-	n 5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Interna	I Revenue Service					2018
	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Guaranty Corporation Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the complete all entries in accordance wi			Internal	This Form is Open to Public Inspection	
			ccordance with the inst	ructions to the Form 55	00-SF.	T ubic inspection
			040	and an d'an to	10.4.100.4.0	
For calendar	plan year 2018 or fisc	cal plan year beginning 01/01/2			/31/2018	dates the last second at the share
A This retu	rn/report is for:	X a single-employer plan	list of participating er			king this box must attach a vith the form instructions.)
B This return	n/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
		an amended return/report	a short plan year retui	rn/report (less than 12 mo	onths)	
C Check bo	ox if filing under:	Form 5558	automatic extension	[DFVC p	rogram
		special extension (enter descr				
Part II	Basic Plan Infor	mation—enter all requested inf	ormation	1		I
1a Name of	•				1b Thre	
AXELERATE,	LLC 401(K) PROFIT	SHARING PLAN			pian (PN)	number 001
				-	1c Effect	tive date of plan
2a Plan spo	onsor's name (employ	er, if for a single-employer plan)			2b Empl	07/01/2012 loyer Identification Number
Mailing a	address (include room	, apt., suite no. and street, or P.O , country, and ZIP or foreign posta			(EIN)	
AXELERATE,			a code (il loreign, see inst		2c Spor	nsor's telephone number 425-658-1634
					2d Busir	ness code (see instructions)
13401 BELL-R BELLEVUE, W	ED RD., STE. B8 /A 98005					541600
3a Plan adr	ministrator's name and	l address 🛛 Same as Plan Spor	sor.		3b Admi	nistrator's EIN
					3c Admi	inistrator's telephone number
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN	
a Sponsor	's name				4d PN	
C Plan Na	me					
5a Total nu	Imber of participants a	at the beginning of the plan year			5a	15
b Total nu	mber of participants a	at the end of the plan year			5b	0
		ccount balances as of the end of t			5c	0
d(1) Total	number of active part	icipants at the beginning of the pla	an year		5d(1)	14
• •		icipants at the end of the plan yea			5d(2)	0
		erminated employment during the			5e	0
Caution: A p	penalty for the late o	r incomplete filing of this return	/report will be assessed	l unless reasonable cau		
SB or Sched	ties of perjury and othe ule MB completed and ue, correct, and compl	er penalties set forth in the instruc d signed by an enrolled actuary, a ete	tions, I declare that I have s well as the electronic ve	e examined this return/repersion of this return/report	oort, includi , and to the	ng, if applicable, a Schedule best of my knowledge and
		alid electronic signature.	05/24/2019	NANCY HEEN		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor

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

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 6a Were all of the plan's assets during the plan year invested in eligits b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannet. c If the plan is a defined benefit plan, is it covered under the PBGC in 	an independ and conditio	lent qualified public accountant (IQP) ns.) n 5500-SF and must instead use F	A) Xes [] No orm 5500
If "Yes" is checked, enter the My PAA confirmation number from the			
Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	185572	0
b Total plan liabilities	7b	0	0
C Net plan assets (subtract line 7b from line 7a)	7c	185572	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-15223	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-15223
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	170349	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		170349
i Net income (loss) (subtract line 8h from line 8c)	8i		-185572
J Transfers to (from) the plan (see instructions)	8j	0	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature code	es from the List of Plan Characteristic	c Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature codes	s from the List of Plan Characteristic	Codes in the instructions:

10	During the plan year:		Yes	No	Amount
а	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		Х	
С	Was the plan covered by a fidelity bond?	10c	X		30000
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		Х	
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	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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	10i			

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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			rth ay			letter ear	rulinę	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?					× Ye	es	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	an(s)) to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

				1	
Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and 4	1065 of the Employee F	Retirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	57(b) and 6058(a) of the	e Internal	This Form is Open to
Pension Benefit Guaranty Corporation					Public Inspection
Part I Annual Report I	Complete all entries in a dentification Information	accordance with the instr	ructions to the Form 5	5500-SF.	
For calendar plan year 2018 or fise		01/01/2018	and ending	12/3	1/2018
	X a single-employer plan		NA KANA ANA AL IN	an-search and a second s	ing this box must attach a
A This return/report is for:	a one-participant plan			A.	th the form instructions.)
B This return/report is					
Ex.	the first return/report	X the final return/report			
-	an amended return/report	a short plan year return	n/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter descri	iption)		_	
Part II Basic Plan Infor	mation—enter all requested info	ormation			
1a Name of plan				1b Three	-digit
Axelerate, LLC 401	(k) Profit Sharing H	Plan			Number 001
				(PN)	ive date of plan
					01/2012
2a Plan sponsor's name (employed	er, if for a single-employer plan)			2b Emplo	over Identification Number
	, apt., suite no. and street, or P.O , country, and ZIP or foreign posta		uctions)		37-1642107
Axelerate, LLC	boundy, and zin or foreign poste	a code (il loreign, see insu	ucuonsy		sor's telephone number
					-658-1634
13401 Bell-Red Rd.	, Ste. B8			ZU Busine	ess code (see instructions)
Bellevue	WA 9800	5		5416	500
3a Plan administrator's name and	address 🛛 Same as Plan Spon	sor.		3b Admin	istrator's EIN
				3c Admin	istrator's telephone number
4 If the name and/or FIN of the					
this plan, enter the plan spons	plan sponsor or the plan name has sor's name, EIN, the plan name ar	s changed since the last re nd the plan number from th	eturn/report filed for the last return/report.	4b EIN	
a Sponsor's name				4d PN	
C Plan Name					
5a Total number of participants a	t the boginning of the plan year			5a	1 6
				1	15
C Number of participants with ac	t the end of the plan year count balances as of the end of th	he plan year (only defined	contribution plans	5b 5c	0
					0
d(1) Total number of active partic				5d(1)	14
 d(2) Total number of active parti e Number of participants who te 	cipants at the end of the plan year erminated employment during the			5d(2)	0
than 100% vested				5e	0
Caution: A penalty for the late or	incomplete filing of this return	report will be assessed u	unless reasonable car	use is establ	ished.
Under penalties of perjury and other SB or Schedule MB completed and balliof it is true accepted.	signed by an enrolled actuary, as	s well as the electronic vers	examined this return/re sion of this return/repor	port, including t, and to the l	g, if applicable, a Schedule
bellet, it is true, correct, and comple	te.	1, 1		A	,
SIGN Jan T.	5	5/24/2019	Nancy Heen		
Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing as	s plan administrator
SIGN I dom T.	d -	5/24/2019	NANCY H	een	
HERE Signature of employe	er/plan sponsor	Date			s employer or plan sponsor
For Paperwork Reduction Act Notice,	see the Instructions for Form 5500-	SF.		and the second se	Form 5500-SF (2018)

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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.)	X Yes 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
		neroscuna 20
Pa	rt III Financial Information	

_7	Plan Assets and Liabilities		(a) Beginning ((b) End	of Year	
<u>a</u>	Total plan assets	7a		185,	572			· · · · · · · · · · · · · · · · · · ·	0
b	Total plan liabilities	7b			0				C
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		185,	572	de anna a tha an Alexandre Maria	landsamia (i. a. a. Rodd Maintain		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0	_			
b	Other income (loss)	8b		-15 ,	223				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-15,223
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		170 ,	349				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0			a descentences	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							170,349
i	Net income (loss) (subtract line 8h from line 8c)	8i						5	-185,572
2022			1		0				
j	Transfers to (from) the plan (see instructions)	8i	1		0				
j Pa 9a	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	8j feature co	odes from the List of Pla	an Cha	-1	stic Codes	in the instr	ructions:	
9a	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 for 1 1 1 1	feature co			racteri				
9a b Pa	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 from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan plan plan plan plan plan plan plan	feature co			racteris	tic Codes in	n the instru	ictions:	
9a b Pa 10	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 from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan plan plan plan plan plan plan plan	feature co	des from the List of Plan		racteri		n the instru		
9a b Pa 10	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 from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan plan plan plan plan plan plan plan	feature co eature coo tions withi /oluntary F	des from the List of Plan in the time period Fiduciary Correction		racteris	tic Codes in	n the instru	ictions:	
9a b Pa 10	It IV Plan Characteristics 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 fr V Compliance Questions During the plan year: a 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	feature co eature coo tions withi /oluntary F ? (Do not	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	racteris	iic Codes in	n the instru	ictions:	
9a b Pa 10	Plan Characteristics 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 fr t Compliance Questions During the plan year: W 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) b Were there any nonexempt transactions with any party-in-interest	feature co eature coo tions withi /oluntary F ? (Do not	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	racteris	No X	n the instru	ictions:	
9a Da Da 10 10 10 10 10 10 10 10	It IV Plan Characteristics 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 free for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the plan provides welfare benefits, enter the applicable welfare benefits, enter the plan provides welfare benefits,	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara 10a 10b	racteris acteris	No X	n the instru	ictions:	
9a 9a 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0	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 fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr If the plan provides welfare benefits, enter the applicable welfare fr 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 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance the benefits under	10a 10b 10c	racteris acteris	No X	n the instru	ictions:	
9a 9a 10 10	It IV Plan Characteristics 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 from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan plan? Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under	10a 10b 10c 10d 10e	racteris acterist Yes	No X	n the instru	ictions:	
9a b Pa 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	It IV Plan Characteristics 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 from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan year: If the plan provides welfare benefits, enter the applicable welfare from the plan year: If the plan provides welfare benefits, enter the applicable welfare from the plan year: If 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) If were there any nonexempt transactions with any party-in-interest reported on line 10a.) If was the plan covered by a fidelity bond? If bid the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? If bid the plan have any participant loans? (If "Yes," enter amount a provide any p	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n?	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under	10a 10b 10c 10d	racteris acterist Yes	No X X X X X X X	n the instru	ictions:	
9a b Pa 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0	It IV Plan Characteristics 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 from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan plan failed to provide any benefit when due under the plan	feature co eature coo tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n? 	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance the benefits under end.)	10a 10b 10c 10d 10e 10f	racteris acterist Yes	No X X X X X X X X	n the instru	ictions:	30,000

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Part \	/I Pension Funding Compliance						
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)					Yes	N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio	n 302	of		Yes	XN
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				L		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.	Month	d enter Da		of the le		ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	9 13.				e e de nite an	
b	nter the minimum required contribution for this plan year		12b				
C E	nter 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 negative amount)	e left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No		N/A
Part \	II Plan Terminations and Transfers of Assets			*****			
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	Π	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 bro control of the PBGC?	ught under the		X	Yes	🗌 N	0
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.) to				
13	c(1) Name of plan(s):	13c(2)	EIN(s)	13c	(3) PN	l(s)
		and the second second					