## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Part I                 |                        | t Identification Information  |                                |  |                                     |                                   |
|------------------------|------------------------|---|--------------------------------|--|-------------------------------------|-----------------------------------|
| For calend             | ar plan year 2018 or   | fiscal plan year beginning 07/01/   | 2018                           | and ending 0   | 6/30/2019                           |                                   |
| A This re              | turn/report is for:    | X a single-employer plan  |                                | plan (not multiemployer) (<br>employer information in ac |                                     |                                   |
|                        |                        | a one-participant plan  | a foreign plan                 |  |                                     |                                   |
| <b>B</b> This ret      | urn/report is          | the first return/report   | the final return/repor         | rt   |                                     |                                   |
|                        |                        | an amended return/report  | a short plan year ret          | urn/report (less than 12 m                               | onths)                              |                                   |
| C Check                | box if filing under:   | X Form 5558   | automatic extension            | า  | DFVC progra                         | am                                |
|                        |                        | special extension (enter desc   | cription)                      |  |                                     |                                   |
| Part II                | Basic Plan Inf         | ormation—enter all requested in   | nformation                     |  |                                     |                                   |
| 1a Name<br>ORTHOPED    | •                      | RACE CENTER, INC. PROFIT SHA  | ARING PLAN                     |  | <b>1b</b> Three-dig plan num (PN) ▶ |                                   |
|                        |                        |   |                                |  | 1c Effective                        | date of plan<br>07/01/1994        |
| <b>2a</b> Plan s       | ponsor's name (emp     | loyer, if for a single-employer plan)   |                                |  | <b>2b</b> Employer                  | Identification Number             |
|                        |                        | om, apt., suite no. and street, or P.<br>nce, country, and ZIP or foreign pos     |                                | structions)  | (EIN)                               | 05-0374030                        |
| -                      | IC APPLIANCE & B       |   | tar code (ii rororgri, coo iii | on donorio)  |                                     | s telephone number<br>01-331-5548 |
|                        |                        |   |                                |  | 2d Business                         | code (see instructions)           |
| 280 BROAD<br>PROVIDENC |                        |   |                                |  |                                     | 339110                            |
|                        |                        |   |                                |  |                                     |                                   |
| 3a Plan a              | dministrator's name    | and address 🏻 Same as Plan Spo  | onsor.                         |  | <b>3b</b> Administra                | ator's EIN                        |
|                        |                        |   |                                |  | 3c Administra                       | ator's telephone number           |
|                        |                        |   |                                |  | OO /tallilliout                     | ator o tolophone nambor           |
|                        |                        |   |                                |  |                                     |                                   |
| 4                      |                        |   |                                |  | 41                                  |                                   |
|                        |                        | he plan sponsor or the plan name honsor's name, EIN, the plan name                |                                |  | 4b EIN                              |                                   |
|                        | or's name              |   |                                |  | 4d PN                               |                                   |
| C Plan N               | lame                   |   |                                |  |                                     |                                   |
| <b>5a</b> Total        | number of participan   | ts at the beginning of the plan year  |                                |  | 5a                                  | 8                                 |
| <b>b</b> Total         | number of participan   | ts at the end of the plan year  |                                |  | 5b                                  | 7                                 |
|                        |                        | h account balances as of the end of   |                                |  | 5c                                  | 4                                 |
| <b>d(1)</b> Tot        | al number of active p  | participants at the beginning of the p  | olan year                      |  | 5d(1)                               | 7                                 |
|                        |                        | participants at the end of the plan ye  |                                |  | 5d(2)                               | 7                                 |
|                        |                        | no terminated employment during th  | ' '                            |  | 5e                                  | 0                                 |
| Caution: A             | A penalty for the late | e or incomplete filing of this retu   | n/report will be assesse       | ed unless reasonable ca                                  |                                     |                                   |
| SB or Sche             |                        | other penalties set forth in the instruand signed by an enrolled actuary, nplete. |                                |  |                                     |                                   |
| SIGN                   | Filed with authorize   | d/valid electronic signature.   | 10/08/2019                     | MARIA LONARDO  |                                     |                                   |
| HERE                   | Signature of plan      | administrator   | Date                           | Enter name of individ                                    | ual signing as pl                   | an administrator                  |
| SIGN                   |                        |   |                                |  |                                     |                                   |
| HERE                   | Signature of emp       | loyer/plan sponsor  | Date                           | Enter name of individ                                    | ual signing as er                   | mployer or plan sponsor           |

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| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  | Ind must inste   |          |            | X Yes   No               |
|---|------------------|----------|------------|--------------------------|
| If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for  | or this plan yea |          | Y          | 00. es No Not determined |
| Part III Financial Information  |                  |          |            |                          |
| 7 Plan Assets and Liabilities (a) Beg   | inning of Yea    | r        |            | (b) End of Year          |
| a Total plan assets   | 940888           |          |            | 735014                   |
| <b>b</b> Total plan liabilities   |                  |          |            |                          |
| C Net plan assets (subtract line 7b from line 7a)   | 940888           |          |            | 735014                   |
| 8 Income, Expenses, and Transfers for this Plan Year (a)  | Amount           |          |            | (b) Total                |
| a Contributions received or receivable from: (1) Employers  | 3383             |          |            |                          |
| (2) Participants  | 5345             |          |            |                          |
| (3) Others (including rollovers)  |                  |          |            |                          |
| b Other income (loss)   | 38277            |          |            |                          |
| <b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   |                  |          |            | 47005                    |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 252754           |          |            |                          |
| e Certain deemed and/or corrective distributions (see instructions) 8e  |                  |          |            |                          |
| f Administrative service providers (salaries, fees, commissions) 8f   |                  |          |            |                          |
| g Other expenses  | 125              |          |            |                          |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)   |                  |          |            | 252879                   |
| i Net income (loss) (subtract line 8h from line 8c)   |                  |          |            | -205874                  |
| j Transfers to (from) the plan (see instructions)   |                  |          |            |                          |
| Part IV Plan Characteristics  |                  |          |            |                          |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the L 2E 2F 2G 2J 2K 3D   | _ist of Plan Cha | ıracteri | stic Codes | s in the instructions:   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the Lis   | st of Plan Char  | acteris  | tic Codes  | in the instructions:     |
| Part V Compliance Questions   |                  |          |            |                          |
| 10 During the plan year:  |                  | Yes      | No         | Amount                   |
| Was there a failure to transmit to the plan any participant contributions within the time peri described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre Program)                           | ection           |          | X          |                          |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transacreported on line 10a.)  | ctions           |          | Х          |                          |
| C Was the plan covered by a fidelity bond?  | 10c              | X        |            | 220000                   |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caby fraud or dishonesty?  | aused            |          | Х          |                          |
| • Were any fees or commissions paid to any brokers, agents, or other persons by an insural carrier, insurance service, or other organization that provides some or all of the benefits ur the plan? (See instructions.) | nder             | X        |            | 2575                     |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan?  | 10f              |          | X          |                          |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)   |                  |          | Х          |                          |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.)   |                  |          | X          |                          |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3   |                  |          |            |                          |

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|-----------------------|-------------------|
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| Part | VI Pension Funding Compliance   |                  |     |                        |          |
|------|---|------------------|-----|------------------------|----------|
| 11   | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)   |                  | В   | Y                      | es No    |
| 11a  | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  | 11a              |     |                        |          |
| 12   | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  |                  | :   | Y                      | es X No  |
|      | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |                  |     |                        |          |
| а    | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver  | d enter t<br>Day |     | of the lette<br>Year _ | r ruling |
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |                  |     |                        |          |
| b    | Enter the minimum required contribution for this plan year  | 12b              |     |                        |          |
| С    | Enter the amount contributed by the employer to the plan for this plan year   | 12c              |     |                        |          |
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)   | 12d              |     |                        |          |
| е    | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |                  | Yes | No                     | N/A      |
| Part | VII Plan Terminations and Transfers of Assets   |                  |     |                        |          |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?   |                  | Yes | × N                    | 0        |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer this year   | 13a              |     |                        |          |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |                  |     | Yes X                  | No       |
| С    | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to               |     |                        |          |
| 1    | <b>3c(1)</b> Name of plan(s): 13c(2)  | EIN(s)           |     | 13c(3)                 | PN(s)    |
|      |   |                  |     |                        |          |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2018

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| Part I   | Annual Renor   | at Idantification Information   |   |   |  |   |  |  |
|--|--|---|---|---|--|---|--|--|
|  |  | t Identification Information  |   |   | 0.0100   | 10000   |  |  |
| For calend   | dar plan year 2018 or  | fiscal plan year beginning  | 07/01/2018  | and ending  | 06/30  |   |  |  |
| A This re  | eturn/report is for:   | a single-employer plan  | list of participating e   | plan (not multiemployer)<br>employer information in a   | THE RESERVE OF THE PARTY OF THE |   |  |  |
| Dri  |  | a one-participant plan  | a foreign plan  |   |  |   |  |  |
| B This re  | eturn/report is  | the first return/report   | the final return/repor  | t   |  |   |  |  |
|  |  | an amended return/report  | a short plan year ret   | urn/report (less than 12  | months)  |   |  |  |
| C Check  | k box if filing under:   | ∏ Form 5558   | automatic extension   |   | ☐ DFVC prog  | ıram  |  |  |
|  |  | special extension (enter des  | cription)   |   |  |   |  |  |
| Part II  | Basic Plan Int   | formation—enter all requested in  | nformation  |   |  |   |  |  |
| 1a Name<br>Ort   | e of plan  | ance & Brace Center,  |   | ering Plan  | 1b Three-d<br>plan nu<br>(PN)  | mber  |  |  |
|  |  |   |   |   | 1c Effective   | e date of plan  |  |  |
| Mailir   | ng address (include ro   | oloyer, if for a single-employer plan)<br>som, apt., suite no. and street, or P.<br>nce, country, and ZIP or foreign pos  | O. Box)   | structions)   | (EIN) 0  | er Identification Number<br>5-0374030                 |  |  |
|  |  | ance & Brace Center   | otta cooc (a torcigi), acc iii  | air desions)  | 2c Sponsor's telephone number 401-331-5548   |   |  |  |
| 280  | Broadway   |   |   |   |  | s code (see instructions)                             |  |  |
| Pro  | vidence  | RI 029  | 903   |   | 22011  |   |  |  |
|  |  | and address Same as Plan Spi  |   |   | 339110   |   |  |  |
|  |  | and doubless by Saint as Flan Spi   | onsor.  |   | 3b Adminis   |   |  |  |
| 4 If the   | name and/or EIN of I   | the plan sponsor or the plan name I   | has changed since the last  | t return/report filed for   |  |   |  |  |
| this p   | plan, enter the plan sp  |   | has changed since the last  | t return/report filed for<br>the last return/report.  | 3c Adminis   |   |  |  |
| this p   | plan, enter the plan sp<br>nsor's name   | the plan sponsor or the plan name I   | has changed since the last  | t return/report filed for<br>the last return/report.  | 3c Adminis   |   |  |  |
| a Spon   | plan, enter the plan sp<br>isor's name<br>Name   | the plan sponsor or the plan name loonsor's name, EIN, the plan name  | has changed since the last<br>and the plan number from  | the last return/report.   | 3c Adminis   |   |  |  |
| a Spon<br>c Plan   | plan, enter the plan sp<br>nsor's name<br>Name   | the plan sponsor or the plan name loonsor's name, EIN, the plan name  | has changed since the last<br>and the plan number from  | the last return/report.   | 3c Adminis 4b EIN 4d PN  |   |  |  |
| a Spon<br>c Plan<br>5a Total<br>b Total<br>c Num   | plan, enter the plan sp<br>isor's name<br>Name<br>I number of participan<br>I number of participan   | the plan sponsor or the plan name loonsor's name, EIN, the plan name at the beginning of the plan year that the end of the plan year who account balances as of the end of  | has changed since the last<br>and the plan number from  | the last return/report.   | 3c Adminis 4b EIN 4d PN  |   |  |  |
| a Spon C Plan  5a Total b Total C Number   | plan, enter the plan spasor's name Name I number of participan I number of participans there of participants with plete this item)   | the plan sponsor or the plan name loonsor's name, EIN, the plan name at the beginning of the plan year is at the end of the plan year is at the end of the plan year.   | has changed since the last<br>and the plan number from  | the last return/report.   | 3c Adminis 4b EIN 4d PN 5a 5b 5c   |   |  |  |
| a Spon c Plan  5a Total b Total c Num comp d(1) To   | plan, enter the plan spasor's name  Name  I number of participan I number of participans with plete this item)   | the plan sponsor or the plan name loonsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of participants at the beginning of the plan year account balances as of the end of the plan year.  | has changed since the last<br>and the plan number from<br>the plan year (only define  | the last return/report.   | 3c Adminis 4b EIN 4d PN 5a 5b 5c 5d(1)   |   |  |  |
| this g<br>a Spon<br>c Plan<br>5a Total<br>b Total<br>c Numi<br>comp<br>d(1) To<br>d(2) To<br>e Num   | plan, enter the plan spasor's name Name I number of participan I number of participans there of participants wit plete this item) tal number of active potal number of active potal number of active p   | the plan sponsor or the plan name loonsor's name, EIN, the plan name at the beginning of the plan year is at the end of the plan year is at the end of the plan year.   | has changed since the last<br>and the plan number from<br>the plan year (only define<br>plan year   | the last return/report.   | 3c Adminis 4b EIN 4d PN 5a 5b 5c 5d(1)   |   |  |  |
| this page a Spon C Plan C Plan Sa Total b Total C Number compage d(1) To d(2) To e Number caution: Under per SB or Sch   | plan, enter the plan spasor's name Name I number of participan I number of active potal number of active pate of participants who allow wested A penalty for the laternalities of perjury and  | the plan sponsor or the plan name toonsor's name, EIN, the plan name its at the beginning of the plan year is at the end of the plan year.  In account balances as of the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year in the plan year. | has changed since the last and the plan number from the plan plan year (only define plan year with accrued the plan year with a year with | ed contribution plans benefits that were less ind unless reasonable cove examined this return/reportersion of this return/reportersion. | 3c Adminis  4b EIN  4d PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is establise eport, including, ort, and to the be  | shed.   |  |  |
| this part and the special spec | I number of participan in number of participants with plete this item). In the plete this item, and in number of active probably for participants with 100% vested.  A penalty for the later in a penalty for the later in number of perjury and the dule MB completed is true, correct, and control in the plete in the | the plan sponsor or the plan name toonsor's name, EIN, the plan name its at the beginning of the plan year is at the end of the plan year. In account balances as of the end of the plan year in account balances as of the end of the plan year countricipants at the beginning of the plan year continued to the plan year to terminated employment during the or incomplete filling of this return other penalties set forth in the instrument of the plan year of the plan year.  | has changed since the last and the plan number from the plan plan year (only define plan year with accrued the plan year with a year with | ed contribution plans benefits that were less d unless reasonable c   | 3c Adminis  4b EIN  4d PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is establise eport, including, ort, and to the be  | shed.   |  |  |
| this part of the state of the s | plan, enter the plan spasor's name Name I number of participan I number of participan I ber of participans wit plete this item) otal number of active p otal number of participants wit of partici | the plan sponsor or the plan name toonsor's name, EIN, the plan name its at the beginning of the plan year is at the end of the plan year. In account balances as of the end of the plan year in account balances as of the end of the plan year countricipants at the beginning of the plan year continued to the plan year to terminated employment during the or incomplete filling of this return other penalties set forth in the instrument of the plan year of the plan year.  | has changed since the last and the plan number from the plan plan year (only define plan year with accrued the plan year with a year with | ed contribution plans benefits that were less ind unless reasonable cove examined this return/reportersion of this return/reportersion. | 3c Adminis  4b EIN  4d PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is establise eport, including, and to the be   | shed. If applicable, a Schedulest of my knowledge and |  |  |
| this part and the special spec | I number of participan in number of participants with plete this item). In the plete this item, and in number of active probably for participants with 100% vested.  A penalty for the later in a penalty for the later in number of perjury and the dule MB completed is true, correct, and control in the plete in the | the plan sponsor or the plan name toonsor's name, EIN, the plan name its at the beginning of the plan year is at the end of the plan year. In account balances as of the end of the plan year in account balances as of the end of the plan year countricipants at the beginning of the plan year continued to the plan year to terminated employment during the or incomplete filling of this return other penalties set forth in the instrument of the plan year of the plan year.  | has changed since the last and the plan number from the plan number from the plan year (only define plan year ear eplan year with accrued the plan year.   | ed contribution plans benefits that were less d unless reasonable contribution of this return/report Maria Lonardo                      | 3c Adminis  4b EIN  4d PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is establis eport, including, ort, and to the below  | shed. If applicable, a Schedulest of my knowledge and |  |  |

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| b               | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility  | an independ<br>and condition  | dent qualified public a  | ccounta                         | ant (IQ | PA)    |           | Yes Yes  | No No  |
|-----------------|--|---|--|---------------------------------|---------|--------|-----------|----------|--------|
| С               | If you answered "No" to either line 6a or line 6b, the plan cann<br>if the plan is a defined benefit plan, is it covered under the PBGC ir<br>If "Yes" is checked, enter the My PAA confirmation number from the   | nșurance pro  | ogram (see ERISA se  | ection 4                        | 021)?   |        | No [      | Not dete |        |
| Par             | t III   Financial Information  |   |  |                                 |         |        |           |          |        |
| 7               | Plan Assets and Liabilities  | 140 - 53  | (a) Beginning of   | of Year                         |         |        | (b) End o | of Year  |        |
| a               | Total plan assets  | 7a  |  | 940,                            | 888     |        |           | 7        | 35,01  |
| b               | Total plan liabilities   | 7b  |  |                                 |         |        |           |          |        |
| С               | Net plan assets (subtract line 7b from line 7a)  | 7c  |  | 940,                            | 888     |        |           | 7        | 35,01  |
| 8               | Income, Expenses, and Transfers for this Plan Year   |   | (a) Amoun  | t                               |         |        | (b) To    | otal     |        |
| a               | Contributions received or receivable from: (1) Employers   | 8a(1)   |  |                                 | 383     |        |           |          |        |
|                 | (2) Participants   | 8a(2)   |  | 5,                              | 345     |        |           | 200      |        |
|                 | (3) Others (including rollovers)   | 8a(3)   |  |                                 |         |        | 45,75     |          |        |
| b               | Other income (loss)  | 8b  |  | 38,                             | 277     |        |           |          |        |
| С               | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c  |  |                                 | 2003    |        |           |          | 47,00  |
| d               | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d  |  | 252,                            | 754     |        |           |          |        |
| е               | Certain deemed and/or corrective distributions (see instructions)  | 8e  |  |                                 |         | 150    |           |          |        |
| f               | Administrative service providers (salaries, fees, commissions)   | 8f  |  |                                 |         |        |           |          |        |
| g               | Other expenses   | 8g  |  |                                 | 125     |        |           |          |        |
| h               | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h  |  |                                 |         |        |           | -        | 52,87  |
| i               | Net income (loss) (subtract line 8h from line 8c)  | . 8i  |  |                                 |         |        |           | -2       | 05,87  |
| j               | Transfers to (from) the plan (see instructions)  | 8j  |  |                                 |         |        | 2000      |          |        |
| 9a<br>b         | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the compliance Questions   |   | •  |                                 |         |        |           |          |        |
|                 | LY   Compliance Questions  |   |  |                                 |         |        |           |          |        |
| 10              |  |   |  |                                 | Voc     | No.    |           |          |        |
| 10<br>a         | During the plan year:  | Voluntary Fi  | duciary Correction   | 10a                             | Yes     | No X   | A         | Amount   |        |
| а               | During the plan year:  Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Version of the plan and policy o | Voluntary Fi  | duciary Correction   | 10a                             | Yes     |        | A         | Amount   |        |
| а               | During the plan year:  Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  | Voluntary Fi  | duciary Correction   |                                 | Yes     | X      | A         |          | 20,00  |
| b               | During the plan year:  Was there a failure to transmit to the plan any participant contributes of the plan and policy of the plan year.  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  | Voluntary Fi  | duciary Correction  nclude transactions  d, that was caused  | 10b                             |         | X      | A         |          | 20,00  |
| b c d           | During the plan year:  Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's   | voluntary Fi<br>t? (Do not in<br>a fidelity bon<br>ther persons<br>me or all of t                           | duciary Correction  nclude transactions  d, that was caused  by an insurance he benefits under       | 10b<br>10c                      |         | x      | A         |          | 20,000 |
| a b c d         | During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor  | Voluntary Fi<br>t? (Do not in<br>a fidelity born<br>ther persons<br>the or all of t                         | duciary Correction  nclude transactions  d. that was caused  by an insurance he benefits under       | 10b<br>10c<br>10d               | X       | x      | A         |          |        |
| a b c d         | During the plan year:  Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plans.   | voluntary Fi<br>it? (Do not in<br>is fidelity born<br>ther persons<br>me or all of t                        | duciary Correction  nclude transactions  d, that was caused  by an insurance he benefits under       | 10b<br>10c<br>10d<br>10e<br>10f | X       | x      | A         |          |        |
| a b c c d d e e | During the plan year:  Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sorthe plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans?  | voluntary Fi  tt? (Do not in  fidelity born  ther persons  me or all of the  an?  as of year-e  (See instru | duciary Correction  and that was caused  by an insurance he benefits under  and.)  ctions and 29 CFR | 10b<br>10c<br>10d               | X       | x<br>x | A         |          |        |

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| Part VI Pension Funding Compliance   |  |         |     |           |          |                  |
|--|--|---------|-----|-----------|----------|------------------|
| 11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con<br>(Form 5500) and line 11a below)  | mplete Sche  | edule S | В   |           | Yes      | No               |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |  | 11a     |     |           |          |                  |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   | e or section   | 302 0   |     |           | Yes      | X No             |
| If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.      Mor   | ections, and   | enter t |     | the lette | er rulir | ng               |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |  |         |     |           |          |                  |
| b Enter the minimum required contribution for this plan year   |  | 12b     |     |           |          |                  |
| C Enter the amount contributed by the employer to the plan for this plan year  | The state of the s | 12c     |     |           |          |                  |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left<br>negative amount)  | ofa  | 12d     |     |           |          |                  |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?   |  |         | Yes | No        | N        | I/A              |
| Part VII Plan Terminations and Transfers of Assets   |  |         |     |           |          |                  |
| 13a Has a resolution to terminate the plan been adopted in any plan year?  |  |         | Yes | N         | No       |                  |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year  |  | 13a     |     |           |          |                  |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought<br>control of the PBGC?   | under the  |         |     | Yes 5     | X No     |                  |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred.  | the plan(s)  | to      |     |           |          |                  |
| 13c(1) Name of plan(s):  | 13c(2)   | EIN(s)  |     | 13c(3     | 3) PN(   | s)               |
|  |  |         |     |           |          |                  |
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