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**

Parti	Annual Repon	identification information									
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 12/31/2018							
A This ret	turn/report is for:	X 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	ign plan							
B This reti	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	onths)							
C Check	box if filing under:	Form 5558	automatic extension	[DFVC progra	m					
		special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name ALAN L. PE	•	OFIT SHARING PLAN			1b Three-digi plan numb (PN) ▶						
					1c Effective date of plan						
20.01					01	01/01/2015					
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer (EIN)	dentification Number 43-2103517					
ALAN L. PE	ET, D.D.S., PLLC	ce, country, and ZIP or foreign post	tal code (if foreign, see instr	ructions)	2c Sponsor's telephone number 360-681-0900						
OLTIVIFIC FI	LININGULA ORAL 30	NGERT AND IMPLANTS			2d Business of	code (see instructions)					
550 N. 5TH					621111						
SEQUIM, W	A 98382										
22 Dlan a	dministrator's name a	and address V Come as Dian Coe	200		3b Administra	tor's FIN					
3a Plan administrator's name and address ∑ Same as Plan Sponsor.					Administrator's Env						
					3c Administrator's telephone number						
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN						
a Spons	or's name				4d PN						
C Plan N	lame										
5a Total	number of participants	s at the beginning of the plan year.			5a	10					
b Total	number of participants	s at the end of the plan year			5b	10					
		account balances as of the end of		-	5c	10					
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	9					
d(2) Total number of active participants at the end of the plan year				<u> </u>	5d(2)	10					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	1					
		or incomplete filing of this retur									
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a polete.	ctions, I declare that I have as well as the electronic ver	examined this return/report	oort, including, if , and to the best	applicable, a Schedule of my knowledge and					
SIGN	Filed with authorized	d/valid electronic signature.	06/12/2019	ALAN L. PEET							
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator					
SIGN											
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor					

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

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Y	es 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 Y	es \square 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.								Ц	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not de	etermined	
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (Se								(See ins	tructions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year		
а	Total plan assets	7a	2	15395			` •	32573	1	
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c	2	15395				325731		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	11	17084						
	(2) Participants	8a(2)	'	17004						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		-4735						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11234	9	
d	Benefits paid (including direct rollovers and insurance premiums			0040						
	to provide benefits)	8d		2013	\dashv					
e	Certain deemed and/or corrective distributions (see instructions)	8e			-					
	Administrative service providers (salaries, fees, commissions) Other expenses	8f								
<u>g</u> h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h						201	3	
- "	Net income (loss) (subtract line 8h from line 8c)	8i						11033		
÷	Transfers to (from) the plan (see instructions)							11000	<u> </u>	
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the ir	nstructions:		
	2A 2E 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	structions:		
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)			10a		X				
b		t? (Do not	include transactions	10b		X				
				10c	Χ			4	0000	
d	,	-				X			0000	
	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d		^				
Е	carrier, insurance service, or other organization that provides som					.,				
	the plan? (See instructions.)					X				
f	f Has the plan failed to provide any benefit when due under the plan? 10f					X				
9	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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						

Form 5500-SF (2018)	Page 3- 1
---------------------	------------------

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)			Yes 🛚 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12								
	(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, granting the waiver	and enter Da		e of the letter ruling Year				
lf y	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?		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 control of the PBGC?	the		Yes X No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant 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)				

3606810857

PAGE 04/06

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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Information	•						
For calendar plan year 2018 o		<u>.</u> 01/01/2018	بسائدسم مصم	12/31/	2010			
7 Of Calstidat Diati year 2010 D			and ending					
A This return/report is for:	🗓 á single-employer plan	a multiple-employer plan (not multiemployer) (Fllers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
B This was (:-	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check box if filing under:	DFVC program							
,	special extension (enter desc	<u> </u>						
<u> Part II Basic Plan In</u>	formation—enter all requested in	nformation						
1a Name of plan				1b Three-digit				
Alan L. Peet, D.D.	S., PLLC Profit Shari	ng Plan		plan numb				
,	,			(PN) ▶	002			
	•		To the state of th	1c Effective date of plan 01/01/2015				
2a Pian sponsor's name (emi	ployer, if for a single-employer plan)							
Mailing address (include n	oom, apt., suite no. and street, or P.0			2b Employer Identification Number (EIN)43-2103517				
	ince, country, and ZIP or foreign pos S., PLLC				telephone number 81-0900			
	Oral Surgery and Impl	ants		2d Business code (see instructions)				
550 N. 5th Ave								
Sequim			98382	621111				
3a Plan administrator's name and address 🗓 Same les Plan Sponsor.				3b Administrator's EIN				
				20 04-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
				3C Administra	tor's telephone number			
					•			
	the plan sponsor or the plan name h ponsor's name, EtN, the plan name		· •	4b EIN				
a Sponsor's name	,	F - +		4d PN				
C Plan Name								
- 1 /Sil 1 161/10								
5a Total number of participar	nts at the beginning of the plan year.	***************************************		5a	10			
b Total number of participar	nts at the end of the plan year			5b	10			
C Number of participants wi	th account balances as of the end of	f the plan year (only defined	contribution plans	5c	10			
complete this item) 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			T	5d(2)				
e Number of participants who terminated employment during the plan year with accrued benefits that were less								
than 100% vested				5e	1			
Caution: A penalty for the lat	te or incomplete filing of this retur	rn/report will be assessed	unless reasonable cau					
	other penalties set forth in the instru I and signed by an enrolled actuary,							
belief, it is true, correct, and co				,	yemesge una			
SIGN ALE	mg Keet	6/12/PI	Alan L. Peet		, ,			
Signature of plan	administrator	Date	Enter name of individu	al signing as pla	n administrator			
SIGN								
HERE Signature of emi	oloyer/plan sponsor	Date	Enter name of individu	al signing as em	plover or plan sponsor			

Were all of the prian's assests during the plan year invested in eligible assesta? (See Instructions)		Form 5500-SF (2018)		Page 2						
If you answered "No" to either fine 8 or Iline 8b, the plan cannot use Form 560-8F and must instead use Form 560. If the plan is a defined benefit plan, list locered under the PBGC fusions or governous filling for this plan year. (See instructions.) Part III Financial Information 7 Plan Assets and Labilities 7 a (a) Beginning of Year (b) End of Year A Total plan assets. 7 a 215, 395 (b) Total plan labilities 7 b (c) Not plan assets (authored line 7b from line 7a) (c) End of Year 8 Income. Expenses, and Transfers for this Plan Year (e) Amount (b) Total 8 Contributions received or receivable from: (d) Employers. 8 (a) Amount (b) Total 8 (a) Amount (b) Total 8 (b) Participants. 8 (a) 2 Participants. (b) Other income (leds). 5 (b) Other income (leds). 6 Total income (ledd lines 58(1), 58(2), 83(3), and 8b). 8 (a) 3 Others (including robovers). 8 (b) Other income (ledd lines 58(1), 58(2), 83(3), and 8b). 8 (c) Cardi income (ledd lines 58(1), 58(2), 83(3), and 8b). 8 (c) Cardi income (ledd lines 68(1), 68(3), and 8b). 8 (c) Cardi income (loss) (subtract line 8h from line 8c). 8 (d) Cherrisophenes. 9 (d) Participants. 10 During the plan provides penalise from the applicable penalise feature codes from the List of Plan Characteristic Codes in the instructions: 11 Net income (loss) (subtract line 8h from line 8c). 12 A 26 3D 13 Uning the plan provides wetfare benefits, enter the applicable wetfare feature codes from the List of Plan Characteristic Codes in the instructions: 10 During the plan provides wetfare benefits, enter the applicable wetfare feature codes from the List of Plan Characteristic Codes in the instructions: 10 During the plan year. 10 Very Compliance Questions 10 During the plan year. 10 Very Row Row and Row Compliance Codes in the instructions: 11 Part V Compliance Codes in the plan any participant contributions within the time period described in 29 GFR 2510-3-102? (See instructions and DOL's Voluntary Flouciery Correction Program? 10 During the plan year. 11 Very R	6a b	Are you daiming a waiver of the annual examination and report of	an indepe	ndent qualified public	accoun	tent (IC	AGC			
c If the plan is a defined benefit plan, it it covered under the PBGC insurance program (see BRISA section 4021)?		If you answered "No" to either line for an line file the steep and conditions.)						X Yes	No	
Part III Financial Information Part III Financial Information Part III Financial Information Part III Financial Information Part III P	c									
Part III Financial Information	-									
7. Plan Assets and Lisbilities 7. (a) Beginning of Year (b) End of Year 2. 15, 7.95 3. 325, 7.3. 8. Total plan assets (aubtract line 7b from line 7a) 7c 2. 15, 7.95 3. 325, 7.3. 8. Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or feerbable from: (1) Employers 8. 8a(1) 1. 17, 0.84 (2) Participants. 8a(2) 9. 117, 0.84 (2) Participants. 8a(3) 1. 17, 0.84 (2) Participants. 8a(3) 9. 117, 0.84 (2) Participants. 9a(4) Partici			 	remium niing for this p	olan yea	ŧг		(See instruction:	3.)	
8 Total plan assets 7a 215, 395 325, 735 b Total plan labilities 7b 7b 7c 215, 395 325, 735 c Net plan assets (subtract line 7b from line 7a) 7c 215, 395 325, 735	Pa	rt III Financial Information								
b Total plan labelities	<u></u>	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
C Not plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a		215,	395		325,7	3:	
8 Income, Expenses, and Trensfers for this Plan Yoar a Contributions received or receivable from: (1) Employers. 8a(1) 117, 084 (2) Participants (3) Others (including rollovers). 8a(3) b Other income (loss). C Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b). C Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b). B	<u> </u>	Total plan liabilities	7b							
a Contributions received in crearbate from the Plan Year (a) Amount (b) Total a Contributions received in crearbate from (1) Employers (2) Participants (3) Others (including rollovers). (3) Others (including rollovers). (4) Benefits paid (including rollovers). (5) Total income (leds). (6) Total income (leds). (7) Total income (leds). (8) Bb -44,735 (8) 112,345 (9) Bb -44,735 (1) Total income (ledd lines Saf1), Sa(2), 8a(3), and 8b). (1) Benefits paid (including direct rollovers and Insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and Insurance). (9) Chief expenses (1) Total expenses (add lines 8d, 8e, 8f, and 8g). (1) Total expenses (add lines 8d, 8e, 8f, and 8g). (2) Bill Net income (loss) (subtract lines 8f from line 8g). (3) In Net income (loss) (subtract lines 8f from line 8g). (4) Bill Net income (loss) (subtract lines 8f from line 8g). (5) Bill 110,333 (6) Transfers to (from) the plan (sae instructions). (7) Bill Net income (loss) (subtract lines 8f from line 8g). (8) Bill 110,333 (9) Transfers to (from) the plan (sae instructions). (8) Bill 110,333 (9) Transfers to (from) the plan (sae instructions). (1) Bill the plan provides weffare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: (2) Part V Compliance Questions (3) Other expenses (4) West are a failure to transmit to the plan any participant contributions within the time pented described in 99 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flouciary Correction Program). (5) Were are a failure to transmit to the plan any participant contributions within the time pented on line 10s). (8) Were any nonexampt transactions with any party-in-interest? (Do not Include transactions reported on line 10s). (2) Were any nonexampt transactions with any party-in-interest? (Do not Include transactions program). (5) Were any nonexampt transactions and DOL's Voluntary Flouciary Correction Program. (6) Were any nonexampt	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		215,	395		325,7	3	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year	10 to	(a) Amour	nt			(b) Totai		
(3) Other income (loss)			8a(1)		117,	084	- (1) - (1) - (1)		<u> </u>	
b Other income (tess)		(2) Participants	8a(2)				y ji tê di. Deyleyê			
C Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)			A	¥ 7.		1.31. 3) 1.4	
d Benefits paid (including direct rollovers and insurance premitums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses. h Total expenses (dod lines 8d, 8e, 8f, and 8g)	b	Other Income (loss)	8ь		-4,	735	d Zyk		19.79	
to provide benefits)			8c			200				
g Other expenses (add lines 8d, 8e, 8f, and 8g)	d	Benefits pald (including direct rollovers and Insurance premiums to provide benefits)	8d		2,	013				
g Other expenses 8g	e	Certain deemed and/or corrective distributions (see instructions)	8e	3						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f_	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 9c)	g	Other expenses	8g						7	
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
Part IV Plan Characteristics	i	Net income (loss) (subtract line 8h from line 8c)	81					110,3	36	
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	81	• • •					٠.,	
Sample If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2	Par	t IV Plan Characteristics								
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 Flduciary 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 40,000 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 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 X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a	If the plan provides pension benefits, enter the applicable negation	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:		
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 Flduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidellity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidellity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Char	acteris'	tic Cod	les in the instructions:		
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)		tV Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						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 V	/oluntary F	Iduciary Correction	40-		v			
reported on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) The Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) The Has is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b				iva				_	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		reported on line 10a.)	·		10b		Х			
by fraud or dishonesty? 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 Has the plan failed to provide any benefit when due under the plan? 10f X Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					10c	X		40,0	00	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	by fraud or dishonesty?		·	10d		x			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	9	carrier, insurance service, or other organization that provides some	re or all of	the benefits under	10e		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h (f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	f				10f		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)						
	h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR						
	i	If 10h was answered "Yes," check the box if you either provided to	he required	notice or one of the						

	Form 5500-SF (2018)	Page 3-					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum fur (Form 5500) and line 11a below)	nding requirements? (If "Yes," see instructions and	l complete Sch	edule S	B		Yes X No
11a	Enter the unpaid minimum required contributions for	or all years from Schedule SB (Form 5500) line 40.		11a	, , , , , , , , , , , , , , , , , , , ,	.1	
12	Is this a defined contribution plan subject to the mit ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d,	nimum funding requirements of section 412 of the	Code or sectio	n 302 o	f		Yes X No
	If a waiver of the minimum funding standard for a progranting the waiver.		Month	d enter t Day		of the lette	er ruling
<u> </u>	you completed line 12a, complete lines 3, 9, and 1	10 of Schedule MB (Form 5500), and skip to line	e 13.				
b	Enter the minimum required contribution for this plan	ı year		12b			
	Enter the amount contributed by the employer to the			12¢			
d	Subtract the amount in line 12c from the amount in negative amount)	line 12b. Enter the result (enter a minus sign to the	e left of a	12d			
9	Will the minimum funding amount reported on line 1				Yes	No	N/A
Part							
13a	Has a resolution to terminate the plan been adopted in	any plan year?	,		Yes	5 🔯 N	40
	If "Yes," enter the amount of any plan assets that re	everted to the employer this year		13a			
b	Were all the plan assets distributed to participants of control of the PBGC?	or beneficiaries, transferred to another plan, or bro	ught under the			Yes 2	No No
С	if, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See ins	e transferred from this plan to another plan(s), ider) to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(5	3) PN(s)
	· ···						