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

| A This return/report is or: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 a utomatic extension DFVC program DFVC program paperal extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan The RUSHING COMPARY 401(N) PLAN 1b Three-digit plan number Plan sponsor's name (employer. If for a single-employer plan) 001 1c Effective date of plan Malling address (include rown, apt. suite for and street or P.O. Box) Cry or town, state or province, country, and ZIP or foreign postal code (if foreign, sae instructions) 2d Business code (see instructions) 2d Post P | Part I Annu | al Report Iden | itification information | 1 | | | | | | | | | |
|--|---|-----------------------|-------------------------------------|--------------------|-------------------------|-------------------------|--|-----------------------------------|--------------------|--|--|--|--|
| A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form \$558 automatic extension DFVC program DFVC program | For calendar plan ye | ear 2018 or fiscal pl | lan year beginning 01/01/2 | 2018 | | and ending 12 | 2/31/20 |)18 | | | | | |
| B This return/report is | A This return/repo | xt is for: | เ single-employer plan | yor plan \square | | | | | - | | | | |
| Intelligence Inte | | Па | one-participant plan | | | , ,, | | | , | | | | |
| C Check box if filing under: | B This return/repor | t is | ne first return/report | the | final return/report | | | | | | | | |
| Special extension (enter description) | | × a | in amended return/report | a s | hort plan year return | /report (less than 12 m | onths) | onths) | | | | | |
| Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 1b Three-digit plan number (PN) 001 1c Effective date of plan 0306/2006 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no, and street, or P.O. Box) 2b Employer Identification Number (EIN) 20-4417642 2c Sponsor's telephone number 20-2457602 2d Business code (see instructions) 2d Business code (see ins | C Check box if filin | g under: | orm 5558 | au | tomatic extension | | DF | VC program | | | | | |
| THE RUSHING COMPANY 401(K) PLAN 2a 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) THE RUSHING COMPANY 2725 WESTLAKE AVE N. SUITE 300 SEATTLE. WA 98109 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 206-285-7100 2d Business code (see instructions) 541330 3c Administrator's telephone number 306-285-7100 2d Business code (see instructions) 541330 3d Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 106-1100 4 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. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Description of the plan year of the plan year of plan year of participants at the end of the plan year. 5 Description of the plan year of the plan year of participants at the end of the plan year. 5 Description of the plan year of the plan year. 5 Description of the plan year of the plan year of the plan year | | s | pecial extension (enter description | ription) | | | | | | | | | |
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| City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE RUSHING COMPANY 2C Sponsor's telephone number 206-285-7100 2d Business code (see instructions) 541330 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 3c Administrator's telephone number 4d 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. 3 Sponsor's telephone number 4d EIN 4b EIN 4d PN 5a Total number of participants at the beginning of the plan year. 5a 72 b Total number of participants at the end of the plan year. 5c 89 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d (2) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d (2) Total number of active participants at the end of the plan year with acc | | | | O. Box) | | | | | | | | | |
| 206-285-7100 2d Business code (see instructions) 1725 WESTLAKE AVE N, SUITE 300 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d(2) Total number of active participants at the beginning of the plan year. 5c 89 6d(2) 79 6d(2) 79 7e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants who terminated employment during the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6d(2) Total number of active participants at the end of the plan year with acc | | | | | (if foreign, see instru | uctions) | | | | | | | |
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| 3a Plan administrator's name and address Same as Plan Sponsor. 4 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. 4 Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year | | | | | | | 2d Business code (see instructions) | | | | | | |
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| 4 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year | SEATTLE, WA 90103 | | | | | | | | | | | | |
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| this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year | | | | | | | 3c Administrator's telephone number | | | | | | |
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| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year | 5a Total number of participants at the beginning of the plan year | | | | | - | | | | | | | |
| d(1) Total number of active participants at the beginning of the plan year | · · · | | | | | 5k |) | 96 | | | | | |
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| Provided the second street of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator | d(1) Total number of active participants at the beginning of the plan year | | | | | | - | 48 | | | | | |
| 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE | | | | | | 5d(| 2) | 79 | | | | | |
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| SB or Schedule MB completed and signed by an enrolled actuary, 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. SIGN Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | | | | | | | | | | | | | |
| SIGN HERE Filed with authorized/valid electronic signature. 09/16/2020 ROBERT SCOTT RUSHING Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE HERE | SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and | | | | | | | | | | | | |
| Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF | | | electronic signature. | | 09/16/2020 | ROBERT SCOTT RUS | SHING | i | | | | | |
| HERE | HERE Signat | ure of plan admini | istrator | | Date | Enter name of individ | ual sig | ual signing as plan administrator | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | | | | | | | | |
| | HERE Signat | ure of employer/pl | lan sponsor | | Date | Enter name of individ | ual sig | ning as employe | er or plan sponsor | | | | |

Form 5500-SF (2018) Page **2**

| b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes New John Press New John Press | | Were all of the plan's assets during the plan year invested in eligib | | | | | | | X Yes | No | |
|--|----------|--|--|---------------------------|---------|---------|-----------|-------------------|---------------|----------|--|
| If you answered "No" to either line Sa or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500-L | b | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | | | | | | | X Yes | П № | |
| If "Yee" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | | · · · · · · · · · · · · · · · · · · · | | | | | | ш | □ | | |
| Part III Financial Information 7 Plan Assets and Liabilities 7a (a) Beginning of Year 4511670 4465042 b Total plan assets (authorities 7b from line 7a) 7b 7a 4511670 4465042 c Not plan assets (southract line 7b from line 7a) 7c 4311870 4465042 8 Income, Expenses, and Transfors for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 8a(1) 224176 (2) Participants 8a(2) 489046 (3) Others (including rollovers) 8a(3) 31643 b Other income (loss) 8a(3) 31643 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8b 469463 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 469463 d Benefits paid (including direct rollovers and insurance) 8d 305612 e Cortain deemed and/or corrective distributions (see instructions) 8d 1679 g Other expenses 8d 1679 g Other expenses (add lines 8d, 8d, 8d, 8d, 8d, 8d) 8d 307291 h Total expenses (add lines 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d) 8d 307291 j Transfers to (from) the plan (see instructions) 8l 18 1679 g If the plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Plan Characteristics Ag Participant contributions within the time period described in 29 CFR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 20 FR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 20 FR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 20 FR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 20 FR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 20 FR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 20 FR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 20 FR 2510-21027 (See instructions and DC) v voluntary Fiduciary Correction Program 10a 10a V voluntary Fiduciary Corre | С | c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ | | | | | | | Not dete | rmined | |
| 7 Plan Assets and Liabilities | | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year(| | | | | | | . (See instru | ctions.) | |
| 7 Plan Assets and Liabilities | Pa | rt III Financial Information | | | | | | | | | |
| a Total plan assets | | | | (a) Beginning (| of Year | | | (b) End | of Year | | |
| b Total plan liabilities | а | | 7a | ,, , | | | | (/ =:::: | | | |
| 8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 224176 (2) Participants. 8a(2) 498046 (3) Others (including rollovers) | | · | 7b | | | | | | | | |
| a Contributions received or receivable from: (1) Employers (2) Participants | С | Net plan assets (subtract line 7b from line 7a) | 7c | 43° | 4311870 | | | 4465042 | | | |
| (1) Employers 8a(1) 224176 (2) Participants 8a(2) 498046 (3) Others (including rollovers). 8a(3) 31643 b Others (including rollovers). 8a(3) 31643 c Total income (loss) | 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | (b) Total | | | | |
| (2) Participants | а | | 0-(4) | 20 | 04476 | | | | | | |
| (3) Others (including rollovers) | | = | | | | | | | | | |
| b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) B C Benefits paid (including direct rollovers and insurance premiums to provide benefits). B C Cettain deemed and/or corrective distributions (see instructions). B C Cettain deemed and/or corrective distributions (see instructions). B C Cettain deemed and/or corrective distributions (see instructions). B C Cettain deemed and/or corrective distributions (see instructions). B C C Cettain deemed and/or corrective distributions (see instructions). B C C Cettain deemed and/or corrective distributions (see instructions). B C C Cettain deemed and/or corrective distributions (see instructions). B C C C Cettain deemed and/or corrective distributions (see instructions). B C C C C C C C C C C C C C C C C C C | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | · · · | | | -293402 | | | 460463 | | | |
| to provide benefits) | | | 00 | | | | | | 100100 | | |
| f Administrative service providers (salaries, fees, commissions) | | | 8d | 30 | 305612 | | | | | | |
| g Other expenses | <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 307291 i Net income (loss) (subtract line 8h from line 8c) 8i 153172 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10g X 20706 f Has the plan failed to provide any benefit when due under the plan? 10f X 250.101-3) 10g X 6472 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3) 10f Was answered "Yes," check the box if you either provided the required notice or one of the | f | Administrative service providers (salaries, fees, commissions) | 8f | | 1679 | _ | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) 8i 153172 j Transfers to (from) the plan (see instructions) 8j 153172 part IV Plan Characteristics ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 20706 f 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.) 10g X 6472 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X | g | Other expenses | 8g | | | | | | | | |
| Transfers to (from) the plan (see instructions) | <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | <u> </u> | | 8i | | | | | | 153172 | | |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). 10e X 20706 f Has the plan failed to provide any benefit when due under the plan?< | | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 100 | | | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 9a | | feature co | des from the List of Pla | an Cha | racteri | stic Co | odes in the inst | ructions: | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? | b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Plan | n Chara | acteris | ic Cod | des in the instru | ıctions: | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? | | | | | | | | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | t V Compliance Questions | | | | | ı | 1 | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | <u> </u> | ا ما دار د ما دار دار دار دار دار دار دار دار دار دا | | | Yes | No | , | Amount | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | а | described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction | | | | | X | | | | |
| C Was the plan covered by a fidelity bond? | b | b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions | | | 10b | | X | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | С | | | | 10c | X | | | 5000 | 00 | |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | d | · · · · · · · · · · · · · · · · · · · | | | 10d | | X | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under | | | | X | | | 207 | 06 | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | f | f Has the plan failed to provide any benefit when due under the plan? | | | | | X | | | | |
| 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | <u> </u> | | | | | X | | | 64 | 72 | |
| | h | 2520.101-3.) | | | 10h | | Χ | | | | |
| | i | | | | 10i | | | | | | |

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| Part | VI Pension Funding Compliance | | | | | | | |
|---|---|-------|-----|---------------------|--|--|--|--|
| 11 | 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | | | | | | |
| 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 302 of ERISA? | | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | a 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 letter ruling granting the waiver | | | | | | | |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left 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 | s 🔀 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 under the control of the PBGC? |) | | Yes X No | | | | |
| C 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.) | | | | | | | | |
| 13c(1) Name of plan(s): 13c(2 | | | | 13c(3) PN(s) | | | | |
| | | | | | | | | |