Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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		Identification Information	l .				
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018		
a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)							
		a one-participant plan	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 retu	ırn/report (less than 12 m	ionths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım	
		special extension (enter desc	' '			_	
Part II	Basic Plan Info	ormation—enter all requested in	formation				
1a Name RICHARD T	•	01(K) PROFIT SHARING PLAN			1b Three-dig plan numl (PN) ▶		
					1c Effective	date of plan 01/01/2003	
		oyer, if for a single-employer plan)) P			Identification Number	
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	72-1543329	
RICHARD T. JONES, DDS, PS			,		s telephone number 06-542-6188		
					2d Business	code (see instructions)	
	ANDS WAY N, STE. 3 E, WA 98133-3984	00				621210	
0	.,						
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administra	ator's EIN	
					3c Administra	ator's telephone number	
					OO Administra	ator a telephone number	
		e plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN		
	sor's name				4d PN		
C Plan N	Name						
5a Total	number of participants	at the beginning of the plan year.			5a	4	
b Total	number of participants	at the end of the plan year			5b	5	
		account balances as of the end of		•	5c	5	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	4	
		articipants at the end of the plan ye			. 5d(2)		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca			
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.					
SIGN		I/valid electronic signature.	08/06/2019	TERESA H. JONES			
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pl	an administrator	
SIGN							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as er	mplover or plan sponsor	

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b Are you claiming a waver of the annual examination and report of an independent qualified public accountant (ICPA) Yes No If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you answered "No" to either line 6 ao r line 6b, the plan (see ERISA section 4021)"	6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
If you answered "No" to either line 6 aor line 8b, 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)?	b								X Yes	П Мо
## "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year										□ 110
Part III Financial Information 7 Plan Assets and Liabilities 8 To 1940918 1943747 8 To 1940918 1943747 8 To 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year 8 Income, Expenses, and Transfers for this Plan Year 9 C. Net plan assets (subtract line 78 from line 7a) 7c 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year 9 C. Net plan assets (subtract line 78 from line 7a) 7c 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year 9 C. Net plan assets (subtract line 78 from line 7a) 7c 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year 9 C. Net plan assets (subtract line 78 from line 7a) 7c 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year 9 C. Net plan assets (subtract line 78 from line 7a) 7c 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year 9 C. Total income (ead of line 8 flat) 1940918	С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								ermined
7 Plan Ássels and Liabilities (a) Beginning of Year (b) End of Year a 1940918 1943747 8 Total plan assels (subtract line 7b from line 7a) 7c 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 8a(1) 50752 (2) Participants (b) From line 7a) 8a(1) 50752 (2) Participants (3) Others (including rollovers) 8a(2) 56200 (3) Others (including rollovers) 8a(3) 6b Other income (dots) 8a(3) 3a(3) and 8b) 8b -104083 (5) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8b -104083 (5) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (5) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (6) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dots) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total 8a(3) Total 8a(3) (7) Total 8a(3) T		If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See instru	ıctions.)
7 Plan Ássels and Liabilities (a) Beginning of Year (b) End of Year a 1940918 1943747 8 Total plan assels (subtract line 7b from line 7a) 7c 1940918 1943747 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 8a(1) 50752 (2) Participants (b) From line 7a) 8a(1) 50752 (2) Participants (3) Others (including rollovers) 8a(2) 56200 (3) Others (including rollovers) 8a(3) 6b Other income (dots) 8a(3) 3a(3) and 8b) 8b -104083 (5) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8b -104083 (5) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (5) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (6) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total income (dots) 8c -104083 (7) Total income (dot lines 8a(1) 8a(2), 8a(3) and 8b) 8c -104083 (7) Total 8a(3) Total 8a(3) (7) Total 8a(3) T	Pa	rt III Financial Information								
a Total plan assets	7			(a) Beginning	of Year			(b) En	d of Year	
b Total plan liabilities	а		7a	` ' -				(0)		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	b		7b							
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	194	40918				1943747	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
(2) Participants	а		0-(4)		E07E0					
(3) Other including rollovers)			` '							
b Other income (loss)				,	30200					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,		-10	04083					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses				-10	04003				2860	
to provide benefits)			80						2009	
f Administrative service providers (salaries, fees, commissions)			8d							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 40 i Net income (loss) (subtract line 8h from line 8c) 8i 2829 j Transfers to (from) the plan (see instructions) 8j 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 2F 2G 2J 2K 2T 3D 2A 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: 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 194092 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). 10g X f Has 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 250.101-3.) 10h X	f	Administrative service providers (salaries, fees, commissions)	8f		40					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	expenses							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				40			
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 2F 2G 2J 2K 2T 3D 2A 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? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 To V S S S S S S S S S S S S S S S S S S	<u>_i</u>		8i						2829	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Example 2F 2G 2J 2K 2T 3D 2A		Transfers to (from) the plan (see instructions)	8j							
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	Pa									
Part V Compliance Questions	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
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.)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
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)										
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)						Yes	No		Amount	
Program)	а									
reported on line 10a.)					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? 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		•		10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			1940)92
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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		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	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
2520.101-3.)	9					X				
	h		•		10h		X			
	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 Schedule SB (Form 5500) and line 11a below)							
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).

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

	ort Identification Information					
For calendar plan year 2018	or fiscal plan year beginning 01/01/20	18	and ending 12/3	1/2018		
A This return/report is for:	X a single-employer plan		an (not multiemployer) (l ployer information in ac			
B This return/report is	a one-participant plan	a foreign plan				
	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 m	onths)		
C Check box if filing under	X Form 5558	automatic extension		DFVC program	n	
	special extension (enter desci	ription)				
Part II Basic Plan	Information—enter all requested in	formation				
1a Name of plan				1b Three-digit		
RICHARD T. JONES, DDS, F	S 401(k) PROFIT SHARING PLAN			plan numb (PN) ▶	er 001	
			:	1c Effective d 01/01/200		
Mailing address (include	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.C	D. Box)		2b Employer I (EIN) 72-1	dentification Number 543329	
RICHARD T. JONES, DDS, P	ovince, country, and ZIP or foreign post S	al code (if foreign, see instr	uctions)		telephone number 206) 542-6188	
18550 FIRLANDS WAY N, ST	TE 200			·	ode (see instructions)	
SHORELINE, WA 98133-398			:	021210		
3a Plan administrator's nar	ne and address X Same as Plan Spor	nsor.		3b Administrator's EIN		
				3c Administra	tor's telephone number	
4 If the name and/or EIN this plan, enter the plan	of the plan sponsor or the plan name has sponsor's name, EIN, the plan name a	as changed since the last re and the plan number from th	turn/report filed for e last return/report.	4b EIN		
a Sponsor's namec Plan Name		,	,	4d PN		
5a Total number of particing	ants at the beginning of the plan year			5a	4	
	ants at the end of the plan year			5b	5	
C Number of participants	with account balances as of the end of			5c	5	
$\mathbf{d}(1)$ Total number of activ	e participants at the beginning of the pt			5d(1)	4	
	e participants at the end of the plan yea		,	5d(2)	5	
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 caution.			5e 0			
Under penalties of periury ar	ate of incomplete filing of this returned other penalties set forth in the instruc-	ctions I declare that I have	umess reasonable cat examined this return/re	use is establishe nort including if	annlicable a Schedule	
SB or Schedule MB complete belief, it is true, correct, and	≷d and signed by an enrolled actuary, a	as well as the electronic vers	sion of this return/report	t, and to the best	of my knowledge and	
SIGN HERE	m	8.6.2019	Teresa H. Jones			
Signature of pl	an administrator	Date Date	Enter name of individu	ual signing as pla	ın administrator	
HERE	nployer/plan sponsor	Date	Enter name of individe	ual eigning ae em	nployer or plan sponsor	
	Notice see the Instructions for Form 5500		Lanci hame of marytur	aut orgining as ell	Porm FEON SE (2049)	

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)					X Yes No
g	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (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.							□ 140 □ 110
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the							. (See instructions.)
Da	rt III Financial Information		W					
7	Plan Assets and Liabilities	T	I			······		
			(a) Beginning				(b) End	of Year
<u>a</u>	Total plan liabilities	7a		19409	18		······································	1943747
b	Total plan liabilities			40400				40.407.47
	Net plan assets (subtract line 7b from line 7a)	7c		19409	18			1943747
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	nt			(b) 1	otal
	(1) Employers	8a(1)		5075	52			
	(2) Participants	8a(2)		5620	00			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		-10408	33			
***************************************	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2869
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e				.,	·	
f	Administrative service providers (salaries, fees, commissions)	8f		4	10			
g	Other expenses	8g						
***************************************	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						40
	Net income (loss) (subtract line 8h from line 8c)	8i						2829
j	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics	<u> </u>						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Cod	es in the ins	ructions.
	2E 2F 2G 2J 2K 2T 3D 2A							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Code	s in the instr	uctions:
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	tions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			194092
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 oth carrier, insurance service, or other organization that provides som	er person	s by an insurance			X		
	the plan? (See instructions.)			10e				
T	Has the plan failed to provide any benefit when due under the plan			10f		X		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		
n	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 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 co (Form 5500) and line 11a below)	mplete Sch	edule S	B	Ye	s No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Content of ERISA?	de or section	n 302 of		Ye	s X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver	onth	i enter t Day		of the letter Year	ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1;	3.				
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 le negative amount)		12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			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 brough control of the PBGC?	nt under the			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.)		to			
1:	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)