_	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	t of Small Employee			
Interr	nal Revenue Service					2018		
Employee Be	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Ir sion Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550					This Form is Open to Public Inspection		
				tructions to the Form 55	500-SF.			
Part I		dentification Information		and anding 10	0/04/0040			
For calenda	ar pian year 2018 of fis	cal plan year beginning 01/01/2	-		2/31/2018	ving this have must attach a		
A This retu	urn/report is for:	a single-employer plan	list of participating e	employer information in ac		king this box must attach a with the form instructions.)		
B This retu	ırn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
•		X an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descr						
Part II		mation—enter all requested in	formation					
1a Name of	of plan PORATION PROFIT-				1b Three	e-digit number		
DYNAX COR	RPORATION PROFIL-3	SHARING PLAN			(PN)			
					()	tive date of plan		
						01/01/2012		
Mailing	address (include room	/er, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 06-1319124		
City or DYNAX COR		e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	· · · /	nsor's telephone number 914-764-0202		
					2d Busir	ness code (see instructions)		
P. O. BOX 28						541990		
POUND RIDU	GE, NY 10576							
3a Plan ad	dministrator's name an	d address 🛛 Same as Plan Spoi	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
4 If the n	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN			
this pla	an, enter the plan spon	sor's name, EIN, the plan name a						
a Sponso C Plan Na					4d PN			
5a Total n	number of participants	at the beginning of the plan year			5a	13		
_		at the end of the plan year			5b	16		
		account balances as of the end of		-	5c	16		
•	,	ticipants at the beginning of the pl			5d(1)	11		
		ticipants at the end of the plan ye			5d(2)	13		
		terminated employment during the			5e	0		
Caution: A	penalty for the late o	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	use is estal	olished.		
Under pena SB or Sche	alties of perjury and oth dule MB completed an	er penalties set forth in the instrue d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule		
belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/29/2019 EDUARD K. KLEINER								
HERE	Signature of plan ac		Date	Enter name of individu		as plan administrator		
SIGN	-	valid electronic signature.	07/29/2019	EDUARD K. KLEINER				
HERE	Signature of employ	č	Date	Enter name of individ	ual signina :	as employer or plan sponsor		
For Paperwo		e, see the Instructions for Form 5500				Form 5500-SF (2018)		

v.171027

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b 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.)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine								
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Part III Financial Information								
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year							
а	Total plan assets	7a	1863610		2031500			

-						
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1863610			2031500
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	115509			
	(2) Participants	8a(2)	205024			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	-104605			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				215928
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	39248			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	8790			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				48038
i	Net income (loss) (subtract line 8h from line 8c)	8i				167890
j	Transfers to (from) the plan (see instructions)	8j	0			
Ра	rt IV Plan Characteristics		•			
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2T $$ 3D	feature co	odes from the List of Plan Cha	racteri	stic Codes	in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	acterist	ic Codes i	in the instructions:
Pa	t V Compliance Questions					
10	During the plan year:			Yes	No	Amount
â	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					

а	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	
С	Was the plan covered by a fidelity bond?	10c	X		500000
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		х	
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		10174
f	Has the plan failed to provide any benefit when due under the plan?	10f		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 either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r 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 (enter a minus sign to the ative 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 X	No	
	lf "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 another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Employe	ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	065 of the Employee Retire	ment	2018					
Department of Labor Employee Benefits Security Administration	parament of Labor specific Security Administration applied Constraints Administration Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	1	•	•	This Form is Ope Public Inspection 5500-SF.				
	► Complete all entries in a dentification Information	ccordance with the instr	uctions to the Form 5500-	SF.	-			
or calendar plan year 2018 or fisc		01/01/2018	and ending	12/31/20	18			
_	X a single-employer plan		an (not multiemployer) (Filer					
This return/report is for:	a single-employer plan		ployer information in accord					
[] a one-participant plan	🗌 a foreign plan			•			
This return/report is	the first return/report	the final return/report						
L S	an amended return/report	<u> </u>						
Ľ	an amendeo returnieport		Vreport (less than 12 month	is)				
Check box if filing under:	Form 5558	automatic extension	[] (OFVC program				
(special extension (enter descrip	otion)						
Part II Basic Plan Inform	mation—enter all requested info	mation						
a Name of plan			16	Three-digit				
ynax Corporation Pro	ofit-Sharing Plan			plan number				
				(PN) 🕨	004			
			10	Effective date 01/01/20	•			
a Plan sponsor's name (employe	r, if for a single-employer plan)		26		tification Number			
Mailing address (include room,	apt., suite no. and street, or P.O.	Box)		(EIN)06-13				
ynax Corporation	country, and ZIP or foreign postal	l code (if foreign, see instr	uctions) 2c	Sponsor's tele	phone number			
				(914)764	-0202			
			2d	Business code	(see instructions)			
. O. Box 285								
ound Ridge		NY	10576	541990				
	address 🛛 Same as Plan Spons		£0576	541990 Administrator's	FIN			
	address 🛛 Same as Plan Spons		£0576	541990 Administrator's	EIN			
Yound Ridge a Plan administrator's name and	address 🛛 Same as Plan Spons		±0576 3b	Administrator's	s EIN s telephone number			
	address 🛛 Same as Plan Spons		±0576 3b	Administrator's				
	address 🛛 Same as Plan Spons		±0576 3b	Administrator's				
a Plan administrator's name and		sor.	<u>10576</u> Зb Зс	Administrator's				
a Plan administrator's name and	lan sponsor or the plan name has	sor.	10576 3b 3c	Administrator's				
A Plan administrator's name and		sor.	10576 3b 3c tum/report filed for e last retum/report.	 Administrator's Administrator's EIN 				
A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse A Sponsor's name	lan sponsor or the plan name has	sor.	10576 3b 3c tum/report filed for e last retum/report.	Administrator's				
A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse A Sponsor's name	lan sponsor or the plan name has	sor.	10576 3b 3c tum/report filed for e last retum/report.	 Administrator's Administrator's EIN 				
A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan spons Sponsor's name Plan Name	lan sponsor or the plan name has or's name, EIN, the plan name an	or. s changed since the last re d the plan number from th	L0576 3b stum/report filed for e last return/report. 4d	 Administrator's Administrator's EIN 	s telephon <u>e</u> number			
A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan spons Sponsor's name Plan Name Total number of participants at	lan sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year	sor. s changed since the last re d the plan number from th	L0576 3b stum/report filed for e last retum/report. 4d	 Administrator's Administrator's EIN PN 	s telephone number			
A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse Sponsor's name Plan Name Total number of participants at Total number of participants at Number of participants with ac	lan sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of th	sor. s changed since the last re d the plan number from th ne plan year (only defined	±0576 3b sturm/report filed for e last returm/report. 4b 4d 4d 5 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 7 5 6 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 8 5 8 5 9 5 10 5 10 5 10 5 10 5 <td>Administrator's Administrator's EIN PN Sa 5b</td> <td>s telephone number</td>	Administrator's Administrator's EIN PN Sa 5b	s telephone number			
 A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse A Sponsor's name Plan Name A Total number of participants at Control number of participants with accomplete this item) 	Ian sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of th	sor. s changed since the last re d the plan number from th ne plan year (only defined	±0576 3b stum/report filed for e last retum/report. 4b 4d 4d contribution plans 4d	Administrator's Administrator's EIN PN 5a	s telephone number			
 a Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse a Sponsor's name c Plan Name a Total number of participants at c Number of participants with accomplete this item) 	Ian sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of th	sor. s changed since the last re d the plan number from th ne plan year (only defined	±0576 3b stum/report filed for e last retum/report. 4b 4d 4d contribution plans 4d	Administrator's Administrator's EIN PN Sa 5b	s telephone number			
 a Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse a Sponsor's name c Plan Name a Total number of participants at c Number of participants with acc complete this item)	lan sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan year	sor. Is changed since the last re d the plan number from th ne plan year (only defined n year	Ł0576 3b stum/report filed for e last return/report. 4b 4d 4d contribution plans 5c 5c 5c	Administrator's Administrator's Administrator's EIN PN Sa 5b 5c	1 telephone number 1 1 1 1 1 1 1 1 1 1			
 a Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse a Sponsor's name Plan Name a Total number of participants at c Total number of participants with accomplete this item)	lan sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year criminated employment during the	sor. s changed since the last re d the plan number from th ne plan year (only defined n year	Ł0576 3b stum/report filed for e last return/report. 4b 4d 4d contribution plans 5c 5c 5c nefits that were less 5c	Administrator's Administrator's Administrator's EIN PN Sa Sb Sc d(1) d(2)	1 3 1 6 1 6 1 1 1 3			
 A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse A Sponsor's name Plan Name Total number of participants at Number of participants with accomplete this item)	lan sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year criminated employment during the	sor. s changed since the last re d the plan number from th ne plan year (only defined n year	±0576 3b stum/report filed for e last retum/report. 4b 4d 4d contribution plans 5c 5c 5c nefits that were less 5c	Administrator's Administrator's EIN PN 5a 5b 5c 1(1) 1(2) 5e	1 telephone number 1 1 1 1 1 1 1 1 1 1 1			
 a Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse a Sponsor's name Plan Name a Total number of participants at b Total number of participants at complete this item)	Idan sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year minated employment during the incomplete filing of this return r penalties set forth in the instruct	sor. s changed since the last re d the plan number from th ne plan year (only defined n year	±0576 3b stum/report filed for e last retum/report. 4b contribution plans 5c stumless reasonable cause in examined this retum/report 5c	Administrator's Administrator's EIN PN 5a 5b 5c 1(1) 1(2) 5e s established.	i telephone number			
 a Plan administrator's name and lf the name and/or EIN of the p this plan, enter the plan sponse a Sponsor's name c Plan Name a Total number of participants at c Number of participants with accomplete this item)	Idan sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year minated employment during the <u>incomplete filing of this return</u> r penallies set forth in the instruct signed by an encolled actuary, as	sor. s changed since the last re d the plan number from th ne plan year (only defined n year	±0576 3b stum/report filed for e last retum/report. 4b contribution plans 5c stumless reasonable cause in examined this retum/report 5c	Administrator's Administrator's EIN PN 5a 5b 5c 1(1) 1(2) 5e s established.	i telephone number			
 a Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse a Sponsor's name Plan Name a Total number of participants at b Total number of participants at complete this item)	Ian sponsor or the plan name has or's name, EIN, the plan name an the beginning of the plan year the end of the plan year count balances as of the end of the signants at the beginning of the plan cipants at the end of the plan year minated employment during the <u>incomplete filing of this return</u> r penalties set forth in the instruct signed by an enrolled actuary, as	sor. s changed since the last re d the plan number from th ne plan year (only defined n year plan year with accrued be report will be assessed ions, I declare that I have s well as the electronic vers	Ł0576 3b stum/report filed for e last return/report. 4b dd 4d contribution plans 5c nefits that were less 5c unless reasonable cause i examined this return/report, and	Administrator's Administrator's Administrator's EIN EIN PN Sa Sc d(1) f(2) s established, including, if appl d to the best of m	itelephone number			
A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse A Sponsor's name C Plan Name A Total number of participants at D Total number of participants at C Number of participants with acc complete this item)	Idan sponsor or the plan name has or's name, EIN, the plan name and the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year minated employment during the <u>incomplete filing of this return</u> r penalties set forth in the instruct signed by an enrolled actuary, as	sor. s changed since the last re d the plan number from the ne plan year (only defined n year	Ł0576 3b stum/report filed for e last retum/report. 4b data 4d contribution plans 5c streits that were less 5c unless reasonable cause i examined this retum/report, and 5c Eduard K. Kleine 5c	Administrator's Administrator's Administrator's EIN EIN PN Sa Sc (1) (1) (2) Se including, if appld to the best of m c	1 telephone number			
A Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse A Sponsor's name Plan Name Total number of participants at D Total number of participants at D Total number of participants with acc complete this item)	Idan sponsor or the plan name has or's name, EIN, the plan name and the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year minated employment during the <u>incomplete filing of this return</u> r penalties set forth in the instruct signed by an enrolled actuary, as	sor. s changed since the last re d the plan number from the ne plan year (only defined n year	L0576 3b stum/report filed for e last retum/report. 4b e last retum/report. 4d contribution plans 5c scontribution plans 5c unless reasonable cause i examined this retum/report, sion of this retum/report, and 5c Eduard K. Kleiner 5c Enter name of individual s 5c	Administrator's Administrator's Administrator's EIN EIN PN Sa Sb Sc d(1) d(2) Se including, if apple d to the best of m c igning as plan ac	i telephone number			
 a Plan administrator's name and If the name and/or EIN of the p this plan, enter the plan sponse a Sponsor's name Plan Name a Total number of participants at b Total number of participants at complete this item) d(1) Total number of active participants with accomplete this item) d(1) Total number of active participants who te than 100% vested a Number of participants who te than 100% vested a Number of perjury and others B or Schedule MB completed and dilef, it is true, correct, and complete Signature of plan administration 	Idan sponsor or the plan name has or's name, EIN, the plan name and the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan cipants at the end of the plan year minated employment during the <u>incomplete filing of this return</u> r penalties set forth in the instruct signed by an enrolled actuary, as	sor. s changed since the last re d the plan number from the ne plan year (only defined n year	Ł0576 3b stum/report filed for e last retum/report. 4b data 4d contribution plans 5c streits that were less 5c unless reasonable cause i examined this retum/report, and 5c Eduard K. Kleine 5c	Administrator's Administrator's Administrator's EIN EIN PN Sa Sb Sc d(1) d(2) Se including, if apple d to the best of m c igning as plan ac	i telephone number			

•

Form 5500-SF (2018)

6a	the end of the plant of the plant your introduct in englishe baseles i (ace instructional)-	X Yes No
b	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.	X Yes No
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	
•		. (See instructions.)
Pa	Int III Financial Information	

_7	Plan Assets and Liabilities		(a) Beginning d	of Year			(b)	End of Y	ear	
<u>a</u>	Total plan assets	7a	1,	863,	610				2,031	, 500
b	Total plan liabilities	76			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	863,	610				2,031,	, 500
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b) Total		
а	Contributions received or receivable from:			115	- 0.0					
	(1) Employers	8a(1)		115,				·····		
	(2) Participants	8a(2)		205,						
	(3) Others (including rollovers)	8a(3)		104						
	Other income (loss)	8b	-	104,	605					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							215,	, 923
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		39,3	248					
е	Certain deemed and/or corrective distributions (see instructions)	8e			o					
f	Administrative service providers (salaries, fees, commissions)	8f		8,	790					
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						······	48,	,038
i	Net income (loss) (subtract line 8h from line 8c)									, 890
i	Transfers to (from) the plan (see instructions)	8j			0					
	rt IV Plan Characteristics		L		I					
Pa 9a b	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co								······
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	feature co								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	feature co							ns:	
9a b Pai 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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	feature co eature coc tions withi foluntary f	les from the List of Plan in the time period Fiduciary Correction		icteris	lic Cod		nstructio	ns:	
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu	feature coc eature coc tions withi 'oluntary f ? (Do not	les from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	icteris	No		nstructio	ns:	
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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).	feature co eature coo tions withi 'oluntary f ? (Do not	les from the List of Plan in the time period iduciary Correction include transactions	n Chara 10a 10b	Yes	No X		nstructio	ns: unt	. 0.00
9a b Par 10 a b c	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature co eature coo tions withi 'oluntary f ? (Do not fidelity bo	les from the List of Plan in the time period iduciary Correction include transactions	n Chara	icteris	No X		nstructio	ns: unt	,000
9a b Pai 10 a b c d	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	feature co eature coo tions withi 'oluntary f ? (Do not fidelity bo ner person ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused hs by an insurance the benefits under	n Chara 10a 10b 10c	Yes	No X		nstructio	ns: unt 500,	
9a b Par 10 a b c d d e	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other the set of the plan to be plan	feature coc eature coc tions withi 'oluntary f ? (Do not fidelity bo ner person ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused the benefits under	n Chara 10a 10b 10c 10d	Yes	No X		nstructio	ns: unt 500,	
9a b Par 10 a b c c d d e e	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for two compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.)	feature co eature coo tions withi /oluntary f ? (Do not fidelity bo ner person ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X X		nstructio	ns: unt 500,	
9a b Par 10 a b c c d d e e	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.). Has the plan failed to provide any benefit when due under the plan	feature co eature coo tions withi 'oluntary f ? (Do not fidelity bo ner person ne or all of n?	des from the List of Plan in the time period Fiduciary Correction include transactions and, that was caused as by an insurance the benefits under end.)	n Chara 10a 10b 10c 10d	Yes	No X X X		nstructio	ns: unt 500,	,000

Form 5500-SF (2018)

r

Page 3-

r									
Part	VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a	1					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?	on 302 i	of	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	s, an	d enter Da		e of the letter ruling Year				
lfy	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		125						
	Enter the amount contributed by the employer to the plan for this plan year		12c	1					
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						
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 any plan year?			Ye	s 🛛 No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	T					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und control of the PBGC?	er 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. (See instructions.)	lan(s	i) to						
1	3c(1) Name of plan(s):) EIN(s)	13c(3) PN(s)					
					L				
	· · · · · · · · · · · · · · · · · · ·								