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

A This return/report is or: 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 namended return/report the first return/report a her first return/report a her first return/report a short plan year return/report (less than 12 months) This return/report a short plan year return/report (less than 12 months)		eport identification information								
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a foreign plan B This return/report the first return/report the first return/report the first return/report an amended return/report as short plan year return/report (less than 12 months)	For calendar plan year 20	18 or fiscal plan year beginning 01/01/	2018	and ending 12/	31/2018					
B This return/report is	A This return/report is fo	a single-employer plan			_					
In the Institution of Part (Part III) Institution of Part III In	·									
C Check box if filing under:	B This return/report is	the first return/report	the final return/report							
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Ib Three-digit plan number (PN)		an amended return/report	a short plan year retur	n/report (less than 12 mor	nths)					
Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 1a Name of plan 1b Three-digit plan number (PN)	C Check box if filing und	er: Form 5558	automatic extension		DFVC progra	m				
18 Three-digit plan number (PN) 001		special extension (enter desc	cription)							
18 Three-digit plan number (PN) 001	Part II Basic Pla	n Information—enter all requested in	nformation							
Plan number (PN) 001 1c Effective date of plan	•	,			1h Three-digi	t I				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) MOMENTUM BEHAVIORAL SERVICES, LLC 2d Business code (see instructions) 217 24TH AVE E SEATTLE, WA 98112 2317 24TH AVE E SEATTLE, WA 98112 3a Plan administrator's name and address SEATTLE, WA 98112 3b Administrator's EIN 3c Administrator's EIN 3c Administrator's telephone number code (see instructions) 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year c Plan Name 5a Total number of participants at the end of the plan year c Number of participants with account belances as of the end of the plan year c Number of participants with account belances as of the end of the plan year d(2) Total number of active participants at the beginning of the plan year d(2) Total 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 cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or	·	L SERVICES, LLC 401(K) PROFIT SHAI	RING PLAN		plan numb	er				
Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MOMENTUM BEHAVIORAL SERVICES, LLC 2317 24TH AVE E SEATTLE, WA 98112 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year					1c Effective of	·				
Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MOMENTUM BEHAVIORAL SERVICES, LLC 2317 24TH AVE E SEATTLE, WA 98112 3a Plan administrator's name and address SEATTLE, WA 98112 2b Business code (see instructions) 621399 3b Administrator's telephone number 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year d(1) Total number of participants at the beginning of the plan year d(2) Total number of active participants at the beginning of the plan year d(2) Total number of participants with account balances as of the end of the plan year d(1) Total 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 cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and tellef, it is true. correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator	2a Plan sponsor's name	(employer, if for a single-employer plan)			2b Employer	Identification Number				
### Add PN Same as Plan Sponsor's name and address Same as Plan Sponsor.										
2317 24TH AVE E SEATTLE, WA 98112 3a Plan administrator's name and address ☑ Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b 12 C Number of participants at the end of the plan year. 5b 12 c Number of participants at the beginning of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year. 5d(2) 19 e 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 filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjuy 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. Signature of plan administrator Date Enter name of individual signing as plan administrator	•		tal code (il loreign, see inst	ructions)						
3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 2 Sponsor's name 2 Plan Name 5a Total number of participants at the beginning of the plan year					2d Business	code (see instructions)				
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4b EIN 4d PN Total number of participants with account balances as of the end of the plan year complete this item) 4c Number of participants at the beginning of the plan year with accrued benefits that were less than 100% vested 5a Total number of participants at the beginning of the plan year with accrued benefits that were less than 100% to steed 5b Under of participants with account balances as of the plan year with accrued benefits that were less than 100% roughled this item) 6c Number of participants with account balances as of the plan year (only defined contribution plans complete this item) 6c 12 6d(1) Total number of active participants at the beginning of the plan year sources are participants at the end of the plan year with accrued benefits that were less than 100% vested 6d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 6d(2) 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Garian sammendo o numo dire dudicio Garian oponicon									
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Total number of participants at the beginning of the plan year		an sponsor's name, EIN, the plan name	and the plan number from t		Ad DN					
5a Total number of participants at the beginning of the plan year	•				4u PN					
b Total number of participants at the end of the plan year	• Han Name									
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year	5a Total number of parti	cipants at the beginning of the plan year.				10				
d(1) Total number of active participants at the beginning of the plan year					5b	12				
d(2) Total number of active participants at the end of the plan year					5c	12				
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 cause is established. 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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator Date	d(1) Total number of ac	tive participants at the beginning of the p	lan year			7				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE	` '				5d(2)	9				
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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 HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE										
SIGN HERE Filed with authorized/valid electronic signature. O6/18/2019 NEILL DORN Enter name of individual signing as plan administrator SIGN HERE	SB or Schedule MB comp	leted and signed by an enrolled actuary,								
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF			06/18/2019	NEILL DORN						
HERE	HERE Signature of	plan administrator	Date	Enter name of individua	al signing as pla	an administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
	HERE Signature of	employer/plan sponsor	Date	Enter name of individua	ndividual signing as employer or plan spons					

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b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								No No
	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th								
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	d of Year	
а	Total plan assets	7a		65141				118035	
<u>b</u>	Total plan liabilities	7b		0				0	
C	Net plan assets (subtract line 7b from line 7a)	7c		65141				118035	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)	:	24442					
	(2) Participants	8a(2)		43035					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	_	13725					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						53752	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		848					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	, 8e, 8f, and 8g)						858	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					52894		
j_	Transfers to (from) the plan (see instructions)	· 8j 0							
Par	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	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 ins	tructions:	
Part	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.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			16	09
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 (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 se ERISA?		of	Yes 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, 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	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

OMB Nos. 1210-0110

1210-0089

2018

This Form is Open to Revenue Code (the Code). **Public Inspection** Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** and ending For calendar plan year 2018 or fiscal plan year beginning 12/31/2018 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: □ DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number MOMENTUM BEHAVIORAL SERVICES, LLC 401(K) PROFIT SHARING PLAN (PN) > 001 1c Effective date of plan 01/01/2016 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 46-5495577 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number MOMENTUM BEHAVIORAL SERVICES, LLC 206-618-3120 2d Business code (see instructions) 2317 24TH AVE E 2317 24TH AVE E 621399 SEATTLE, WA 98112 SEATTLE, WA 98112 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN c Plan Name 5a 10 5a Total number of participants at the beginning of the plan year 5b 12 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 12 complete this item) 5d(1) 7 d(1) Total number of active participants at the beginning of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year 9 Number of participants who terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Neill Dorn

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

SIGN

HERE

SIGN HERE Neit

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						X Yes ∏ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in								
_	If "Yes" is checked, enter the My PAA confirmation number from th	-	=			_			
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year		
	Total plan assets	7a		65141	<u>_</u>		118035		
	Total plan liabilities	7b		0			0		
$\overline{}$	Net plan assets (subtract line 7b from line 7a)	7c	(65141			118035		
8	Income, Expenses, and Transfers for this Plan Year	_	(a) Amoun	ıt			(b) Total		
а	Contributions received or receivable from:		1,						
	(1) Employers	8a(1)		24442			The New York Washington (1984)		
	(2) Participants	8a(2)	•	43035	i.	M. G.			
	(3) Others (including rollovers)			0					
	Other income (loss)	8b	-	13725	-		C0750		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					53752		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		848					
g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					858		
i	Net income (loss) (subtract line 8h from line 8c)	8i					52894		
j	Transfers to (from) the plan (see instructions)	8i	0						
Pai	t IV Plan Characteristics	<u> </u>			•				
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	tic Cod	les in the instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	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)	,	•	10a		x			
b	Were there any nonexempt transactions with any party-in-interest			104					
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some								
	the plan? (See instructions.)			10e		X			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g				10g	Х		1609		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		×			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					

		Form 5500-SF (2018)	Page 3- 1						
Part '	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes m 5500) and line 11a below)						Yes	X No
11a		er the unpaid minimum required contributions for all years from Schedule SE							
12	ERI	nis a defined contribution plan subject to the minimum funding requirements SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicabl		section	302 of	f		Yes	⊠ No
а	If a	waiver of the minimum funding standard for a prior year is being amortized inting the waiver.	n this plan year, see instruction	ns, and	enter t Day		the let Year		ling
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5							-
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (er ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding de	adline?			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	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this	year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to trol of the PBGC?					Yes	N N	o
С		uring this plan year, any assets or liabilities were transferred from this plan I	to another plan(s), identify the	plan(s)	to				

13c(1) Name of plan(s):

13c(3) PN(s)

13c(2) EIN(s)