## 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 Repor	t identification information											
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018								
A This return/report is for:  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.)													
D. Tri		a one-participant plan	a foreign plan										
<b>B</b> This ret	urn/report is	the first return/report	the final return/report										
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC progran	1							
		special extension (enter desc	ription)										
Part II	Basic Plan Inf	ormation—enter all requested in	formation										
1a Name	of plan	·			<b>1b</b> Three-digit								
	•	PROFIT SHARING PLAN			plan numbe	er							
	, ( )				(PN) ▶	001							
					1c Effective da	ate of plan							
						03/01/1976							
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			<b>2b</b> Employer lo	dentification Number							
		om, apt., suite no. and street, or P.0				91-0696468							
-		ice, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's	elephone number							
LUMBER MA	ARKET, INC.				<b>2c</b> Sponsor's telephone number 425-251-8010								
					2d Business co	ode (see instructions)							
PO BOX 590			444190										
RENTON, W	/A 98058				1.4100								
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administrator's EIN								
				_	30 A duning to to 40 a 4								
					3C Administrat	or's telephone number							
<b>A</b> 16 (b		l	and the second of the second	national financial file of face	4h en								
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name :		•	4b EIN								
	sor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN								
C Plan N	Name												
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	19							
		s at the end of the plan year			5b	19							
		n account balances as of the end of		-	5c	19							
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	12							
<b>d(2)</b> Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)								
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 late or incomplete filing of this return/report will be assessed unless reasonable cause is established.												
Under pen SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/rep	ort, including, if a	pplicable, a Schedule							
	true, correct, and cor	nplete. d/valid electronic signature.	06/18/2019	PATRICK BATES									
SIGN HERE													
	Signature of plan	administrator	Date	Enter name of individu	iai signing as plai	administrator							
SIGN HERE				1									
III.KE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan sponsor								

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b Are you claiming a waver of the annual examination and report of an independent qualified public accountant (CPA) under 29 CFR 2520.104.467 (See instructions on waver eligibility and conditions). If you answered "No" to either line & or line 65, the plan cannot use Form 5500 SF and must instead use Form 5500. If you answered "No" to either line & or line 65, the plan cannot use Form 5500 SF and must instead use Form 5500. If you answered "No" to either line & or line 65, the plan cannot use Form 5500 SF and must instead use Form 5500. If you answered "No" to either line & or line 65, the plan cannot use Form 5500 SF and must instead use Form 5500. If you answered "No" to either line & or line &		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X	'es No
If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plant is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									
Part III   Financial Information   Financial Information		· · · · · · · · · · · · · · · · · · ·							⊔ .	′es ∐ No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   1603769   1412198   1412198   15 Total plan assets   7a   1603769   1412198   15 Total plan issets   (a) Italian plan sests (subtract line 7b from line 7a)   7b   1603769   1412198   1412198   15 Total plan issets (subtract line 7b from line 7a)   7c   1603769   1412198   1412198   15 Total plan issets (subtract line 7b from line 7a)   7c   1603769   1412198   1412198   15 Total plan issets (subtract line 7b from line 7a)   7c   1603769   1412198   1412198   15 Total and Contributions received or receivable from:  (1) Employers   8a(1)   22098   (2) Participants   8a(1)   22098   (2) Participants   8a(2)   72459   (2) Participants   8a(2)   72459   (2) Participants   8a(3)   30 Other income (dos)   8b   -22975   (2) Total income (dod lines 8a(1), 8a(2), 8a(3), and 8b)   8c   71582   (2) Participants   8d   253487   (2) Participants   8	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 c	letermined
7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   a Total plan assets   7a   1603769   1412198   1412198   15 Total plan isolatives   7b   1603769   1412198   1412198   15 Total plan isolatives   7b   1603769   1412198   1412198   15 Total plan isolatives   7c   1603769   1412198   1412198   15 Total plan isolatives   7c   1603769   1412198   1412198   15 Total plan isolatives   7c   1603769   1412198   1412198   15 Total plan isolatives   1603769   1412198   15 Total a Contributions received or receivable from: (1) Employers		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	ır			(See ins	structions.)
7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   a Total plan assets   7a   1603769   1412198   1412198   15 Total plan isolatives   7b   1603769   1412198   1412198   15 Total plan isolatives   7b   1603769   1412198   1412198   15 Total plan isolatives   7c   1603769   1412198   1412198   15 Total plan isolatives   7c   1603769   1412198   1412198   15 Total plan isolatives   7c   1603769   1412198   1412198   15 Total plan isolatives   1603769   1412198   15 Total a Contributions received or receivable from: (1) Employers	Pa	rt III Financial Information								
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Er	nd of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	` '				. ,		98
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 22098 (2) Participants. 8a(2) 72459 (3) Others (including rollovers). 8a(3) 6b Other Income (loss). 8 b - 22975  C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b		7b							
a Contributions received or receivable from: (i) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a)						141219	98
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total	
(2) Participants	а		90(4)		22008					
(a) Others (including rollovers)		=	` '			_				
b Other income (loss)				'	72433	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,			22975	$\dashv$				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d 253487  e Certain demed and/or corrective distributions (see instructions).  8e   Gadinistrative service providers (salaries, fees, commissions).  8f 9666  g Other expenses.  8g   Bh Total expenses (add lines 8d, 8e, 8f, and 8g).  1 Net income (loss) (subtract line 8h from line 8c).  8i   -191571  j Transfers to (from) the plan (see instructions).  8j   Part IV   Plan Characteristics  9a   If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 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:  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?  10a   V   V   V   V   V   V   V   V   V		` '			22313				7158	22
e Certain deemed and/or corrective distributions (see instructions) 8e  f. Administrative service providers (salaries, fees, commissions) 8f  f. Administrative service providers (salaries, fees, commissions) 8f  g. Other expenses			- OC						7100	) <u>C</u>
f Administrative service providers (salaries, fees, commissions)			8d	25	53487					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)  8h  263153  i Net income (loss) (subtract line 8h from line 8c)  8i  -191571  j Transfers to (from) the plan (see instructions)  8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 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:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)  10b X  c Was the plan covered by a fidelity bond?  10c X 141221  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  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 X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  lift this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X	f	Administrative service providers (salaries, fees, commissions)	8f	8f 9666						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	enses							
Part IV   Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	8h			263153			53
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 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:  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).  10e X  11e V S No Amount  Amount  10a X  11e V S No Amount  10b X  10c X 141224  11e V S No Amount  10a X  11e V S No Amount  10b X  11e V S No Amount  10c X 141224  11e V S No Amount  11e V S No Amount  11e V S No Amount  11e X 141224  12e V S No Amount  12e X 141224  13e V S No Amount  14e V S No Amount  15e No Amount  16e X 141224  17e V S No Amount  17e X 141224  18e V S No Amount  19e X 141224  19e V S No Amount  11e X 141224  11e V S No Amount  11e X 141224  12e V S No Amount  12e X 141224  13e V S No Amount  14e V S No Amount  16e X 141224  17e V S No Amount  17e No Manutteristic Codes in the instructions:  18e V S No Amount  19e X 141224  19e V S No Amount  11e V S No Amount  12e V S No	<u>i</u>		8i				-19			71
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   Example 2		Transfers to (from) the plan (see instructions)	8j							
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	Pa	rt IV Plan Characteristics								
Part V   Compliance Questions	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ir	nstructions:	
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		eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	structions:	
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)										
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)	Par	t V   Compliance Questions				T	1			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>				Yes	No		Amount	
Program)	а									
reported on line 10a.)					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.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b		•		10b		X			
by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c	X			14	41220
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	C				10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
2520.101-3.)	9			•			Χ			
	h	2520.101-3.)	` 		10h		X			
one-spinor to providing the name approximation and the spinor and	i				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)			Yes 🛚 No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 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, granting the waiver	and enter Da		e of the letter ruling 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?		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 plan which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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	1		10/01/1	0.01.0
For calend		fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p list of participating e	olan (not multiemployer) (F mployer information in acc	Filers checking the cordance with the	is box must attach a form instructions.)
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC program	n
	3	special extension (enter desc		,		
Part II	Basic Plan Inf	formation—enter all requested in				
1a Name					1b Three-digit	I
Lumber	Market, Inc	. 401(k) Profit Shari	ng Plan		plan numbe (PN) ▶	er   001
					1c Effective da	
2a Plan s	ponsor's name (emp	loyer, if for a single-employer plan)				dentification Number
Mailin	g address (include ro	oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see ins	structions)	(EIN)91-0	
Lumber	Market, Inc	·		,		telephone number 51-8010
						ode (see instructions)
PO Box	59023					
Renton			W	A 98058	444190	
3a Plan a	administrator's name	and address X Same as Plan Sp	onsor.		3b Administrat	tor's EIN
					3c Administrat	tor's telephone number
4 If the	name and/or EIN of t	the plan sponsor or the plan name	has changed since the last	return/report filed for	4b EIN	
	lian, enter the plan sp sor's name	oonsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN	
C Plan						
					5a	19
		its at the beginning of the plan year			5b	19
		its at the end of the plan year th account balances as of the end of			5c	3800
						19
<b>d(1)</b> Tot	tal number of active p	participants at the beginning of the	plan year		5d(1)	12
		participants at the end of the plan y			5d(2)	12
		no terminated employment during t			5e	
Caution:	A penalty for the lat	e or incomplete filing of this retu	rn/report will be assesse	d unless reasonable cau	use is establishe	ed.
SB or Sch	naties of perjury and edule MB completed true, correct, and co	other penalties set forth in the instr and signed by an enrolled actuary mplete.	as well as the electronic v	ersion of this return/repor	t, and to the best	of my knowledge and
SIGN	V // /	male	×6/18/19	Patrick Bates		
HERE	Signature of plan		Date	Enter name of individ	ual signing as pla	n administrator
SIGN						
HERE	Signature of emr	oloyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor

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c	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the you answered "No" to either line 6a or line 6b, the plan cannot 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 the	an indeper and condit ot use Fo asurance p	ndent qualified public a ions.)rm 5500-SF and must rogram (see ERISA se	ccount t instea ection 4	ant (IQ d <b>use</b> 021)? .	PA) Form	<b>5500</b> . Yes ∏ No	Yes No Yes No Not determined (See instructions.)		
Pa	rt III Financial Information				Т					
7	Plan Assets and Liabilities		(a) Beginning o				(b) End			
a	Total plan assets	7a	1,	603,	/69			1,412,198		
<u>b</u>	Total plan liabilities	7b						1 410 100		
c	Net plan assets (subtract line 7b from line 7a)	7c	1,	603,	769			1,412,198		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	'otal		
а	Contributions received or receivable from:	0-41		22,	098					
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		72,459						
	(3) Others (including rollovers)	8a(3)		-22,975						
	Other income (loss)	8b		44,	7 / 3			71,582		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						71,302		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		253,	487					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						<u> </u>		
f	Administrative service providers (salaries, fees, commissions)	8f		9,	666					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						263,153		
i	Net income (loss) (subtract line 8h from line 8c)	81						-191,571		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a		feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	ic Cod	es in the instr	uctions:		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
á	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		Х				
ī	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х			141,220		
	Did the plan have a loss, whether or not reimbursed by the plan's			100	<del>                                     </del>					

10	During the plan year:				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		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?	10c	Х		141,220
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	
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.)	10e		Х	
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	ls t	his a defined benefit plan subject to minimum funding requirements? (If "Yes," orm 5500) and line 11a below)	see instructions and comple	te Sch	edule S	В		Ye	s 🛛 No
11a	Fr	ter the unpaid minimum required contributions for all years from Schedule SB	(Form 5500) line 40		11a				
12	ls FF	this a defined contribution plan subject to the minimum funding requirements o	of section 412 of the Code or	section	n 302 of	f <i></i>		Ye	s 🛚 No
	(11	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	)					1-44	
а	If a	waiver of the minimum funding standard for a prior year is being amortized in anting the waiver.	this plan year, see instructio	ns, and	enter i Day	ne date	of the	ear	ruling
1f	vou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to line 13.						
		er the minimum required contribution for this plan year			12b				. <u>.                                   </u>
		er the amount contributed by the employer to the plan for this plan year			12c				
d	Su	btract the amount in line 12c from the amount in line 12b. Enter the result (entegative amount)	er a minus sign to the left of		12d				
е		il the minimum funding amount reported on line 12d be met by the funding dea		********		Yes	<u> </u>	lo	N/A
Part	VII	Plan Terminations and Transfers of Assets							
		as a resolution to terminate the plan been adopted in any plan year?				Yes	s	X No	
	lf	'Yes," enter the amount of any plan assets that reverted to the employer this ye	эаг		13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to	another plan, or brought un	der the	<u></u>		] Y	es X	No
С	lf,	during this plan year, any assets or liabilities were transferred from this plan to nich assets or liabilities were transferred. (See instructions.)	another plan(s), identify the	plan(s	) to			_	
		1) Name of plan(s):		13c(2)	EIN(s)			13c(3)	PN(s)
			-				i		