#### 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		<u>t Identification Information</u>							
For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018				
a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
	a one-participant plan a foreign plan								
<b>b</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım			
		special extension (enter desc	• •			_			
Part II	Basic Plan Info	ormation—enter all requested in	formation		•				
1a Name WOODSIDE	of plan E ANIMAL HOSPITAL	401(K) PLAN			1b Three-dig plan numl (PN) ▶				
					1c Effective	date of plan 01/01/1994			
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number			
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	tructions)	(EIN)	20-2273204			
MIKEN, INC	•	se, country, and Zii or foreign post	tar code (ii foreign, see ins	tractions)		s telephone number 60-871-3335			
WOODSIDE	ANIMAL HOSPITAL				2d Business	code (see instructions)			
1601 WOOD	DS RD. S.E. HARD, WA 98366					541940			
TOTAL OTTO	, , , , , , , , , , , , , , , , , , ,								
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN			
					3c Administra	ator's telephone number			
					7 Administra	ator o telephone number			
4					4.				
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	sor's name	•	·	·	4d PN				
C Plan N	Name								
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			. 5a	25			
<b>b</b> Total	number of participants	s at the end of the plan year			. 5b	27			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			•	5c					
d(1) Total number of active participants at the beginning of the plan year			5d(1)						
d(2) Total number of active participants at the end of the plan year			5d(2) 2						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			. <b>5e</b> 3						
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable ca					
SB or Scho		other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con							
SIGN		d/valid electronic signature.	04/12/2019	MICHAEL VAN HORN	N				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	of individual signing as employer or plan sponso				

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account t instea	ant (IC	QPA) • Form	 1 5500.	Yes No Yes No	
C	If "Yes" is checked, enter the My PAA confirmation number from the					-		ee instructions.)	
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	/ear	
а	Total plan assets	7a	8	51207			, ,	570161	
b	Total plan liabilities	7b		0					
С	Net plan assets (subtract line 7b from line 7a)	7c	8	51207			!	570161	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total			
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		17394					
	(2) Participants	8a(2)		23092					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	-	22588					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17898	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	98259					
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		685					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							298944	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)						-:	281046	
	j Transfers to (from) the plan (see instructions)								
	rt IV   Plan Characteristics			- 01		0			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 2A 2F	reature co	odes from the list of Pi	an Cna	racteri	Stic Co	odes in the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instruction	ons:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amo	ount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
b	Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a		X			
	N				X			100000	
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X		100000	
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 the plan? (See instructions.)				X			743	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
9	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							82659	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

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1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

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

# 6571

# Filing Authorization for the 2018 Form 5500-SF

Name of Plan: Woodside Animal Hospital 401(k) Plan

EIN / PN: 20-2273204/001

Plan Year Ending: December 31, 2018

## Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:

Michael Van Hørn

\_\_\_\_ Date: 4/17/20/9

### 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**

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** 

Parti		t Identification Information				
For calend	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/	
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) employer information in a		
D well and						
D Inis ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ram
F	Ta	special extension (enter desc	'			
Part II		ormation—enter all requested in	nformation			
1a Name WOOI		HOSPITAL 401(K) PLAN			1b Three-di plan nur (PN) ▶	
					1c Effective	date of plan /1994
2a Plan s Mailine	ponsor's name (empi	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	C Box)			r Identification Number
City or	town, state or provin	ce, country, and ZIP or foreign posi	tal code (if foreign, see ins	tructions)	<b>}</b>	7-2273204
MIKE	EN, INC.					's telephone number 71-3335
1601	WOODS RD, S	WOODSIDE ANIM	AL HOSPITAL		ļ	s code (see instructions)
1001	. WOODS RD, S	. E .				,
PORT	ORCHARD	WA 983	66		54194	0
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor,		3b Administ	rator's EIN
		L				
					3c Administ	rator's telephone number
4 If the r	name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN	
a Spons	or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N	ame				13, 11	
•						
		s at the beginning of the plan year			5a	25
<b>b</b> Total r	number of participants	s at the end of the plan year			. 5b	27
compl	ete this item)	account balances as of the end of			5c	23
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	20
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	21
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	3		
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	l uniess reasonable ca	use is establis	hed.
SB or Sche	ilties of perjury and of	ther penalties set forth in the instruction of signed by an enrolled actuary, a	ctions. I declare that I have	e examined this return/re	nort including	if applicable, a Schedule
SIGN	MULL	1/1 (lly	4/17/7/19	MICHAEL VAN H	ORN	
HERE	Signature of plan a	ndministrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN	•					
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor
For Paperwo		e see the Instructions for Form 6500				

	Page 2	2

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.)	
under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).  If you answered "No' to either line 6 at or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	es 🗌 No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	es No
Part III   Financial Information   Financial Informa	••••
Part III   Financial Information   Total plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   a Total plan Assets and Liabilities   7a   851, 207   b Total plan Isbilities   7b   0   0   0   0   0   0   0   0   0	etermined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 851, 207 b Total plan assets. 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 851, 207  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 17, 394 (2) Participants 8a(2) 23, 092 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b -22, 588 c Total income (loss) 8b -22, 588 c Total emend and/or corrective distributions (see instructions) 8c 6 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 298, 259 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 685 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract fine 8h from line 8c) 8l i Net income (loss) (subtract fine 8h from line 8c) 8l if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  Part IV Plan Characteristics  Part IV Compliance Questions  10 During the plan year: 9 No Amount 9 Amount 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions propried on line 10a). 9 c Was the plan provede by a fidelity bond? 10 by the plan a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	ructions.)
a Total plan assets. 7a 851, 207  b Total plan liabilities. 7b 0  c Net plan assets (subtract line 7b from line 7a) 7c 851, 207  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 17, 394  (2) Participants 8a(2) 23, 092  (3) Others (including rollovers) 8a(3)  b Other income (loss) 8a(3) 8b -22, 588  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 298, 259  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses 8d, 8e, 8f, and 8g) 8h  i Net income (loss) (subtract line 8h from line 8c) 8i  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:  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 2510,3-1027 (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) 4D did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	<del></del>
a Total plan assets	
C Net plan assets (subtract line 7b from line 7a) 7c 851, 207  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 17, 394  (2) Participants 8a(2) 23, 092  (3) Others (including rollovers). 8a(3)  b Other income (loss) 8b -22, 588  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 298, 259  e Certain deemed and/or corrective distributions (see instructions). 8e  f Administrative service providers (salaries, fees, commissions). 8f  g Other expenses. 8g  h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h  i Net income (loss) (subtract line 8h from line 8c). 8i  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 2G 2J 2K 2T 3D 2A 2F  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 2A 2F  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 2A 2F  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 2A 2F  b Under the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 2A 2F  b Under the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 2A 2F  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 4  c Was the plan covered by a fidelity	570,161
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from: (1) Employers	570,161
(1) Employers 8a(1) 17, 394  (2) Participants 8a(2) 23, 092  (3) Other (including rollovers) 8a(3)  b Other income (loss) 8b -22, 588  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 298, 259  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f 685  g Other expenses 8g  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h  i Net income (loss) (subtract line 8h from line 8c) 8l  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 2G 2J 2K 2T 3D 2A 2F  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2T 3D 2A 2F  D During the plan year: Yes No Amount aways 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 10b X  c Was the plan covered by a fidelity bond? 10c X  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 1	
(2) Participants	
Solution	
b Other income (loss)	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 298, 259  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f 685  g Other expenses 8d 9h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h  i Net income (loss) (subtract line 8h from line 8c) 8i  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 2G 2J 2K 2T 3D 2A 2F  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  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	17 000
to provide benefits)	17,898
e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f 685  g Other expenses	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<del></del>
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
Part IV   Plan Characteristics	298,944
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 2G 2J 2K 2T 3D 2A 2F  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  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	281,046
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 2G 2J 2K 2T 3D 2A 2F  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  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	
Second	
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)	
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?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	
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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.)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
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?	100,000
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.)	743
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.)	82,659
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	

Form 5500-SF (2018)		Page <b>3</b> -						
Part VI Pension Funding Co	ompliance						•••••••••••••••••••••••••••••••••••••••	<del></del>
11 Is this a defined benefit plan su (Form 5500) and line 11a below	bject to minimum funding requirements? v)	(If "Yes," see instructions an	d complete Sch	edule S	В		Yes	No
	ired contributions for all years from Sche				•			
12 Is this a defined contribution pl ERISA?	an subject to the minimum funding requi	rements of section 412 of the	Code or sectio	n 302 o	f 		Yes	X No
a If a waiver of the minimum fund granting the waiver	ing standard for a prior year is being am	ortized in this plan year, see i	. Month	d enter i Day		of the le Yea		ng
If you completed line 12a, compl	ete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to lin	e 13.		·····			
<b>b</b> Enter the minimum required cont	tribution for this plan year	***************************************	***************************************	12b				
	the employer to the plan for this plan ye			12c				
<b>d</b> Subtract the amount in line 12c	from the amount in line 12b. Enter the re	esult (enter a minus sign to th	e left of a	12d				
e Will the minimum funding amou	nt reported on line 12d be met by the fur	nding deadline?			Yes	No		V/A
Part VII Plan Terminations a	and Transfers of Assets		· · · · · · · · · · · · · · · · · · ·					
13a Has a resolution to terminate the	olan been adopted in any plan year?	***************************************			Yes	Х	No	
	y plan assets that reverted to the employ			13a				
b Were all the plan assets distribution control of the PBGC?	ited to participants or beneficiaries, trans	sferred to another plan, or bro	ought under the		[	Yes	X No	)
C If, during this plan year, any ass which assets or liabilities were t	sets or liabilities were transferred from th	is plan to another plan(s), ide	ntify the plan(s	) to				
13c(1) Name of plan(s):			13c(2)	EIN(s)		13	c(3) PN	(s)