Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Part I | Part I Annual Report Identification Information | | | | | | | | |
|--|---|--|---|---|--|------------------------------|--|--|--|
| For calen | idar plan year 2018 or fi | iscal plan year beginning 01/01/2 | 2019 | and ending 07 | 7/31/2019 | | | | |
| A This r | eturn/report is for: | |) (Filers checking this box must attach a accordance with the form instructions.) | | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | |
| B This re | eturn/report is | the first return/report | X the final return/report | t | | | | | |
| | an amended return/report a short plan year return/report (less than 12 months) | | | | | | | | |
| C Check | k box if filing under: | Form 5558 | automatic extension | 1 | DFVC program | | | | |
| | _ | special extension (enter desc | ' ' | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested in | formation | | | | | | |
| 1a Nam | e of plan RE D. HAINES, D.D.S., I | P.S. 401(K) PLAN | | | 1b Three-diplan nur (PN) ▶ | _ | | | |
| | | | | | 1c Effective | e date of plan 01/01/2013 | | | |
| | | oyer, if for a single-employer plan) |) Royl | | | er Identification Number | | | |
| 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) | | | | (EIN) | 91-1127880 | | | | |
| THEODORE D. HAINES, D.D.S., P.S. | | | | 2c Sponsor's telephone number 360-568-8577 | | | | | |
| | | | | 2d Business code (see instructions) | | | | | |
| 810 AVENUE D SNOHOMISH, WA 98290-6049 | | | | 621210 | | | | | |
| 5.101.10111011, 177.105200 00.10 | | | | | | | | | |
| 3a Plan administrator's name and address | | | 3b Administrator's EIN | | | | | | |
| | | | | | 3c Administrator's telephone number | | | | |
| | | | | | 3C Administ | rator's telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | e plan sponsor or the plan name honsor's name, EIN, the plan name | | | 4b EIN | | | | |
| | nsor's name | , | | | 4d PN | | | | |
| C Plan | Name | | | | | | | | |
| 5a Tota | I number of participants | s at the beginning of the plan year. | | | 5a | | | | |
| _ | | s at the end of the plan year | | | 5a 5b | | | | |
| | | account balances as of the end of | | | 5c | 0 | | | |
| | ' | | | | | 0 | | | |
| | | articipants at the beginning of the p | | | | | | | |
| | | articipants at the end of the plan ye b terminated employment during the | | | . 5d(2) | | | | |
| thar | n 100% vested | | | | 5e | 0 | | | |
| | | or incomplete filing of this retur | | | | | | | |
| SB or Scl | | ther penalties set forth in the instru and signed by an enrolled actuary, a plete. | | | | | | | |
| SIGN | | I/valid electronic signature. | 08/01/2019 | THEODORE D. HAIN | ES | | | | |
| HERE | Signature of plan a | administrator | Date | Enter name of individ | ual signing as p | olan administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of emplo | oyer/plan sponsor | Date | Enter name of individ | dividual signing as employer or plan spe | | | | |

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

| c If the plan is a defined benefit plan, is it oxerved under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined if "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filling for this plan year (See instructions; Part III Financial Information Financi | | 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 a 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 | | | account | ant (IC | (PA) | | X Yes X Yes | No No |
|---|----------|---|--------------|--|---------|---------|---------|------------------|-------------|-------|
| 7 Plan Assets and Liabilities | С | | | | | | _ | | ш | |
| a Total plan assets | Pa | rt III Financial Information | - | | | | | | | |
| D Total plan liabilities 7b 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 2517588 0 B Income, Expenses, and Transfers for this Plan Year 1c (a) Amount (b) Total B Contributions received or receivable from: | 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | (b) End | of Year | |
| C Net plan assets (subtract line 7b from line 7a) | а | Total plan assets | 7a | 25 | 17589 | | | | 0 | |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers | b | otal plan liabilities | | | 0 | | | | | |
| a Contributions received or receivable from: (1) Employers (2) Participants | <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | 25 | 17589 | | | | 0 | |
| (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers). 8a(3) 0 (b) Others (including rollovers). 8a(3) 0 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 359068 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 359068 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 359068 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 2875371 (e) Certain deemed and/or corrective distributions (see instructions). 8e 0 (f) Administrative service providers (salaries, fees, commissions). 8f 1286 (g) Other expenses 8f | 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) | Total | |
| (3) Others (including rollovers) | a | | 8a(1) | | 0 | | | | | |
| b Other income (loss) | | (2) Participants | 8a(2) | | 0 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | (3) Others (including rollovers) | 8a(3) | | 0 | _ | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | b | Other income (loss) | ncome (loss) | | | | | | | |
| to provide benefits) | | | 8c | 8c | | | | | 359068 | |
| f Administrative service providers (salaries, fees, commissions) | d | | | | | | | | | |
| g Other expenses | <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | - | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | 8f | <u>. </u> | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | g | ther expenses | | | 0 | | | | | |
| Transfers to (from) the plan (see instructions) | <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 2876657 | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2G 3D 2R 2A 3B 3H 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) | <u> </u> | | | | | | | | -2517589 | |
| 9a | | Transfers to (from) the plan (see instructions) | | | 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: 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.) 10 | | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 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 400000 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 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X | 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.) 10h X | 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 insti | ructions: | |
| 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) | 10 | During the plan year: | | | | Yes | No | | Amount | |
| reported on line 10a.) | а | described in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | iduciary Correction | 10a | | 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? • 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.). • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions | | | 10b | | X | | | |
| by fraud or dishonesty? | С | Was the plan covered by a fidelity bond? | | | 10c | X | | | 40000 | 00 |
| 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 fidelity bond, that was caused | | | 10d | | X | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | 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 | | | 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 | ın? | | 10f | | X | | | |
| 2520.101-3.) | g | | | · | 10g | | Χ | | | |
| · · · · · · · · · · · · · · · · · · · | h | 2520.101-3.) | · ····· | | 10h | | Χ | | | |
| | i | · | | | 10i | | | | | |

| Form 5500-SF (2018) | Page 3- 1 |
|---------------------|------------------|
|---------------------|------------------|

| Part | VI Pension Funding Compliance | | | | | |
|--------|---|--------------|------------------|-------|-------------------------|---------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (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 Cod ERISA? | e or section | n 302 of | | | 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 instrugranting the waiver | | d enter t Day | | of the letter Year _ | ruling |
| lf : | 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 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? | | | X Yes | . 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? | | | | X Yes | No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | the plan(s) |) 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 Banelits 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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation | Complete all entries in | accordance with the instru | actions to the Form 55 | 00-SF. | | | | | |
|---|--|---|---|--|---|--|--|--|--|
| | Part I Annual Report Identification Information | | | | | | | | |
| For calendar plan year 2018 or fe | scal plan year beginning | 01/01/2019 | and ending | 07/31/ | | | | | |
| A This return/report is for: | | a multiple-employer pla list of participating em a foreign plan | in (not multiemployer) (l ployer information in ac | Filers checking cordance with | this box must attach a the form instructions.) | | | | |
| B This return/report is | tand | | | | | | | | |
| D This retainineport is | the first return/report | X the final return/report | | | | | | | |
| | an amended return/report | ⊠ a short plan year return | /report (less than 12 me | onths) | | | | | |
| C Check box if filing under: | Form 5558 | automatic extension | ĺ | DFVC prog | ram | | | | |
| | special extension (enter desc | | | | | | | | |
| | rmation—enter all requested in | nformation | | 1b Three-di | igit | | | | |
| 1a Name of plan Theodore D. Haine | s, D.D.S., P.S. 401(| (k) Plan | | plan nur (PN) ▶ | S | | | | |
| | 1c Effective | date of plan ./2013 | | | | | | | |
| Za Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no, and street, or P.O. Box) | | | | | er Identification Number | | | | |
| City or town, state or province, country, and ZIP or foreign postel code (if foreign, see instructions) "Theodore D. Haines, D.D.S., P.S. | | | | 2c Sponsor's telephone number 360 - 568 - 8577 | | | | | |
| 810 Avenue D | | | | 2d Business code (see instructions) | | | | | |
| | | | | | | | | | |
| Snohomish | WA 98290- | -6049 | | 621210 | | | | | |
| 3a Plan administrator's name an | 3a Plan administrator's name and address X Same as Plan Sponsor. | | | | trator's EIN | | | | |
| | | | | 3c Adminis | frator's telephone number | | | | |
| | plan sponsor or the plan name hasor's name, EIN, the plan name | | | 4b EIN | | | | | |
| a Sponsor's name | • | • | | 4d PN | | | | | |
| C Plan Name | | | | | | | | | |
| | The state of the s | | | | AND | | | | |
| 5a Total number of participants | at the beginning of the plan year. | | | 5a | 73 | | | | |
| b Total number of participants | at the end of the plan year | | | 5b | Č | | | | |
| | account balances as of the end of | | | 5c | Ĉ | | | | |
| d(1) Total number of active par | ticipants at the beginning of the p | olan year | | 5d(1) | | | | | |
| d(2) Total number of active par | d(2) Total number of active participants 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 | 0 | | | | |
| Caution: A penalty for the late of | or incomplete filing of this retur | n/report will be assessed | uniess reasonable ca | use is establi | shed. | | | | |
| Under penaltics of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and coffer | id signed by an enrolled actuary. | ictions, I declare that I have as well as the electronic ver | examined this return/re sion of this return/repor | port, including t, and to the b | , if applicable, a Schedule est of my knowledge and | | | | |
| SIGN & AND VE | ne al Dines | (x)8·1·19 | THEODORE D. H | AINES | | | | | |
| HERE Signature of plan at | | Dale | Enter name of individ | lual signing as | plan administrator | | | | |
| SIGN | | | | | | | | | |
| HERE Signature of employ | ver/plan sponsor | Date | Enter name of individ | ividual signing as employer or plan sponsor | | | | | |

| | Form | 5500-SF | (2018) |
|--|------|---------|--------|
|--|------|---------|--------|

| _ | | | ^ |
|---|----|----|---|
| · | ac | ۵۱ | _ |
| | | | |

| 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 accounder 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 in | | | accoun t inste | tant (IC ad use | QPA) e Form | n 5500. | X Yes No |
|----------|--|---|--------------------------|-------------------|--------------------|---|---------------|--------------|
| 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 the | | | | | | ., .,,,,,,, | |
| Pa | rt III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | r | | (b) E | nd of Year |
| a | Total plan assets | 7a | | 517, | | | | (|
| b | Total plan liabilities | 7b | | | 0 | | | (|
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 2, | 517, | 589 | | | (|
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | nt | | | (b |) Total |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | | 0 | | | |
| | (2) Participants | 8a(2) | | · | 0 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | |
| b | Other income (loss) | 8b | | 359, | 068 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 359,068 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 2, | 875, | 371 | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | | | | 0 | | | |
| f | Administrative service providers (salaries, fees, commissions) | viders (salaries, fees, commissions) 8f | | | 286 | | | |
| g | Other expenses | | | | 0 | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 2,876,657 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) 8i | | | | | | | -2,517,589 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | |
| Pai | rt IV Plan Characteristics | l | | | | *************************************** | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2R 2A 3B 3H | feature co | des from the List of Pla | an Cha | racteri | stic Co | des in the i | nstructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Pla | n Chara | acterist | tic Coc | les in the in | structions: |
| Par | t V Compliance Questions | | | | | | , | |
| 10 | During the plan year: | •• | | | Yes | No | | Amount |
| а | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | iduciary Correction | 10a | | х | | , |
| b | Program) | | | 10b | | Х | | |
| С | | | | 10c | Х | | | 400,000 |
| d | | fidelity bor | nd, that was caused | 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 | | Х | | |
| f | | | | 10f | | Х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of vear-e | nd.) | 10a | | Х | | |
| | If this is an individual account plan, was there a blackout period? (2520.101-3.) | See instru | ctions and 29 CFR | 10g 10h | | Х | | |
| j | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | ne required | notice or one of the | 10i | | | | |

| Form 5500-SF (2018) | Page 3- | | | | | | |
|---|---|------------------|---------|---|------------|----------|------|
| Part VI Pension Funding Compliance | | | | *************************************** | , . , | | |
| 11 Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below) | requirements? (If "Yes," see instructions and | d complete Sch | edule S | 8 | . [| Yes | No |
| 11a Enter the unpaid minimum required contributions for all | | | | | | | |
| 12 Is this a defined contribution plan subject to the minimu ERISA? | m funding requirements of section 412 of the | Code or sectio | n 302 o | f | | Yes | X No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and a If a waiver of the minimum funding standard for a prior y granting the waiver. | | d enter i | | | letter rul | ling | |
| If you completed line 12a, complete lines 3, 9, and 10 of | | | | · | | | |
| b Enter the minimum required contribution for this plan year | | | | | | | |
| C Enter the amount contributed by the employer to the plan | 12c | | | | | | |
| Subtract the amount in line 12c from the amount in line 1 negative amount) | 2b. Enter the result (enter a minus sign to the | | 12d | | | | |
| e Will the minimum funding amount reported on line 12d b | e met by the funding deadline? | | | Yes | N | o 📗 | N/A |
| Part VII Plan Terminations and Transfers of As | ssets | | | | | | |
| 13a Has a resolution to terminate the plan been adopted in any p | lan year? | | | X Yes | | No | |
| If "Yes," enter the amount of any plan assets that reverte | ed 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? | | | | | X Ye | s 🗌 N | 0 |
| c If, during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. | nsferred from this plan to another plan(s), ide | ntify the plan(s |) to | | | | |
| 13c(1) Name of plan(s): | | 13c(2) | EIN(s) | | 1: | 3c(3) Pt | V(s) |
| | | | | | | | |
| <u></u> | | | | | | | |