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	Annual Report	Identification Information	<u> 1</u>								
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2	/2018		and ending 12	2/31/2018					
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
	•	a one-participant plan	_	eign plan							
B This ret	urn/report is	the first return/report	the fir	nal return/report							
		an amended return/report	a sho	ort plan year return	/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	autor	matic extension		DFVC pr	ogram				
		special extension (enter descri	cription)								
Part II	Basic Plan Info	rmation—enter all requested in	nformation								
1a Name SOUTH SOI	of plan UND SEW & VAC RET	TREMENT PLAN				1b Three plan r	number	001			
						1c Effect	ive date of	f plan 1/2006			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				2b Emplo	-	fication Number			
		e, country, and ZIP or foreign post		foreign, see instru	uctions)	` '					
SOUTH SOL	UND SEW & VAC LLC					20 Spon	360-943	hone number 3-9691			
						2d Busin	ess code (see instructions)			
365 COOPE OLYMPIA, V	R POINT RD NW STE	101					4539	90			
OLTIVII IT, V	V/ 00002										
3a Plan a	administrator's name an	nd address X Same as Plan Spor	onsor.			3b Admir	nistrator's I	ΞΙΝ			
						3c Admir	nistrator's t	elephone number			
		e plan sponsor or the plan name ha				4b EIN					
	sor's name	nsor's name, EIN, the plan name a	and the pia	an number nom ur	e iast return/report.	4d PN					
C Plan N											
5a Total	number of participants	at the beginning of the plan year.				5a		9			
		at the end of the plan year				5b		9			
		account balances as of the end of		, ,	· ·	5c		9			
d(1) Tot	al number of active par	rticipants at the beginning of the pl	olan year			5d(1)		8			
` '	·	rticipants at the end of the plan year				5d(2)		0			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		2			
		or incomplete filing of this retur									
SB or Sche	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Filed with authorized/	/valid electronic signature.	06	6/28/2019	STEVE GLOVER						
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing a	s plan adr	ninistrator			
SIGN											
HERE	Signature of emplo	yer/plan sponsor	С	Date	Enter name of individ	ual signing a	s employe	er or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								es No	
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Y	es No	
	If you answered "No" to either line 6a or line 6b, the plan cann							_	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in								etermined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See ins	tructions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Eı	nd of Year		
а	Total plan assets	7a	38	85427			38284	2		
b	Total plan liabilities	7b		0					0	
C	Net plan assets (subtract line 7b from line 7a)	7c	38	85427				38284	2	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		7781						
	(2) Participants	8a(2)		4129						
	(3) Others (including rollovers)			0						
b	Other income (loss)	8b		12865						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-95	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e	Certain deemed and/or corrective distributions (see instructions)	leemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1630						
g	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)						163	0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-258	5	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3B	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the in	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the ins	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					, anoun		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Χ				
С	Was the plan covered by a fidelity bond?			10c	X			5	0000	
d	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				
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	X				407	
f	_			10f		X				
g	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? 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	•		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 Sch (Form 5500) and line 11a below)		В		Yes X No					
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?				Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Day Year									
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
С	Enter the amount contributed by the employer to the plan for this plan year	12c								
d										
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?		X Yes		lo					
	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	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	B) PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Ponsion 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 Annual Repo	rt Identification Information	1	- 10.100				
For calendar plan year 2018 o		51/01/2C18	and ending	12/31/2	018		
A This return/report is for:	X a single-employer plan	a multiple-employer pla #st of participating em	in (not multiemployer) (ployer information in ac				
B	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 m	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC program			
	apecial extension (enter desc				***************************************		
Part II 📗 Basic Plan In	formation—enter all requested in	formation					
1a Name of plan SOUTH SOUND SEW &	VAC RETIREMENT PLAN			1b Three-digit plan numbe (PN) ▶	001		
				1c Effective dat 01/01/2			
2a Plan aponsor's name (em Mailing address (include r	£===1	2b Employer Id (EIN)26-3	antification Number 560976				
City or town, state or prov SOUTH SOUND SEW &	2c Sponsor's telephone number (360) 943-9691						
DEE GAARIN DAINE	NO NEW CORE 101			2d Business co	de (see instructions)		
365 COOPER POINT I	KD MM 21% TOT	TAT 71	98502	450000			
3a Plan administrator's name	453990 3b Administrator's EIN						
				3C Administrato	r's telephone number		
	the plan sponsor or the plan name he sponsor's name, ElN, the plan name			4b EIN			
3 Sponsor's name				4d PN			
C Plan Name							
5a Total number of participa	nts at the beginning of the plan year			. 5a	9		
b Total number of participa	nts at the end of the plan year	(-)		5b	9		
	ith account balances as of the end of		•	5c	9		
d(1) Total number of active	participants at the beginning of the p	olan year		5d(1)	8		
• •	participants at the end of the plan ye			5d(2)	Ç		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable care.					3		
Under penaltics of perjury and SB or Schedule MB complete belief, it is true, confect and or SIGN	d other penalties set forth in the instru d and signed by an enrolled actuary, omolete.	ictions, I declare that I have as well as the electronic ver	examined this return/resolon of this return/repol	eport, including, if a rt, and to the best o Glover	oplicable, a Schedule f my knowledge and		
Signature of pla	n administrator	Date	Enter name of individ	luai signing as pian	administrator		
	ployer/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor		

age	2			
_				

Sea New all of the plan's assets during the plan year invested in eligible esselve? (See instructions.) Year New 200 New your distingting a variety of the name assumation and report of an independent quality public associations (CDCA) Year New 23 CFR 232.01.04.67 (See instructions on washer eligibility and conditions.) Year New 23 CFR 232.01.04.67 (See instructions on washer eligibility and conditions.) Year New 23 CFR 232.01.04.67 (See instructions on washer eligibility and conditions.) Year Year New 24 CFR 232.01.04.67 (See instructions on the plan is a defined hometic plan, in it covered under the PBGC features program (see ERISA section 4221)? Year No Not electromized in Year (see instructions.) Year				(C) - Continuellana				X Yes No			
c If the plant is a defined benefit plan, in it exwared under the PBGC healurance program (see ERISA section 4021)?	þ	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper and condit	ndent qualified public actions.)	ccount	ent (IQ	PA) 	∑ Yes ∏ No			
Bertill Financial Information Financial Informat		If you answered "No" to either line 6s or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	mstea	d use	rom	Sec. Date Det determined			
Part III Financial Information (a) Beginning of Year (b) End of Year 7 Pinances and Liabilities 72 385, 427 382, 842 7 382, 842 7 382, 842 7 382, 842 7 382, 842 7 7 7 7 3 365, 427 382, 842 7 382, 842 8 7 7 9 9 9 9 9 9 9 9							····· [_]				
7 Pilan Assetts and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	an year	r		. (See instructions.)			
Total plan sacets 7a 385,427 382,842	Par	till Financial Information									
B Total plan assets (subtract line 75 from line 76)	7	Plan Assets and Liabilities	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(a) Beginning o	i Year						
D Total plan isbritises O Not plan seasets (subtract line 7b from line 7a) O Not plan seasets (subtract line 7b from line 7a) O Not plan seasets (subtract line 7b from line 7a) O Not plan seasets (subtract line 7b from line 7a) O Not plan seasets (subtract line 7b from line 7a) O Not plan (line seaset) O Notes (including research of receivable from: (I) Employers (I) Em	<u>-</u>	Total plan assets	7a		305,	427		382,842			
8 Income, Expenses, and Transfer for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including followers) 84(1) 7, 761 (3) Others (including followers) 84(3) 0 54(2) 84(3) 0 55(1) Other income (lead lines 8e(1), 8e(2), 8e(3), and 6b) 8e(3) 1 6 Total income (add lines 8e(1), 8e(2), 8e(3), and 6b) 8e(3) 1 6 Roanfite paid (including direct rollowers and insurance premiums to provide benefits) 1 6 Certain deemed and/or connactive distributions (see instructions) 8e(3) 0 6 Certain deemed and/or connactive distributions (see instructions) 8f(3) 1, 630 9 Other expenses (add lines 8e(4), 8e, 8f, and 8g) 8f(3)		Total plan liabilities	7b			. 0		0			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	C	Net plan assets (subtract line 7b from line 7a)	7c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	385,	427		382,842			
(1) Employers Sa(1) 7,761. (2) Participants 3a(2) 4,129 (3) Others (including rollovers) 8a(3) 0 D Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b -12, 855 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -22, 855 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -22, 855 D Earth and a second sec				(a) Amoun	t			(b) Total			
(a) Other income (lose) Ba(3) C Total income (each lines 8a(1), 8a(2), 8a(3), and 8b). Ba(12, 955) C Total income (each lines 8a(1), 8a(2), 8a(3), and 8b). Ba(12, 955) C Total income (each lines 8a(1), 8a(2), 8a(3), and 8b). Ba(12, 955) C Total income (each lines 8a(1), 8a(2), 8a(3), and 8b). Ba(12, 955) C Entain decremed and/or connective distributions (see instructions). C Certain decremed and/or connective distributions (see instructions). Ba(1, 630) C Certain decremed and/or connective distributions (see instructions). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a, 8a, 8a, 8a, and 8g). Ba(1, 630) G Other expenses (add lines 8a,	a	and the second s	8a(1)				• •				
b Other income (lose) c Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)		4,	129					
C Total income (add lines &e(f), 8a(2), 8e(3), and 8b)		(3) Others (including rollovers).	8a(3)			0					
d Banefits paid (including direct rollovers and insurance promitims to provide benefits). e Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b		~ 12,	865					
to provide benefits) 8 Cectain deemed and/or consocive distributions (see instructions). 8 Cectain deemed and/or consocive distribution (see instructions). 9 Cectain deemed and/or consocive distribution (see instructions). 9 Cectain deemed and/or consocive distribution (see instructions). 9 Cectain deemed and/or consocive distribution (see instructions). 10 During the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 10 During the plan povides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 10 During the plan povar. 10 During the plan povar. 11 During the plan povar. 12 A 2E 2F 2G 2J 2T 3D 3E 13 Frankfers Codes in the instructions: 14 Fest V Compliance Questions 15 Part V Compliance Questions 16 During the plan povar. 18 Vest No Amount 19 During the plan povar. 10 During	G	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		المجارية المستعددة المستعدد المستعد			-955			
## Certain deemed andor conscive distributions (set instructions) ## Administrative service providers (salaries, fees, commissions) ## Administrative service providers service, or salaries service, or salaries service, or other organization that provides service provided the plan have a loss, whether of not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? ## Administrative service, or other organization that provides some or all of the benefits under the plan' (See instructions) ## Administrative service providers and Policy service persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan failed to provide any benefit when due under the plan? ## Administrative service providers and policy service provided the required notice or one of the list of Plan List of Plan Characteristic Codes in the instructions and 29 CFR and the plan have any participant loane? (If "Yes," enter amount as of year-end.) ## Administrative service providers and provided the required notice or one of the list of Plan List of Plan Characteristics and the plan's and the plan's	d		8d			~~~					
g Other expenses. 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (lose) (subtract line 8h from line 8c) 7c, 585 Transfers to (from) the plan (see instructions). 8j 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: 2A 2E 2F 2G 2O 2T 3D 3B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2O 2T 3D 3B 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 feea 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). 10b X 9 Did the plan have any participant loane? (If Yes, enter amount as of year-end.). 10c X 407 H If this is an individual account plan, was there a bleckout period? (See instructions and 29 CFR 250.101-3). if 10h was answered Yes, 'check the box if you either provided the required notice or one of the	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
the expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3T 3D 3B 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	f_	Administrative service providers (salaries, fees, commissions)	81		1,	-					
i Not income (loss) (authract line 3h from line 8c)	<u> </u>	Other expenses	89	All and the second		0	La collection				
Transfers to (from) the plan (see Instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	Вh								
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: 2A 2E 2F 2G 2J 2T 3D 3E 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 finere a fallure 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)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-2,585			
Sa	j	Transfers to (from) the plan (see instructions)	8j			0	the state of the s				
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	Pai										
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?	9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3B	feature c	odes from the List of Pi	an Cha	racteri	atic Co	des in the instructions:			
10 During the plan year: a Was there a fallure 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 falled 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	b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	n Char	acteris	tic Cod	ies in the instructions:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
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.)	10	During the plan year:				Yes	No	Amount			
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?	а	described in 29 CFR 2510.3-1027 (See instructions and DOL's \	Voluntary	Fiduciary Correction	40.		Ų				
reported on line 10a.)					IVa	╁	Α_				
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 pald 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 falled 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.) 10d X 10d X 407	,	•	-		10b		х				
by fraud or dishonesty?					10c	х		50,000			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity be	ond, that was caused	10d		х				
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 afther provided the required notice or one of the	е	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			10e	x					
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 afther provided the required notice or one of the	f	Has the plan falled to provide any benefit when due under the pla	an?		10f		х				
i if 10h was answered "Yes," check the box if you either provided the required notice or one of the	_			·	10g		х				
	h	2520.101-3.)	,,,-,-,	***************************************	10h		х				
	i				10i						

Form 5500-SF (2018)

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Part '	VI Pension Funding Compliance		rev.		-			
11	Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)	n funding requirements? (If "Ye	e," see instructions and c	omplete Sch	edule S	B 	Y	ea X No
11a	Enter the unpaid minimum required contribution	s for all years from Schedule	SB (Form 5500) line 40		11a			
12	is this a defined contribution plan subject to the	minimum funding requiremen	ts of section 412 of the Co	ode or section	302 of		Y	es 🛚 No
	(If "Yes." complete line 12a or lines 12b, 12c, 1	2d, and 12e bel <u>ow, as applica</u>	ble.)					
	If a walver of the minimum funding standard for granting the walver.		<u></u>	ionth	l enter t Day	he date	of the letter <u>Year</u>	ruling
Ħ	you completed line 12a, complete lines 3, 9, a	nd 10 of Schedule MB (Form	5500), and skip to line	13.	1.10	r	10	
b	Enter the minimum required contribution for this	plan year	********		12b			
	Enter the amount contributed by the employer to				12c			
d	Subtract the amount in line 12c from the amoun negative amount)	it in line 12b. Enter the result (enter a minus sign to the	eft of a	12d			··
e	Will the minimum funding amount reported on li	ne 12d be met by the funding	deadline?			Yes	No	_N/A
Part						·		
	Hes a resolution to terminate the plan been adopte	d in any plan year?		413181818181818		X Yes	<u> </u>	0
	If "Yes," enter the amount of any plan assets th	at reverted to the employer thi	s year	,,,	13a			
b	Were all the plan assets distributed to participal control of the PBGC?			ght under the			Yes X	No
C	If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See		n to another plan(s), ident	ify the plan(s) to			
	13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) PN(s)
					,		Laconomic	