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						
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018		and ending 1	2/31/2018		
A This ret	turn/report is for:	X a single-employer plan	lis	t of participating em	an (not multiemployer) ployer information in a			
R This ret	urn/report is	a one-participant plan	a f	oreign plan				
D IIIIS IEU	апитероп із	the first return/report		final return/report				
		an amended return/report	_		n/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	_	tomatic extension		DFVC progr	am	
D 4 II		special extension (enter desc						
Part II		ormation—enter all requested in	formation	on			. 1	
1a Name	•					1b Three-dig	_	
IALENI IE	CHNOLOGY USA CO	ORPORATION 401(K) PLAN				plan num (PN) ▶	ibei	001
						1c Effective	date of	
						I Ellective		/2006
		oyer, if for a single-employer plan)	O. D)					ication Number
		om, apt., suite no. and street, or P.C ace, country, and ZIP or foreign post		(if foreign, see instru	uctions)	(EIN)		106753
	CHNOLOGY USA CO			, ,	,	2c Sponsor	s teleph 04-238	
						2d Business	code (s	see instructions)
1685 H STR #1085	EET						5415	11
BLAINE, WA	98230							
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.			3b Administr	ator's E	EIN
		_				3c Administr	rator's t	elephone number
						JC Administr	ator 5 ti	elepriorie number
		ne plan sponsor or the plan name h				4b EIN		
		onsor's name, EIN, the plan name a	and the	plan number from th	e last return/report.	4d PN		
a Spons C Plan N	or's name					4u PN		
• Halli	lame							
5a Total	number of participant	s at the beginning of the plan year.				. 5a		30
b Total	number of participant	s at the end of the plan year				. 5b		40
		account balances as of the end of				5c		21
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year	·		5d(1)		23
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear			5d(2)		34
		o terminated employment during the				5e		0
Caution: A	penalty for the late	or incomplete filing of this retur	n/repor	t will be assessed i	unless reasonable ca			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nolete.						
SIGN		d/valid electronic signature.		06/11/2019	TERRY HIBBERT			
HERE	Signature of plan	administrator		Date	Enter name of individ	lual signing as p	lan adm	ninistrator
SIGN	Filed with authorize	d/valid electronic signature.		06/11/2019	TERRY HIBBERT		_	

Date

Enter name of individual signing as employer or plan sponsor

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filling for this plan year	b Are	ere all of the plan's assets during the plan year invested in eligib you claiming a waiver of the annual examination and report of a	an indepe	ndent qualified public	account	ant (IC	QPA)		•	X Yes	☐ No
Fire Financial Information		· · · · · · · · · · · · · · · · · · ·									□
Part III Financial Information T Plan Assets and Liabilities Ta 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 474255 4 4 474255 4 4 474255 4 4 474255 4 4 474255 4 4 4 4 4 4 4 4 4	C If the	e plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	1021)?		Yes	No 🔲 1	Not deter	mined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Y a Total plan assets	If "Y	es" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	olan yea	ır			(Se	e instruc	tions.)
a Total plan assets	Part III	Financial Information									
b Total plan liabilities	7 Plan	n Assets and Liabilities		(a) Beginning	of Year	-		(b)	End of Y	ear	
C Net plan assets (subtract line 7b from line 7a)	a Tota	al plan assets	7a	4	74255				4	91628	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b Tota	al plan liabilities	7b								
a Contributions received or receivable from: (1) Employers	C Net	plan assets (subtract line 7b from line 7a)	7c	4	74255				4	91628	
(1) Employers	8 Inco	ome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
(3) Others (including rollovers)			8a(1)								
b Other income (loss)	(2)	Participants	8a(2)	2	203337						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 138908 139008 1390	(3)	Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b Othe	er income (loss)	8b	-	-41654	_					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 5402 g Other expenses			8c						1	61683	
f Administrative service providers (salaries, fees, commissions)			8d	1	38908	_					
g Other expenses		· · · · · · · · · · · · · · · · · · ·	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Adm	ninistrative service providers (salaries, fees, commissions)	8f		5402	_					
i Net income (loss) (subtract line 8h from line 8c)		·				_					
Transfers to (from) the plan (see instructions)	_								1	44310	
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 instruction 2A 2E 2F 2G 2J 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 instruction 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)	_		8i							17373	
Part V Compliance Questions			8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructio 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)	1										
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)	2A		feature co	odes from the List of P	ian Cha	racteri	stic C	odes in the	e instruction	ons:	
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? d 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.)	b If th	ne plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	an Chara	acteris	tic Co	des in the	instruction	ns:	
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)	Part V	Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amo	unt	
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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Delta the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	de	escribed in 29 CFR 2510.3-102? (See instructions and DOL's V	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.)	b We	ere there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		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? • 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.)	c w	/as the plan covered by a fidelity bond?			10c	X				100000)()
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	d Did	d the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?	fidelity bo	nd, that was caused			X				
f Has the plan failed to provide any benefit when due under the plan?	e We	ere any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides som	her person ne or all of	s by an insurance the benefits under	10e	Х				254	¥1
	f Ha	as the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	g Did	d the plan have any participant loans? (If "Yes," enter amount a	s 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				
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						

Form 5500-SF (2018)	Page 3 - 1
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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 Schedule SB (Form 5500) and line 11a below)							
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 ERISA?		:	Y	es X No		
	(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 granting the waiver	d enter t Day		of the lette Year _	r ruling		
lf :	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?		Yes	× N	0		
	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?			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(s) which assets or liabilities were transferred. (See instructions.)	to					
1	3c(1) Name of plan(s): 13c(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

Annual Report Identification Information

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**

		01/01/2018	and ending	12/31/201	0
A This return/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) (File ployer information in accor	7	
D 71: 1	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 return	/report (less than 12 mont	hs)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	
	special extension (enter de				
	Information—enter all requested	information		• Consider the control of the contro	1
1a Name of plan	1103 0	11 (l-) D1	1	b Three-digit plan number	
Talent Technol	ogy USA Corporation 40	DI(K) Plan		(PN)	001
			1	C Effective date 01/01/20	
	mployer, if for a single-employer plane room, apt., suite no. and street, or l		2	b Employer Ider	
	ovince, country, and ZIP or foreign po		uctions)	(EIN) 98-04	United 1000
	ogy USA Corporation		2	C Sponsor's tele	
			2		e (see instructions)
1685 H Street					(3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-
#1085 Blaine	WA 98	230			
	me and address X Same as Plan S			541511 b Administrator's	
			3	C Administrator's	s telephone number
4 If the name and/or EIN	of the plan sponsor or the plan name	has changed since the last re		c Administrator's	s telephone number
this plan, enter the plan	of the plan sponsor or the plan name n sponsor's name, EIN, the plan nam		eturn/report filed for ne last return/report.	b EIN	s telephone number
this plan, enter the plan a Sponsor's name			eturn/report filed for ne last return/report.		s telephone number
this plan, enter the plan			eturn/report filed for ne last return/report.	b EIN	s telephone number
this plan, enter the plan a Sponsor's name C Plan Name		e and the plan number from the	eturn/report filed for the last return/report.	b EIN	
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip	n sponsor's name, EIN, the plan nam	e and the plan number from the	eturn/report filed for ne last return/report.	b EIN	30
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants	n sponsor's name, EIN, the plan name	e and the plan number from the arcommon the plan year (only defined	eturn/report filed for ne last return/report. 4 contribution plans	b EIN d PN 5a	30
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item)	pants at the beginning of the plan year at the end of the plan year with account balances as of the end	e and the plan number from the architecture of the plan year (only defined	eturn/report filed for ne last return/report. 4 contribution plans	b EIN d PN 5a 5b	30 40 21
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ	pants at the beginning of the plan year with account balances as of the end we participants at the beginning of the	e and the plan number from the arcomplex of the plan year (only defined plan year	eturn/report filed for the last return/report. 4 contribution plans	b EIN d PN 5a 5b 5c	30 40 21 23
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of participants e Number of participants	pants at the beginning of the plan year and the end of the plan year with account balances as of the end of the participants at the beginning of the participants at the end of the plan we participants at the end of the plan is who terminated employment during	e and the plan number from the plan year (only defined year year the plan year with accrued be	contribution plans confits that were less	5a 5b 5c 5d(1)	30 40 21 23 34
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the	pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end we participants at the beginning of the verperticipants at the end of the plan is who terminated employment during late or incomplete filing of this retains to the plan incomplete filing of this retains.	e and the plan number from the plan year (only defined year	contribution plans contribution plans mefits that were less unless reasonable cause	5a 5b 5c 5d(1) 5e e is established.	30 40 21 23 34
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of actin d(2) Total number of actin e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB complei	pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end of the plan year we participants at the beginning of the plan we participants at the end of the plan we participants at the end of the plan who terminated employment during late or incomplete filing of this retund other penalties set forth in the insided and signed by an enrolled actuar	e and the plan number from the plan year (only defined by plan year with accrued by plan year (only defined by plan year with accrued by plan year).	contribution plans contribution plans unless reasonable cause examined this return/report.	5a 5b 5c 5d(1) 5e e is established.	30 40 21 23 34 0 olicable, a Schedule
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this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB completelief, it is true, correct, and SIGN HERE	pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end of the plan year we participants at the beginning of the plan we participants at the end of the plan we participants at the end of the plan who terminated employment during late or incomplete filing of this retund other penalties set forth in the insided and signed by an enrolled actuar	e and the plan number from the plan year (only defined plan year (only defined year	contribution plans contribution plans contribution plans unless reasonable cause examined this return/report, a	5a 5b 5c 5d(1) 5d(2) 5e e is established. rt, including, if applied to the best of the second	30 40 21 23 34 0 olicable, a Schedule my knowledge and
this plan, enter the plan a Sponsor's name c Plan Name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury a SB or Schedule MB completelief, it is true, correct, and SIGN HERE	pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end of the panticipants at the beginning of the plan we participants at the end of the plan we participants at the end of the plan who terminated employment during late or incomplete filling of this retained other penalties set forth in the instead and signed by an enrolled actuar complete.	of the plan year (only defined plan year year with accrued be burn/report will be assessed tructions, I declare that I have y, as well as the electronic ver	contribution plans contribution plans contribution plans unless reasonable cause examined this return/report, at the contribution of this return/report.	5a 5b 5c 5d(1) 5d(2) 5e e is established. rt, including, if applied to the best of the second	30 40 21 23 34 0 olicable, a Schedule my knowledge and

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	State 10 years to 2 years to 10 years to 1	es transaci	5000		_				
	Were all of the plan's assets during the plan year invested in eligib							X,	Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							\square	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann								Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	□ Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the							_	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
a	Total plan assets	7a		474,	_				491,628
-	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		474,	255				491,628
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b)	Total	
	Contributions received or receivable from:		(4) / 1110 111		\neg	A Asla	(-)		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		203,	337				
	(3) Others (including rollovers)	8a(3)							
_b	Other income (loss)	8b		-41,	654				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							161,683
d	Benefits paid (including direct rollovers and insurance premiums			138,	908				
	to provide benefits)	8d		100,	200				
f	Certain deemed and/or corrective distributions (see instructions)	8e		5	402				
_	Administrative service providers (salaries, fees, commissions)	8f		3,	102		_		
<u>g</u>	Other expenses	8g							144,310
- 20	Total expenses (add lines 8d, 8e, 8f, and 8g)								17,373
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			-				11,313
,	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics			01					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	ides from the List of Pl	an Cha	racteri	stic Code	es in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Code	s in the inst	ructions	
_			ioo iioiii tiio ziot oi i ia	., 0.10.1					
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			1	,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
	Were any fees or commissions paid to any brokers, agents, or other	her person	s by an insurance						0 541
e	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e	Х				2,541
	the plan? (See instructions.)			10e	X	Х			2,541
	the plan? (See instructions.)	an?		10f	Х	X			2,541
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla	an?as of year-	end.)uctions and 29 CFR		X	_			2,541

Form	5500-SF	(2018)
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Part VI F	ension Funding Compliance				
11 Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho 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			
ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section? es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Yes 🛛 N
	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and og the waiver	enter Da		of the lette Year	er ruling
If you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter t	ne minimum required contribution for this plan year	12b			
	e amount contributed by the employer to the plan for this plan year	12c			
	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a we amount)	12d			
e Will th	e 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?		Yes	X 1	No
If "Yes	," enter the amount of any plan assets that reverted to the employer this year	13a			
	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the I of the PBGC?		. [Yes	No No
	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred.	to			
13c(1) N	lame of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)