the participant's beneficiary will be eligible to receive the survivors portion of a 50% Joint and Survivor Annuity determined as if the participant survived to his or her early retirement date, retired, selected a 50% Joint and Survivor Annuity and then died the day after benefits commenced. The beneficiary can delay the commencement of benefits to the participant's Normal Retirement Date.

**12) VESTED BENEFIT**

The terminating participant will vest in their accrued benefit based upon their years of service for vesting purposes as follows: 5 or more years - 100%. In addition, participants will become 100% vested at their normal retirement date.

**13) DISABILITY BENEFIT**

No special disability benefit is provided by the Plan.



**The Lighthouse for the Blind, Inc. Retirement Plan**  
**EIN: 91-0295070, Plan #: 001**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2018**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>Collective Trusts</b>				
*	MFB NT COLTV LT GOVT BOND Index Fund	59,651 shares	\$ 3,038,197	\$ 3,051,678
*	MFB NT COLTV LT CREDIT BOND Index Fund	13,162 shares	2,879,053	2,833,457
*	MFB NTGI-QM COLTV DAILY 1-10 YR Index Fund	205,469 shares	7,737,224	7,830,824
*	COLTV SHORT TERM INVT FUND	- shares	8,966,056	8,966,056
			<u>22,620,530</u>	<u>22,682,015</u>
<b>Hedge Fund</b>				
*	Alpha Core Strategies Feeder Fund	41,041 shares	<u>34,251</u>	<u>34,251</u>
*	Indicates party-in-interest.		<u>\$ 22,654,781</u>	<u>\$ 22,716,266</u>