For	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Ret	tirement	2018
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the Ir		This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 550	00-SF.	Public Inspection
Part I		dentification Information				
For calenda	ar plan year 2018 or fisc	al plan year beginning 01/01/20			31/2018	
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a tith the form instructions.)
B This retu	rn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
•	l	an amended return/report	a short plan year returr	n/report (less than 12 moi	nths)	
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descrip	,			
Part II		mation—enter all requested info	ormation		41 -	
1a Name	•	1(K) PROFIT SHARING PLAN			1b Three plan	e-digit number
SUG SPECI	ALTI KNIVES, INC. 40	I(R) FROFTI SHARING FLAN			(PN)	
					1c Effec	tive date of plan
2a Plan sp	ponsor's name (employe	er, if for a single-employer plan)			2b Empl	09/29/1989 oyer Identification Number
		, apt., suite no. and street, or P.O. country, and ZIP or foreign posta		uctions)	(EIN)	26-3848942
-	ALTY KNIVES AND TO				2c Spor	sor's telephone number 425-771-6230
					2d Busir	ness code (see instructions)
6521 - 212TH LYNNWOOD						332210
3a Plan ad	dministrator's name and	address 🗙 Same as Plan Spons	sor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of the	plan sponsor or the plan name has	s changed since the last re	eturn/report filed for	4b EIN	
this pla	an, enter the plan spons	sor's name, EIN, the plan name ar		ne last return/report.	4d PN	
C Plan N	or's name lame				40 PN	
		t the beginning of the plan year			5a	75
		t the end of the plan year ccount balances as of the end of th			5b	76
				•	5c	70
		cipants at the beginning of the pla	•	E E E E E E E E E E E E E E E E E E E	5d(1)	33
• •		cipants at the end of the plan yea erminated employment during the			5d(2)	33
than '	100% vested		· · ·		5e	0
		r incomplete filing of this return, er penalties set forth in the instruct				
SB or Sche		signed by an enrolled actuary, as				
SIGN		alid electronic signature.	06/21/2019	RABI GUPTA		
HERE	Signature of plan ad	ministrator	Date	Enter name of individua	al signing a	as plan administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing a	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 eligib	le assets?	(See instructions)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public accountant (IQ ions.)	PA)
	If you answered "No" to either line 6a or line 6b, the plan cann			
C	If the plan is a defined benefit plan, is it covered under the PBGC in			
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2535017	1905484
b	Total plan liabilities	7b	751	197
С	Net plan assets (subtract line 7b from line 7a)	7c	2534266	1905287
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	87701	
	(2) Participants	8a(2)	155123	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-90111	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		152713
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	759410	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	22282	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		781692
i	Net income (loss) (subtract line 8h from line 8c)	8i		-628979
j	Transfers to (from) the plan (see instructions)	8j		

Par	t IV	Pla	n Char	acterist	ics								
9a	If the	plan	provides	pension b	enefits,	enter the	applicable	pension	feature	codes fr	om the	e List d	of F

а	If the	plan	provic	les pe	ension	bene	efits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction	ıs:
	2A	2E	2G	2Ĵ	2K	2T	3D	

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
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) 1	10a		Х	
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? 1	10c	Х		85000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 1	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x		2179
f	Has the plan failed to provide any benefit when due under the plan? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	10g	Х		20927
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 rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	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 ative 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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form	5500-SF	Short Form Annu	al Return/Report o Benefit Plan	of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089
	l of the Treasury avenue Service	This form is required to be file	d under sections 104 and 40	65 of the Employee R	etirement		2018
Employee Benefits	nent of Labor s Security Administration Guaranty Corporation	Income Security Act of 1974	Revenue Code (the Code).				orm is Open to ic Inspection
			accordance with the Instru	ctions to the Form 5	500-SF.		
		dentification Information			10/0	1 /0010	
For calendar pl	an year 2018 or fisc	cal plan year beginning	01/01/2018	and ending		1/2018	
A This return/	report is for:	x a single-employer plan	a multiple-employer plan list of participating emp a foreign plan	n (not multiemployer) (loyer information in ac	Filers check cordance wi	ing this bo ith the form	x must attach a n instructions.)
B This return/r	eport is	the first return/report					
		an amended return/report	a short plan year return/	report (less than 12 m	onths)		
C Check box	if filing under:	Form 5558	automatic extension			rogram	
		special extension (enter desci	ription)				
Part II B	asic Plan Infor	mation-enter all requested in	formation				
1a Name of p					1b Three	e-digit	
		VES, INC. 401(K) PRO	FIT SHARING PLAN		plan (PN)	number	001
					1c Effec	tive date o	
2a Plan spons	sor's name (employ	er, if for a single-employer plan)				29/198 over Ident	9 ification Number
Mailing ad	dress (include room	, apt., suite no. and street, or P.C			(EIN)	26-384	8942
		, country, and ZIP or foreign post /ES AND TOOLS, LLC	tal code (if foreign, see instru	ictions)		nsor's telej -771-6	230
6521	212TH ST. 9	2 147					(see instructions)
0521 -	212111 DI. L	J • VV •					
LYNNWO		WA 980			332		CINI
3a Ptan admii	nistrator's name and	d address 🔀 Same as Plan Spo	nsor.		3b Admi	inistrator's	EIN
					3c Admi	inistrator's	telephone number
4 If the nam	e and/or EIN of the	plan sponsor or the plan name h	as changed since the last re	turn/report filed for	4b EIN		
this plan, a Sponsor's c Plan Name	name	sor's name, EIN, the plan name	and the plan number from th	e last returnineport.	4d PN		
5a Total num	her of participants	at the beginning of the plan year.			5a		7
					Eb		7
c Number o	of participants with a	at the end of the plan year account balances as of the end of	f the plan year (only defined	contribution plans	5c		7
		ticipants at the beginning of the p			5d(1)		3
. ,		ticipants at the end of the plan ye			5d(2)		3
e Number	of participants who	terminated employment during th	ne plan year with accrued be	nefits that were less	5e		
than 100	% vested	or incomplete filing of this retu	rn/report will be accessed	unless researchie er	**	blished	
Under penaltie SB or Schedul	s of periury and oth	her penalties set forth in the instru id signed by an enrolled actuary,	ictions, I declare that I have	examined this return/r	eport, includ	ing, if app	licable, a Schedule ny knowledge and
SIGN	, concor and comp			Rabi Gupta			
HERE	.1		Date Alla La		dual algoing	oo plan -	dministrator
S	ignature of plan ad	aministrator	Date O 6 Jailis	Enter name of indivi	uuai signing	as plan a	uministrator
SIGN HERE				Enter and the little	alizata ta - ti		
S	ignature of employ Reduction Act Notice	yer/plan sponsor e, see the Instructions for Form 550	Date	Enter name of indivi	auai signing	as employ	Form 5500-SF (2018)
For Paperwork	NEULICION ACT NOTICE	a see the matructions for Porn 550					and a frain

v.171027

Form 5500-SF (2018)

	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
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	See instructions.)
Pa	rt III Financial Information	

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of		_		b) End of Y	
a	Total plan assets	7a	2,5	535,0				1,905,484
b	Total plan liabilities	7b			751			197
С	Net plan assets (subtract line 7b from line 7a)	7c	2,5	534,2	266			1,905,287
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		87,7		1.1		
	(2) Participants	8a(2)	1	155,1	L23			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-	-90,1	111			
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						152,713
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		759,4	£10			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		22,2	282			
g	Other expenses	8g				_		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						781,692
i	Net income (loss) (subtract line 8h from line 8c)	8i						-628,979
j	Transfers to (from) the plan (see instructions)	8j						
j Pa 9a	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension		des from the List of Pla	an Char	racteri	stic Codes ir	the instructi	ons:
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If 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 plan plan plan plan plan plan plan	feature co						
9a b Pa	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare from provides welfare benefits, enter the applicable welfare from the temperature of the plan provides welfare from the temperature of the plan provides welfare benefits, enter the applicable welfare from the temperature of the plan provides welfare benefits, enter the temperature of tempe	feature co			icteris	tic Codes in	the instructio	ns:
9a b	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare from provides welfare benefits, enter the applicable welfare from the applicable welfare from the plan provides welfare from the applicable welfare from the plan provides welfare from the plan provides welfare from the applicable welfare from the applicable welfare from the plan provides welfare from the applicable welfare from the plan provides welfare from the plan provides welfare from the plan provides welfare from the applicable welfare fr	feature co	les from the List of Plar					ns:
9a b Pa	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare from provides welfare benefits, enter the applicable welfare from the temperature of the plan provides welfare from the temperature of the plan provides welfare benefits, enter the applicable welfare from the temperature of the plan provides welfare benefits, enter the temperature of tempe	feature co reature coo utions with /oluntary f	les from the List of Plar in the time period Fiduciary Correction		icteris	tic Codes in	the instructio	ns:
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Note: Section 100 DE applicable of the plan plan plan plan plan plan plan plan	feature co reature coo utions with /oluntary f	les from the List of Plar in the time period Fiduciary Correction include transactions	n Chara	icteris	No	the instructio	ns:
9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan year:	feature coc feature coc utions with /oluntary f t? (Do not	les from the List of Plar in the time period Fiduciary Correction include transactions	10a	icteris	No	the instructio	ns:
9a b Pa 10 a	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan plan plan plan plan plan plan plan	feature co eature coo utions with /oluntary f t? (Do not	tes from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused	n Chara 10a 10b	Yes	No	the instructio	ns: unt
9a b Pa 10 2 2	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If 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-interes reported on line 10a.) If Was the plan covered by a fidelity bond? If Did the plan have a loss, whether or not reimbursed by the plan's	feature co eature coo utions with /oluntary f t? (Do not s fidelity bo her persor ne or all of	tes from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ons by an insurance f the benefits under	10a 10b 10c	Yes	No X	the instructio	ns: unt
9a b Pa 10 a t ()	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If 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-interes 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 ot carrier, insurance service, or other organization that provides some control of the provides some carrier.	feature co eature coo utions with /oluntary f t? (Do not s fidelity bo her persor ne or all of	des from the List of Plar in the time period Fiduciary Correction include transactions ond, that was caused hs by an insurance f the benefits under	10a 10b 10c 10d	Yes	No X	the instructio	ns: unt 85,000
9a b Pa 10 2 2 4 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 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If 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 N Program) If were there any nonexempt transactions with any party-in-interes 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 ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) If Has the plan failed to provide any benefit when due under the plan? If the plan have	feature co eature coo utions with /oluntary f t? (Do not s fidelity bo her persor ne or all of an? as of year-	tes from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ond, that was caused is by an insurance f the benefits under	10a 10b 10c 10d 10e	Yes	No X X X X X	the instructio	ns: unt 85,000
9a b Pa 10 2 2 4 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 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare from provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides welfare benefits, enter the applicable welfare from plan provides plan plan plan plan plan plan plan plan	feature co eature coo utions with /oluntary f t? (Do not s fidelity bo her persor ne or all of an? as of year- (See instr	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ond, that was caused the benefits under end.)	10a 10b 10c 10d 10e 10f	Yes X X	No X X X X X	the instructio	ns:

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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)					Yes 🗌 N
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 se ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ectio	n 302 o			Yes X M
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	d enter i Day	the date	of the lette Year	er ruling
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			
	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 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	X	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 unde 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 which assets or liabilities were transferred.	an(s) to			
1	3c(1) Name of plan(s):	3c(2) EIN(s)		13c((3) PN(s)