Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1								
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018						
A This ret	turn/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		a one-participant plan	a foreign plan								
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	.m					
		special extension (enter desc									
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name G BOWEN (of plan GREEN DMD PA 401(K) PLAN			1b Three-diging plan number (PN) ▶						
					1c Effective of	date of plan 01/01/2017					
		oyer, if for a single-employer plan)	2. Rev)			Identification Number					
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		structions)	(EIN)	20-5337748					
-	GREEN DMD PA		, , , , , , , , , , , , , , , , , , ,	,		s telephone number 62-840-4422					
					2d Business	code (see instructions)					
PO BOX 236						621210					
TUPELO, MS	5 30003										
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administra	ator's EIN					
					3c Administra	ator's telephone number					
		e plan sponsor or the plan name h			4b EIN						
		onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4						
•	or's name				4d PN						
C Plan N	vame										
5a Total	number of participants	at the beginning of the plan year.			5a	4					
b Total	number of participants	at the end of the plan year			5b	3					
		account balances as of the end of		=	5c	3					
	,	urticipants at the beginning of the p			5d(1)	4					
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ear		5d(2)	3					
		terminated employment during the			5e	0					
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau							
SB or Sche		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	06/26/2019	G BOWEN GREEN							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator					
SIGN											
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or pla						nployer or plan sponsor					

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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							X Yes ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann		itions.)					
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 th	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year
а	Total plan assets	7a		95213				129142
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c	!	95213				129142
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		6584				
	(2) Participants	8a(2)		38283				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-1	10938				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33929
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						33929
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Chai	racteri	stic Co	odes 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 Cod	des in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
c				10c	X			25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		2000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	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 Sche (Form 5500) and line 11a below)		В	Y	es 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 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

Part I

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.

of the Internal

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calendar plan year 2018 or	fiscal plan year beginning	01/01/201	8	and ending	12/31/2	018
A This return/report is for:	X a single-employer plan		10. 50. 10.	an (not multiemployer)	7.7	
A This return report is for.	a one-participant plan	a foreign p		ipioyer illiornation il a	coordance with the	iom mandenona.
B This return/report is	the first return/report	the final reti	urn/report			
	an amended return/report	a short plan	year retur	n/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic e	extension		☐ DFVC program	1
	special extension (enter des	44 P. S.			D	
Part II Basic Plan Int	formation—enter all requested in	nformation				
1a Name of plan					1b Three-digit	
G Bowen Green DM	MD PA 401(k) Plan				plan numbe	002
					(PN) 1c Effective da	
					01/01/2	
	loyer, if for a single-employer plan)				2b Employer Id	lentification Number
	oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		n, see insti	ructions)	(EIN) 20 - 5	9.0 0%
G Bowen Green DM			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2c Sponsor's t 662-840	elephone number
						ode (see instructions)
PO Box 2363					Zu Busiliess co	de (see instructions)
Tupelo	MS 388	03			621210	
	and address X Same as Plan Spo	neor			3b Administrate	or's EIN
ed Train duminionator o riame	and dadiese Meanie as i lan epo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7 taministrati	51 3 E114
					3c Administrate	or's telephone number
4 If the name and/or EIN of t	he plan sponsor or the plan name h	nas changed since	e the last re	eturn/report filed for	4b EIN	
this plan, enter the plan sp	oonsor's name, EIN, the plan name	•				
a Sponsor's name					4d PN	
C Plan Name						
5a Total number of participan	ts at the beginning of the plan year				5a	4
b Total number of participan	ts at the end of the plan year				5b	3
	h account balances as of the end o	25			5c	3
	participants at the beginning of the p				5d(1)	4
	participants at the end of the plan ye	\$8			5d(2)	3
e Number of participants wh	no terminated employment during th	ne plan year with a	accrued be	enefits that were less	5e	
Caution: A penalty for the late	e or incomplete filing of this retu	rn/report will be	assessed	unless reasonable ca	00.000	•
Under penalties of perjury and	other penalties set forth in the instru	uctions, I declare	hat I have	examined this return/re	port, including, if a	pplicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary,	as well as the ele	ctronic ver	sion of this return/repor	t, and to the best o	of my knowledge and
SIGN DA	M.	412	6/19	G Bowen Green		
HERE Signature of plan	administrator	Date	-	Enter name of individ	ual signing as plan	administrator
, - g. a.a. o o piun	A TO THE RESERVE OF THE PARTY O			1	Piul	

Date

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Da	ae	2
_a	ue	_

b Are you claiming a waiver of the annual exemination and report of an independent qualified public accountant (IQPA) under 28 CFR 2520 104 467 (See instructions on waiver eligibility and conditions)		VACA II - E 41 1 1	lala0	(Coolingtown)					X Y	es \square No
under 29 CFR 2520 104-487 (See instructions on waver eligibility and conditions.) If you aswered "No" to either line 6a or line bit, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBCC insurance program (see ERISA section 4021)? No Not determined if "Yes" is checked, enter the My PAA confirmation number from the PBGC premum filing for this plan year. See instructions.) Part III Financial Information 7		그것으로 보다가 되어 있는데 그는 어떻게 하는 아이에 아이를 맞았다. 아이는 생생님들이 되어 하는 아이들이 되어 있다는 것은 아이에게 이렇게 된다고 생생님은 아이를 하는데 하는데 살아 보다 하는데 생생님은 아이를 모르는데 그를 살아내고 하는데 살아 없다.							Δ ''	-3 140
If you answered "No" to either line 6 aor line 8b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan is it covered under the PBGC premium filing for this plan year (See instructions). Part III Financial Information 7 Plan Assets and Liabilities 8 (a) Beginning of Year (b) End of Year 7 a 95, 213 129, 14: b Total plan assets and Liabilities. 7 b C Net plan assets (subtract line 7b from line 7a). 7c 95, 213 129, 14: b Total plan inabilities. 7b C Net plan assets (subtract line 7b from line 7a). 7c 95, 213 129, 14: d Income Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 6, 584 (2) Participants. 8a(2) 38, 283 (3) Others (including rollovers). 8a(3) b Other income (loas). 8a(3) c Total income (loas). 8a(3) d Benefits pad (including circultories and insurance premiums to provide benefits). 8a(3) d Benefits pad (including circultories and insurance premiums to provide benefits). 8a(3) f Administrative service providers (salaries, fees, commissions). 8a(3) f Inter plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 28 2F 2F 26 22 2K 2T 3D D Uring the plan year: a Was there a failure to fremm to the plan appraicipant contributions within the time period described in 20 FR 2510.3-102? (See instructions). 8g Part IV Plan Characteristics D Uring the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 28 2F 2F 26 22 2K 2T 3D D Uring the plan apear. a Was there a failure to ferment to the plan any participant contributions within the time period on line 10a). X b Weet the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 28 2F 2F 26 22 2K 2T 3D D Was the plan apear. a Was the plan overwed by a fedelity	D									es No
Part III Financial Information Financial Informa										
Part III Financial Information Financial Information Part III	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	\ Ye	s No	☐ Not de	etermined
7 Plan Assets and Liabilities 7 95, 213 129, 141 a Total plan assets 7 95, 213 129, 141 b Total plan liabilities 7 7 9 95, 213 129, 141 c Net plan assets (subtract line 7b from line 7a) 7c 95, 213 129, 141 a Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8 8a(1) 6, 584 (2) Participants 8a(2) 38 8, 283 (3) Others (including rollovers) 8a(3) 95 b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b -10, 938 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 90 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 97 d Participants 8a(1) 8a(2), 8a(3), and 8b) 8c 90 e Certain deemed and/or corrective distributions (see instructions) 8d 9c		If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	ır			(See inst	ructions.)
7 Plan Assets and Liabilities 7 95, 213 129, 141 a Total plan assets 7 95, 213 129, 141 b Total plan liabilities 7 7 9 95, 213 129, 141 c Net plan assets (subtract line 7b from line 7a) 7c 95, 213 129, 141 a Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8 8a(1) 6, 584 (2) Participants 8a(2) 38 8, 283 (3) Others (including rollovers) 8a(3) 95 b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b -10, 938 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 90 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 97 d Participants 8a(1) 8a(2), 8a(3), and 8b) 8c 90 e Certain deemed and/or corrective distributions (see instructions) 8d 9c	Pai	rt III Financial Information								
a Total plan assets	7			(a) Beginning	of Year			(b) End	of Year	
b Total plan isabilities	a		7a	()	A 10/10/10/10 11			· · ·		129,142
C Net plan assets (subtract line 7b from line 7a)		•								
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 6,584 (2) Participants			i yasar		95,	213				129,142
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other income (loss) (loss). (8) Other income (loss) (loss). (8) Other income (loss) (loss). (8) Other expenses (loss). (9) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions. (2) Other plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (2) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (2) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions. (2) Other plan provides welfare bene			10	(a) Amoun	200			(b) T		•
(1) Employers 8a(1) 6,584 (2) Participants 8a(2) 38,283 (3) Others (including rollovers). 8a(3) (3) Others (including rollovers). 8a(3) (4) Dother income (loss). 8a(2) 3 (5) Other income (loss). 8b - 10,938 (6) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c - 33,925 (7) Otal income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c - 33,925 (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d - 4				(a) Amoun		_		(5) 1	Juli	
(3) Others (including rollovers)			8a(1)		6,	584				44
b Other income (loss)		(2) Participants	8a(2)		38,	283				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	b	Other income (loss)	8b		-10,	938				
e Certain deemed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					7.7E, 20		33,929
e Certain deemed and/or corrective distributions (see instructions)		[1972] [1974								
f Administrative service providers (salaries, fees, commissions)	E					_				
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	8e			-	Mariana da Mariana			
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 8h 333,925 i Net income (loss) (subtract line 8h from line 8c) 8i 333,925 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 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: 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 Fiduciany Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10a X C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) f Has the plan 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). If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f_	Administrative service providers (salaries, fees, commissions)	8f			_				
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
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 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: 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). 10a X 25,000 f Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 10a X 10b X 10c X 25,000 10c X 10c X 25,000 10c X	i	Net income (loss) (subtract line 8h from line 8c)	8i		Halleton					33,929
9a	j	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	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 Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	9a	[18] 사람이 있다면 하는데 하는데 하는데 얼마나 있는데 그렇게 되었다면 하는데 되었다면 되었다면 하는데	feature co	des from the List of Pla	an Cha	racteri	stic Codes	in the instr	uctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? 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.) 10 If 10h was answered "Yes." check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acteris	ic Codes in	n the instru	ctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes." enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes." check the box if you either provided the required notice or one of the	Par	t V Compliance Questions								
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu	tions withir	the time period						
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?							x			
reported on line 10a.)			74 - N. S. C. T.	C 10X 11X 11X 11X	10a			<u> </u>		
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.) 100 X 101 X 102 X 103 X 104 Individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) Individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	트리트 등을 가장하는 것이 없는 그렇게 되었다. 그런 그렇게 되었다면 되었다면 그 사람들이 되었다면 그 사람들이 되었다면 되었다면 사람들이 되었다면 되었다면 그렇지 않는 그렇지 없는 그렇지 않는 그렇지 없는 그렇지 않는 그렇게			10b		Х			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	Х				25,000
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.)	d				10d		х			
the plan? (See instructions.) 10e 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 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	e	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	s by an insurance						
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 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the					10e		Х			
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	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		Х			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h				10h		х			3 3
	i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10i				£4.	

Form 5500-SF (2018)	Pa	ge 3 -								nj
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum fundi (Form 5500) and line 11a below)									Yes	□ No
11a Enter the unpaid minimum required contributions for a	The second of th	and the second second								
12 Is this a defined contribution plan subject to the minin ERISA?		tion 412	of the	Code	or sectio	n 302	of	🗆	Yes	X No
If a waiver of the minimum funding standard for a prior granting the waiver.						d enter Da		of the le		ing
If you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), a	and skip	to lin	ne 13.						
b Enter the minimum required contribution for this plan ye	ear					12b				
C Enter the amount contributed by the employer to the pla						12c				1700
d Subtract the amount in line 12c from the amount in line negative amount)		-				12d				
e 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 an	y plan year?						Yes	s X	No	
If "Yes," enter the amount of any plan assets that reve	rted to the employer this year					13a				
b Were all the plan assets distributed to participants or t control of the PBGC?					nder the			Yes	X No)
C If, during this plan year, any assets or liabilities were to which assets or liabilities were transferred.	ansferred from this plan to anoth	ner plan(s), ide	entify the	e plan(s)) to				
13c(1) Name of plan(s): 13c(2) I		EIN(s		13c	(3) PN	(s)				
								<u> </u>		
							- 1			