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**

Parti	Annual Report	i identification information				
For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018	
A This re	turn/report is for:	X a single-employer plan		an (not multiemployer) (F	_	
D. T. C.	,	a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name	of plan				1b Three-digi	t
	IANCIAL PLANNING,	INC, 401(K) PLAN			plan numb	
					(PN) •	002
					1c Effective of	date of plan
						01/01/2017
2a Plan s	sponsor's name (empl		2b Employer	Identification Number		
		om, apt., suite no. and street, or P.0			(EIN)	91-1155535
-		ce, country, and ZIP or foreign pos	tal code (if foreign, see insti	ructions)	2c Sponsor's	telephone number
SOUND FIN	IANCIAL PLANNING,	INC.				60-336-6527
					2d Business	code (see instructions)
1111 CLEVE	ELAND AVE., SUITE	101				523900
MT. VERNO	N, WA 98273					323900
3a Plan a	administrator's name a	and address 🛚 Same as Plan Spo	nsor.		3b Administra	ntor's EIN
					2	
					3C Administra	tor's telephone number
4					41	
		ne plan sponsor or the plan name honsor's name, EIN, the plan name;			4b EIN	
	sor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN	
C Plan N	Name					
_		s at the beginning of the plan year.			5a	3
		s at the end of the plan year			5b	5
		account balances as of the end of		·	5c	5
d(1) Tot	tal number of active pa	articipants at the beginning of the p	lan year	<u> </u>	5d(1)	3
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	5
		o terminated employment during th			5e	0
		or incomplete filing of this retur			se is establish	ed.
SB or Scho	alties of perjury and o edule MB completed a true, correct, and com	other penalties set forth in the instru and signed by an enrolled actuary, aplete.	ctions, I declare that I have as well as the electronic ver	examined this return/reprision of this return/report,	oort, including, if , and to the best	applicable, a Schedule of my knowledge and
SIGN	Filed with authorized	d/valid electronic signature.	07/10/2019	WILLIAM MORRISSEY	′	
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	an administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ıal signing as en	nployer or plan sponsor

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

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) If you answered "No" to either line & are line 6b, the plan cannot use Form \$500. SF and must instead use Form \$500. If you answered "No" to either line & are line 6b, the plan cannot use Form \$500. SF and must instead use Form \$500. If you answered "No" to either line & are line 6b, the plan cannot use Form \$500. SF and must instead use Form \$500. If you answered "No" to either line & are line 6b, the plan cannot use Form \$500. SF and must instead use Form \$500. If you answered "No" to either line & are line for the PBGC premium filling for this plan year. Or a strength of the plan line of the plan line formation Fart IIII Financial Information 7 a \$8786 72179 Plan Assets and Liabilities 7 a \$8786 722179 B Income, Expenses, and Transfers for his Plan Year 7 a \$8786 722179 B Income, Expenses, and Transfers for his Plan Year 7 a \$8786 722179 B Income, Expenses, and Transfers for his Plan Year 7 a \$8786 722179 B Income, Expenses, and Transfers for his Plan Year 7 a \$8786 722179 B Income, Expenses, and Transfers for his Plan Year 8 act 122731 1273	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No
If you answered "No" to either line Sa or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500-SF. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
If "Yees" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									□ .00	□
Part III Financial Information (a) Beginning of Year (b) End of Year a Total pian assets and Liabilities 7a 36785 72179 0 0 0 0 0 0 0 0 0	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)?		Yes No	Not dete	rmined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the \ensuremath{T}	e PBGC p	remium filing for this pl	lan yea	r			. (See instru	ctions.)
7 Plan Assets and Liabilities	Pai	rt III Financial Information								
a Total plan assets	7			(a) Beginning (of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а		7a	` , , ,				(0)		
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 12731 (2) Participants. 8a(2) 24800 (3) Others (including rollovers)	b	Total plan liabilities	7b		0				0	
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	,	38785				72179	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Γotal	
(2) Participants	а		0-(4)		10701					
(3) Others (including rollovers)						-				
b Other income (loss)										
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` '			4107				33304	
to provide benefits)			00						00004	
f Administrative service providers (salaries, fees, commissions)			8d		0					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0	_				
i Net income (loss) (subtract line 8h from line 8c) 8i 33394 j 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 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X I If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	g	Other expenses	8g		0					
Transfers to (from) the plan (see instructions)	<u>h</u>	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: 2A 2E 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? 10c X 10000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). 10e X 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.) 10g X 10h X 10h X	<u> </u>								33394	
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 2J 2K 2T 3D 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: 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) Description of 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? Description or other organization that provides some or all of the benefits under the plan? (See instructions). Part V Compliance Questions Yes No Amount Amount Amount Amount Amount 10a X 10b X 10c X 10b X 10c		Transfers to (from) the plan (see instructions)	8j		0					
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: 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.) 10										
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)	9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
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.) i 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 for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des 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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
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)		t V Compliance Questions				ı	ī	1		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		• • •		a a		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? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			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?	с				10c	X			100	00
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	<u> </u>					· ·		100	00
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		•			10d		X			
f Has the plan failed to provide any benefit when due under the plan?	е									
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		·			10e		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>				10g		X			
	h	2520.101-3.)	` 		10h		Χ			
	i				10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 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

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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repo	rt Identification Information		structions to the Form	5500-SF.		
For calenda	r plan year 2018 o	r fiscal plan year beginning	01/01/2018	and ending	12/31	/2018	
A This retu	urn/report is for:	X a single-employer plan	list of participating	plan (not multiemployer) employer information in a	(Filers checking	ng this box must attach a	
B This retu	rn/report is	a one-participant plan	a foreign plan				
	·····oport io	the first return/report	the final return/repor				
C Check be	out of Giller	an amended return/report	a short plan year ret	urn/report (less than 12 r	months)		
• Check be	ox if filing under:	Form 5558	automatic extension		DFVC pro	gram	
Part II	Danie Dless Iss	special extension (enter descri					
Annual Control of the	basic Plan in	formation—enter all requested info	ormation				
1a Name o Sound		Planning, Inc. 401(k)	Plan		1b Three-oplan nu (PN)	mber	
					1c Effectiv	e date of plan 1/2017	
Mailing a	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign posta	Box)	etructions)	2b Employ	er Identification Number 1-1155535	
Sound	Financial	Planning, Inc.	r code (ii foreign, see ins	su ucuons)		r's telephone number	
1111	Cleveland A	ve., Suite 101			2d Business code (see instructions)		
Mt. V	ernon	WA 98273	3		523900		
3a Plan adn	ninistrator's name a	and address 🏻 Same as Plan Spons	sor.		3b Adminis		
4 If the nar	me and/or EIN of th	ne plan sponsor or the plan name has	changed since the last	return/report filed for	4b EIN	trator's telephone number	
this plan a Sponsor'	, enter the plan sp	onsor's name, EIN, the plan name and	d the plan number from	the last return/report.			
C Plan Nan					4d PN		
5a Total nur	mber of participants	s at the beginning of the plan year			5a	3	
		s at the end of the plan year			5b	5	
C Number	of participants with	account balances as of the end of the	e plan vear (only defined	contribution plans	5c	5	
d(1) Total r	number of active pa	articipants at the beginning of the plan	year		5d(1)	3	
d(2) Total r	number of active pa	articipants at the end of the plan year			5d(2)	5	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							
Under penaltie SB or Schedu	enaity for the late es of perjury and of	or incomplete filing of this return/r ther penalties set forth in the instruction and signed by an enrolled actuary, as	eport will be assessed ons, I declare that I have well as the electronic ve	unless reasonable cau	port including	familiante a Outradule	
SIGN HERE	my		7-10-19	William Morris	ssey		
S	ignature of plan a	dministrator	Date	Enter name of individu	ual signing as p	lan administrator	
SIGN HERE	ianoturo ef ese i				·		
		pyer/plan sponsor	Date	Enter name of individu	ual signing as e	mployer or plan sponsor	

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6a b	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and condition	dent qualified public	accour	ntant (I	QPA)		X Yes No
С	If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC i If "Yes" is checked, enter the My PAA confirmation number from the	nsurance pr	ogram (see ERISA s	section	4021)?	· Ye	s No	Not determined ee instructions.)
Pa	rt III Financial Information							
_7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of	/ear
a	Total plan assets	7a		38,	785			72,179
b	Total plan liabilities	7b			0			(
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		38,	785			72,179
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Tota	1.
a	Contributions received or receivable from: (1) Employers	8a(1)		12,	731			
	(2) Participants	8a(2)		24,	800			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		-4,	137			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33,394
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			
	Administrative service providers (salaries, fees, commissions)	8f			0	100000		
	Other expenses	8g			0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1000			0
	Net income (loss) (subtract line 8h from line 8c)	8i						33,394
J	Transfers to (from) the plan (see instructions)	8j			0			
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2T 3D	feature code	es from the List of Pl	an Cha	racteri	stic Codes i	n the instructi	ons:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	acteris	ic Codes in	the instructio	ns:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amo	unt
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fide	uciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	, that was caused	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	er persons be e or all of the	y an insurance e benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	l.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i				

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Part	<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	nplete Sch	edule S	В	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 ERISA?	e or section	n 302 o	f	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	ctions, and	d enter t		f the letter ruling 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		
	Enter the amount contributed by the employer to the plan for this plan year		12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	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	X 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 control of the PBGC?	under 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 which assets or liabilities were transferred.		to		
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)