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	Annual Repor	t Identification Information	1						
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 1	0/30/2018				
A This ref	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	-				
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	X the final return/repor	rt					
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC progra	ım			
		special extension (enter desc	Ш						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name	of plan	TECT PC 401(K) PROFIT SHARING			1b Three-dig plan numl (PN) ▶				
					1c Effective				
2a Plan s	ponsor's name (emp	loyer, if for a single-employer plan)			2b Employer	Identification Number			
Mailing	g address (include ro	om, apt., suite no. and street, or P.		atructions)	(EIN)	45-4956576			
-	ASHIHARA ARCHI	nce, country, and ZIP or foreign pos FECT PC	tai code (ii foreign, see in	structions)		s telephone number 12-233-1783			
						code (see instructions)			
2A SHADOW LANE LARCHMONT, NY 10538					541310				
	11,111 10000								
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
					OO Administra	nor a rereptione number			
		he plan sponsor or the plan name hoonsor's name, EIN, the plan name			4b EIN				
a Spons	or's name		·	·	4d PN				
C Plan N	lame								
5a Total	number of participan	ts at the beginning of the plan year			5a	9			
b Total	number of participan	ts at the end of the plan year			. 5b	0			
		h account balances as of the end of		•	5c	0			
	,	participants at the beginning of the p			5d(1)	1			
d(2) Total number of active participants at the end of the plan year				5d(2)	0				
		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, mplete.							
SIGN	Filed with authorize	ed/valid electronic signature.	05/22/2019	NOBUTAKA ASHIHAI	RA				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as er	nployer or plan sponsor			

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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.)								Yes No Yes No
	If "Yes" is checked, enter the My PAA confirmation number from th					_	. —	. (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
а	Total plan assets	7a		72070				0
b	Total plan liabilities	7b		0				0
C	Net plan assets (subtract line 7b from line 7a)	7c		72070				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(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		-2333				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-2333
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		68064				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	1673					
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						69737
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-72070
	Transfers to (from) the plan (see instructions)	8j		0				
	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2T	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cteris	tic Cod	les in the instru	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	,	Amount
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 Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c		Χ		
d	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		
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.)							512
f	f Has the plan failed to provide any benefit when due under the plan?					X		
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ		
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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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)		SB	Yes 🛚 No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12	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	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. Month Day Year								
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?		X Ye	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?									
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(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

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			280040		
For calenda	r plan year 2018 or	fiscal plan year beginning 01/01/20		and ending 10/30			
A This retu	rn/report is for:	a single-employer plan	a multiple-employer plan list of participating emp	n (not multiemployer) (F bloyer information in act	Filers checking the cordance with the	is box must attach a form instructions.)	
D. mile and	e was	a one-participant plan	a foreign plan				
B This retur	n/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return/	report (less than 12 mc	onths)		
C Check b	ox if filing under:	Form 5558	automatic extension	[DFVC progra	m	
		special extension (enter desc	cription)				
Part II	Basic Plan Inf	ormation—enter all requested in	nformation				
1a Name o	f plan				1b Three-digi	1	
NOBUTAKA .	ASHIHARA ARCHI	TECT PC 401(K) PROFIT SHARIN	G PLAN		plan numb (PN)	002	
			*		1c Effective of 01/01/201		
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer (EIN) 45-4	Identification Number	
City or I	town, state or provide ASHIHARA ARCHI	nce, country, and ZIP or foreign pos	stal code (if foreign, see instru	ictions)	2c Sponsor's	telephone number	
		1				(212) 233-1783	
2A Shadow L	ane			land and a state of the state o	2d Business code (see instructions) 541310		
Larchmont, N	Y 10538						
		and address X Same as Plan Spo	onsor.		3b Administra	itor's EIN	
		*			3c Administrator's telephone number		
					OC Administre	nor a telepriorie number	
4 If the n	ame and/or EIN of	the plan sponsor or the plan name loonsor's name, EIN, the plan name	has changed since the last re	turn/report filed for e last return/report.	4b EIN		
a Sponso				•	4d PN		
C Plan N	ame						
5a Total n	umber of participar	its at the beginning of the plan year	*	******************	5a	9	
b Total r	umber of participar	its at the end of the plan year			5b	0	
C Numbe	er of participants wi	h account balances as of the end o	of the plan year (only defined	contribution plans	5c	0	
		participants at the beginning of the			5d(1)	1	
		participants at the end of the plan y			5d(2)	0	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0	
Caution: A	penalty for the la	e or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	use is establish	ed.	
SB or Sche	alties of perjury and dule MB completed rue, correct, and de	other penalties set forth in the instr and signed by an enrolled actuary molete.	uctions, I declare that I have , as well as the electronic ven	examined this return/repor	t, and to the bes	t of my knowledge and	
SIGN	「 人 へ オ	711/	05/22/2019	NOBUTAKA ASHIHAI	RA		
HERE	Signature of plan	n administrator	Date	Enter name of individ	lual signing as pl	an administrator	
SIGN							
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of individ	lual signing as e	mployer or plan sponsor	

0	-	_	•	2
г	а	ч	v	-

b Arr you claiming a water of the annual examination and report of an independent qualified public accountant (ICPA) If you answered "Not" to either line & or line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "Not" to either line & or line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "Not" to either line & or line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "Not" to either line & or line 8b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "Not" to either line & or line 8b, the plan year	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	********			**********	X Yes	No
If you answerded "No" to either time 6s or line 6s, the plan cannot use Form 5500-5F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b								X Yes	□ No
c. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									<u> </u>	U //
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	С	- -						2000	☐ Not deter	mined
7 Plan Assets and Liabifilies 7 (a) Beginning of Year 7 (b) End of Year 7 a 7 72070 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									ப் (See instruc	tions.)
a Total plan assets	Pai	t III Financial Information	<u></u>							
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning o	f Year	\top		(b) End	of Year	
b Total plan liabilities. 7b mine 7a) 7c 7c 72070 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 7c 72070 0 0 8 lincome, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 84(1) 0 0 (2) Participents 84(1) 0 0 (3) Others (including rollowers) 84(3) 0 0 (b) Other income (loss) 84(1), 84(2), 84(3), and 8b) 8b - 23333 c Total income (add lines 8a(1), 84(2), 84(3), and 8b) 8b - 23333 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 68064 e Certain deemed and/or corrective distributions (see instructions) 8e 0 0 f Administrative service providers (salaries, fees, commissions) 8f 11673 g Other expenses 8d lines 8d, 8e, 8f, and 8g) 8h 98737 i Net income (loss) (subtract line 8h from line 8c) 8i - 72270 j Transfers to (from) the plan (see instructions) 8i - 72270 b 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 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 DCL's Voluntary Fiduciary Correction Program) b Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions in 10b X C Was the plan covered by a fidelity bond? 10c Mark they are fidelity bond, that was caused by fraud or dishonesty? d Did the plan have an loss, whether on or reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Ware 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 have any participant loans? (If "yes," enter amount as of year-end.) 10c X d Did the plan have any participant loans? (If "yes," enter amount as of year-end.) 10c X f H if this is an individual account pl	a		7a			0			(-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1)
C Net plan assets (subtract line 7b from line 7a). 7c 72070 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers	-		7b		····	0			C)
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). (3) Others (including rollovers). (4) Sa(3) 0 (5) Other income (loss). (5) Other income (loss). (6) Other income (loss). (7) Sa(3) 0 (8) Other income (loss). (8) Sa(3) 0 (9) Other expenses (lines Sa(1), Sa(2), Sa(3), and Bib). (9) Sa(6) Sa(6) Sa(6) Sa(6) Sa(6) Sa(7) Sa(6) Sa(7)			7c		7207	0			()
(1) Employers				(a) Amount	t			(b) T	otal	
(2) Participants 8a(2) 0 (3) Other (including pollovers) 8a(3) 0 (b) Other income (loss) 2 (c) Total income (ead lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2333 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 68064 (e) Certain deemed and/or corrective distributions (see instructions) 8c 0 (e) Certain deemed and/or corrective distributions (see instructions) 8c 0 (f) Administrative service providers (salaries, fees, commissions) 8f 1673 (g) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 1673 (g) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 69737 (i) Net income (loss) (subtract line 8h from line 8c) 8i 69737 (i) Net income (loss) (subtract line 8h from line 8c) 8i 7-72070 (j) Transfers to (from) the pian (see instructions) 8j 0 (ii) Part IV Plan Characteristics (iii) Part IV Plan Characteristics (codes in the instructions: 2A 2E 2G 2J 2K 3D 2T (iii) If the pian provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2D (iii) Part IV Compliance Questions (iii) During the pian year: (iii) Was there a fellure to transmit to the pian any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) (iii) Was the pian covered by a fidelity bond? (iii) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). (iii) A very support of the pian pian have a loss, whether or not reimbursed by the pian's fidelity bond, that was caused by fraud or dishonesty? (iii) Vas and the pian have any participant constructions and 29 CFR 10b Vas 10b V	а	Contributions received or receivable from:								
(c) Patitupanis. (d) Other income (loss). (e) Cartain deemed and/or corrective distributions (see instructions). (e) Cartain deemed and/or corrective distributions (see instructions). (e) Cartain deemed and/or corrective distributions (see instructions). (f) Administrative service providers (salaries, fees, commissions). (e) Cartain deemed and/or corrective distributions (see instructions). (f) Administrative service providers (salaries, fees, commissions). (g) Other expenses. (h) Total expenses (add lines 8d, 8e, 8f, and 8g). (h) Total expenses (add lines 8d, 8e, 8f, and 8g). (h) Total expenses (add lines 8d, 8e, 8f, and 8g). (g) Sh (expenses). (h) Total expenses (add lines 8d, 8e, 8f, and 8g). (h) Total expenses (add lin		(1) Employers	8a(1)							
Solution (Control ((2) Participants	8a(2)							
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)			-				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	<u>b</u>	Other income (loss)	8b		-233	3	V-1-4-5.5.			
to provide benefits)			8c		A CONTRACT				-2333	,
g Other expenses (salaries, fees, commissions). g Other expenses (sald lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Net income (loss) (subtract line 8h from line 8c). g Net income (loss) (subtract line 8h from line 8c). g Net line 9h (see instructions). g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 3D 2T 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) 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.). 10b X 512 10c X 10c X 512 10d X 1	d	• • •	8d		6806	4				
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	- 8e		0					
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		167	3				
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g			0				
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				69		6973	7
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: 2A 2E 2G 2J 2K 3D 2T 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) 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? 10g X 11g X 12g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 11g X 12g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 12g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 12g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 13g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 13g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 13g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 13g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 13g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 13g Did the plan have any participant loans?	i	Net income (loss) (subtract line 8h from line 8c)	8i				-720		-72070)
9a	j	Transfers to (from) the plan (see instructions)	8i			0				
9a	Pai	t IV Plan Characteristics								
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) 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.)		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteris	tic Cod	es 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 f	eature cod	es from the List of Plan	n Chara	cterist	ic Code	s in the instr	uctions:	
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?	Dav	t V Compliance Questions								
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)	-					Yes	No		Amount	**************************************
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.)			itione within	the time period		1.63			MIOUIK	
reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's \	√oluntary F	iduciary Correction	10a		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? 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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 10c X 512 10c X 10d X 10e X 10f X 10f If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	, , , , , , , , , , , , , , , , , , , ,	•		10b		x		nagamadaan mambilindi kimbilikin 1944	
by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?	,.,.,.,.	*****************	10c		x			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	C				10d		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 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	E	carrier, insurance service, or other organization that provides sor	ne or all of	the benefits under	10e	x				512
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan	an?	************	10f		х			
2520.101-3.) 10h	ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х			
	Ŧ	·			10h		х			
	i				10i					·

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Part '	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye (Form 5500) and line 11a below)				. Yes	No.		
11a	Enter the unpaid minimum required contributions for all years from Schedule S	B (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirement ERISA?	s of section 412 of the Code or se		f 	Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicate	ole.)			<u> </u>			
	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. Month Day Year							
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line 13.			p.p.p			
	Enter the minimum required contribution for this plan year		12b	<u> </u>				
C Enter the amount contributed by the employer to the plan for this plan year								
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)				<u> </u>				
e	Will the minimum funding amount reported on line 12d be met by the funding of	teadline?		Yes	No No	N/A		
Part								
13a	Has a resolution to terminate the plan been adopted in any plan year?	********************************		X Yes	s No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this	year	13a			0		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes No)		
С	If, during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the pla	n(s) to					
	13c(1) Name of plan(s):	13	c(2) EIN(s)	13c(3) PN	l(s)		