Form 5500	•	t of Employee Benefit Plan		OMB Nos. 12	10-0110	
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans 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).		2018			
Department of Labor Employee Benefits Security Administration		entries in accordance with ons to the Form 5500.		2010		
Pension Benefit Guaranty Corporation	-		This Form is Open to Public Inspection			
	entification Information					
For calendar plan year 2018 or fisca	I plan year beginning 01/01/2018	and ending 12/31/20	018			
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accor			ns.)	
	X a single-employer plan	a DFE (specify)				
<b>B</b> This return/report is:	X the first return/report	the final return/report				
	an amended return/report	a short plan year return/report (less than 12 months)				
<b>C</b> If the plan is a collectively-bargai	ned plan, check here	_		• 🗌		
<b>D</b> Check box if filing under:	Form 5558	automatic extension	☐ the	e DFVC program		
	special extension (enter description)					
Part II Basic Plan Inform	ation—enter all requested informatio	2				
1a Name of plan MOUNTAIN STRONG INVESTME	· · · · · · · · · · · · · · · · · · ·		1b	Three-digit plan number (PN) ▶	001	
			1c	Effective date of pla 01/01/2017	an	
City or town, state or province,	apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	(if foreign, see instructions)	2b	Employer Identifica Number (EIN) 82-0673974	ition	
MOUNTAIN STRONG CONCRETE	INC		2c	Plan Sponsor's tele number 253-951-9319	ephone	
811 140TH ST E TACOMA, WA 98445-2758	811 140TH TACOMA, 1	ST E NA 98445-2758	2d	Business code (see instructions) 484200	e	

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2019	BRIAN PATRICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018) v. 171027

	Form 5500 (2018) Page	2	
3a	Plan administrator's name and address 🛛 Same as Plan Sponsor	3b Adn	ninistrator's EIN
		3c Adm nun	inistrator's telephone nber
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return	n/report filed for this plan, <b>4b</b> EIN	
-	enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/r	eport:	
a c	Sponsor's name Plan Name	<b>4d</b> PN	
5	Total number of participants at the beginning of the plan year	5	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans c <b>6a(2), 6b, 6c,</b> and <b>6d</b> ).	omplete only lines 6a(1),	
a(	1) Total number of active participants at the beginning of the plan year	<u>6a(1)</u>	
a(	2) Total number of active participants at the end of the plan year		
b	Retired or separated participants receiving benefits	<u>6b</u>	
С	Other retired or separated participants entitled to future benefits	<u>6c</u>	
d	Subtotal. Add lines 6a(2), 6b, and 6c	<u>6d</u>	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<u>6e</u>	
f	Total. Add lines 6d and 6e	6f	
g	Number of participants with account balances as of the end of the plan year (only defined con- complete this item)		
h	Number of participants who terminated employment during the plan year with accrued benefits less than 100% vested		
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer pla	ans complete this item) <b>7</b>	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2G

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9b Plan benefit arrangement (check all that apply)					
are attached, and, where indicated, enter the number attached. (See instructions)					
b General Schedules					

Page 3

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)				
<b>11a</b> If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) <b>11a</b> If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)				
If "Yes" is checked, complete lines 11b and 11c.				
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)				
11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)	he			

Receipt Confirmation Code\_\_\_\_\_

Other Dulle 1 (Form 5500)         Other have:									
Low Standard         2018           Department of Law and the provided of the Standard to be filed under section 1064 of the Employen Environment of Law and the Standard Activity Standard Code (the Code).         This Form is Open to Public Internal Revenue Code (the Code).           Provide filed under section 1064 of the Employen Environment of Law and the Standard Code (the Code).         The section 1064 of the Employen Environment of Law and the Standard Code (the Code).           Provide filed under section 1064 of the Standard Code (the Code).         Provide filed under section 1064 of the Employen Environment of Law and the Standard Code (the Code).         The section 1064 of the Code (the Code).           Provide filed under section 1064 of the Employen Environment of Law and the Standard Code (the Code).         Provide filed under section 1064 of the Employen Environment of Law and Law And Environment of Law and Law And Environment of Law an	SCHEDULE I Financial Inf			formation—Small Plan			Plan	OMB No. 1210-0110	
Internet to the block         Referement Income Security Act of 1974 (ERISA), and section SOS(a) of the provided internal Revenue Code (the Code).         This Form is Open to Public Inspection           Provide World Security Action (1974 (ERISA), and section SOS(a))         This Form is Open to Public Inspection         This Form is Open to Public Inspection           An and e plan         An and e plan         and ending         123/12/018         and ending         123/12/018           A Name of plan         B         Three-digit         plan number (PN)         0.01           CP Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (ENI)         82.4673674           Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. Your may also complete Schedule I if you are fling as a small plan under the 61-120 participants. Complete Schedule I if moore and copress of the plan incurred to an assets for the first and thanges in net assets during the plan year. Combine the value of plan assets for the first and thanges in net assets during the plan year. Combine the value of plan assets for the stand tabilities. Toome and copress of the plan incurred to an assets during the plan year. Combine the value of the plan incurred to an assets for the plan incurred to an asset and liabilities. Toome and copress of the plan incurred to an asset and liabilities. Toome and copress of the plan incurred to an asset and liabilities. Toome and copress of the plan incurred to an asset and liabilities. Toome and copress of the plan incurred to an asset and tabilities. Toome and copress of the plan asset. (but for the combined or theonone and co	(Form 5500)							0010	
Desting of Linear All Revenue Code (the Code).         This Brain is Open to Public Inspection           The analysis is a linear and control of the Code).         This Brain is Open to Public Inspection           Provide match Tournay Constraints         File as an attachment to Form 500.         This Brain is Open to Public Inspection           Control of the Code is and the Code is									2018
Lenk been been been been been been been b									
For calendary plan year 2018 or finced plan year beginning.     0.101/2018     and ending.     1/25/1/2018       MOUNTAIN STRONG INVESTMENTS PROFIT SHARING PLAN     B     Three-digit     0.1       C     Plan sponsor's name as shown on line 2a of Form 5500     D     Employer Identification Number (EIN)       S2.0073974     Complete Schedule 1 if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule 1 if you are filing as a small poin under the 50-120 participant tale (see instructors). Complete Schedule 1 if spontance and the source of the source o		Employee Benefits Security Administration File as a			hment to Fo	orm 5500.			inspection
A Name of plan.       B       Three-digit plan number (PN)       01         CP Plan sponsor's name as shown on line 2a of Form 5500       D       Employer Identification Number (EIN)       82.073974         Complete Schedule I if the plan covered lever than 100 participantis as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 03-120 participantis.       O       D       Employer Identification Number (EIN)         Part II       Small Plan Are the iso 120 participantis as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 03-120 participantis.       O       D       Employer Identification Number (EIN)         Part II       Small Plan Arest sets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets field in more than one true. Use of assets and liabilities.       (a) Beginning of Year       (b) End of Year         II       Total plan assets.       1a       89728       89728       89728         ID total plan isobilities.       1b       0       0       0       0         I total plan assets (subtract line 1b from line 1a)       15       60       89728       89728       89728       89728       89728       89728       89728       89728       89728       89728       89728       89728       89728       89728       89728       89728	For		an vear beginning 01/01/2018				and ending 12/3	 	18
MOUNTAIN STRONG INVESTMENTS PROFIT SHARING PLAN     plan number (PN)     001       C     Plan sponsor's name as shown on line 2a of Form 5500     D     Employer Identification Number (EIN)       BUONTAIN STRONG CONCRETE INC     D     Employer Identification Number (EIN)       Complete Schedule I if the plan covered lewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 50-120 participant rule (see instructions). Complete Schedule I if reporting as a large plan or DFE.       Root below the current value of assets and liabilities; income. expenses, transfers and changes in net assets during the plan year. Combine the value of pass pecific dolar assets held innore than one trust. To avail so the assets and liabilities: Root off a mount to the nearest dollar.       1     Plan Assets and Liabilities:     (a) Beginning of Year     (b) End of Year       2     Income, Expenses, and Transfers for this Plan Year:     (a) Amount     (b) Total       3     Total plan fabilities:     2a(2)     (a) Amount     (b) Total       4     Total plan fabilities:     2a(2)     (b) Total     0       5     Longene, Expense, and Transfers for this Plan Year:     2a(2)     (c) Participants     2a(2)       6     Other finance:     2b     (c) Total     0       6     Borotip Expenses, and Transfers for this Plan Year:     2a(2)     (c) Other income.     0       (i) Participants     <						_	ů.	1720	
82-0673974       Complete Schedule II file plan covered fewer them 100 participants as of the beginning of the plan year. You may also complete Schedule II floor are filing as a single plan or DFL.       Part I Small Plan Financial Information       Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carries. Recain of an insurance carries that guarantees during this plan year to pay a specific dollar benefit at future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carries. Recain of a mounts to the nearest dollar.       1     Plan Assets and Liabilities: <ul> <li>(a) Beginning of Year</li> <li>(b) 0</li> <li>(b) End of Year</li> <li>(a) Amount</li> <li>(b) End of Year</li> <li>(b) Total</li> <li>Contributions received or receivable:</li> <li>(c) Entropyres.</li> <li>(a) Amount</li> <li>(b) Total</li> </ul> (c) Other income.     2a        (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)           2a           0           0           0           0           0           1         Total plan assets (subtract line to lone line 1a)           2         2a(2)			PROFIT SHARING PLAN				0	►	001
82-0673974       Complete Schedule II file plan covered fewer them 100 participants as of the beginning of the plan year. You may also complete Schedule II floor are filing as a single plan or DFL.       Part I Small Plan Financial Information       Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carries. Recain of an insurance carries that guarantees during this plan year to pay a specific dollar benefit at future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carries. Recain of a mounts to the nearest dollar.       1     Plan Assets and Liabilities: <ul> <li>(a) Beginning of Year</li> <li>(b) 0</li> <li>(b) End of Year</li> <li>(a) Amount</li> <li>(b) End of Year</li> <li>(b) Total</li> <li>Contributions received or receivable:</li> <li>(c) Entropyres.</li> <li>(a) Amount</li> <li>(b) Total</li> </ul> (c) Other income.     2a        (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)           2a           0           0           0           0           0           1         Total plan assets (subtract line to lone line 1a)           2         2a(2)					-				
82-0673974       Complete Schedule II file plan covered fewer them 100 participants as of the beginning of the plan year. You may also complete Schedule II floor are filing as a single plan or DFL.       Part I Small Plan Financial Information       Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carries. Recain of an insurance carries that guarantees during this plan year to pay a specific dollar benefit at future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carries. Recain of a mounts to the nearest dollar.       1     Plan Assets and Liabilities: <ul> <li>(a) Beginning of Year</li> <li>(b) 0</li> <li>(b) End of Year</li> <li>(a) Amount</li> <li>(b) End of Year</li> <li>(b) Total</li> <li>Contributions received or receivable:</li> <li>(c) Entropyres.</li> <li>(a) Amount</li> <li>(b) Total</li> </ul> (c) Other income.     2a        (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)           2a           0           0           0           0           0           1         Total plan assets (subtract line to lone line 1a)           2         2a(2)						<u> </u>			
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.  Part 1 Small Plan Financial Information  Report bledwith exercise value of the portion of an insurance contract that guarantees during the plan year. Combine the value of plan assets held in more than to nore trust. Do not enter the value of the portion of an insurance contract that guarantees during the plan year to pay a specific dell means carriers. Round off amounts to the nearest dellar.  Plan Assets and Liabilities:  A Plan Assets and Liabilities:  A Plan Assets (subtract line to from line ta)  Total plan issets (subtract line to from line ta)  C Net plan assets (subtract line to from line ta)  C Net plan assets (subtract line to from line ta)  C Other income.  C Other income. C Other income. C Other income. C Other income. C Other income. C Other income. C Other income. C O		•					-	Num	ber (EIN)
small plan under the 80-120 participant rule (see instructions). Complete Schedule H If reporting as a large plan or DFE.           Part I         Small Plan Financial Information           Report block the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan sasets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during the plan year to pay a specific dollar benefit at a turine date. Include and income and expenses of the plan including any trust(s) or separately maintained fund(s) and any paymethyliceepits tofrom insurance carries. Round off amounts to the nearest dollar.           I         Plan Assets and Liabilities.         (a) Beginning of Year         (b) End of Year           I         Plan Assets and Liabilities.         1a         89728         89728           Income, Expenses, and Transfers for this Plan Year:         (a) Amount         (b) Total         0           In Come, Expenses, and Transfers for this Plan Year:         2a(2)         (b) Total         (b) Total           (c) Participants.         2a(3)          (b) Total         0           (d) The income.         2b          0         0           (d) Tail income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)         2d          0           (e) Banefits and indukiding direct onlowers)         2g          0           (f) Caria deemed distributions of part	wou	JNTAIN STRONG CONCRETE INC				02	-0073974		
Part 1       Small Plan Financial Information         Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of the portion of an insurance contract that guarantees during this plan year to pay a specific daffer benefit at a turue date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carries. Name off announts to the nearest doffar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         3       Total plan assets.       1a       89728       89728         b       Total plan assets.       1b       0       0         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         2       Income, Expenses, and Transfers for this Plan Year:       2a(3)								nplet	e Schedule I if you are filing as a
Report below the current value of assets and liabilities; income, expenses, transfers and changes in net assets held in more than one true. Don other the value of the print of an insurance contract that guarantees during the plan year. Combine the value of the pain including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance contract the macrest dullar.         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         1       Total plan asset       1a       89728       89728         b       Total plan assets (subtract line 1b from line ta)       1c       89728       69728         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       0         1       Other income, expenses, and Transfers for this Plan Year:       2a(2)       (a) Amount       (b) Total         2       Income, Expenses, and Transfers for this Plan Year:       2a(2)       (b) Total       0         3       Other income       2c       2d       0       0         4       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       0       0         6       Benefits paid (including of participant loans (see instructions)       2f       0       0         7       Corr	sma	all plan under the 80-120 participant r	ule (see instructions). Complete	Schedu	le H if reporti	ng as a larg	e plan or DFE.		
assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at durine date. Include and entry payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.          1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         a       Total plan labilities:       (a) Beginning of Year       (b) End of Year         a       Total plan assets       16       89728       69728         b       Total plan labilities:       16       89728       69728         c       Net plan assets (subtract line 1b from line 1a)       16       89728       69728         c       Contributions received or receivable:       (b) Total       (b) Total         (c)       Expenses, and Transfers for this Plan Year:       2a(3)       (c)       (b) Total         c       Contributions received or receivable:       2a(3)       (c)       (c)       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       0         c       Other income       2c									
benefit a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.          1       Plan Assets and Liabilities:       ia       (a) Beginning of Year       (b) End of Year         a       Total plan assets       1b       0       0         b       Total plan assets       1b       0       0         c       National assets (subtract line 1b from line 1a)       1c       89728       89728         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       0         1       Participants       2a(2)       (b) Total       0       0         (2)       Participants       2a(3)       (b) Total       0       0       0       0         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
1       Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         a       Total plan assets       89728       89729         b       Total plan assets       89728       89729         c       Not plan assets (subtract line to from line ta)       1c       89728       89729         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         2       Contributions received or receivable:       (a) Amount       (b) Total         (1)       Employers       2a(1)       2a(2)       0         (2)       Participants       2a(2)       2a(3)       0         (3)       Others (including collevers)       2a(3)       0       0         (b)       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       0       0         (c)       Cortain deemed distributions of participant leans       2g       0       0         (c)       Cortain deemed distributions of participant leans       2g       0       0         (b)       Cortain deemed distributions of participant leans       2g       0       0         (c)       Cortain deemed distributions of participant leans       2g       0       0         (c)       Cortain	ben	efit at a future date. Include all inco	me and expenses of the plan inc						
a       Total plan assets       1a       89728       89728         b       Total plan liabilities       1b       0       0         c       Net plan assets (subtract line 1b from line 1a)       1c       89728       89728         c       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       (b) Total         (2)       Participants       2a(2)       (b) Total         (3)       Others including rollovers)       2a(3)       (b) Total         (b)       Income, Expenses, and Transfers for this Plan Year:       2a(3)       (b) Total         (2)       Participants       2a(2)       (c)       (b) Total         (3)       Others income       2c       (c)       (c)       (c)         (3)       Other income       2c       (c)       (c)       (c)       (c)         (c)       Total including direct rollovers)       2e       (c)       (c)       (c)       (c)         (a)       Chere includency leaving rowiders (salaries, fees, and cormission)       2f       (c)       (c)       (c)       (c)         (3)       Other expenses       2i       (c)       (c)	-		s to the nearest dollar.						
b       Total plan liabilities       0       0         0       Not plan assets (subtract line 1b from line 1a)       1c       89728       89728         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         1       Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         2       Income, Expenses, and Transfers for this Plan Year:       2a(1)       (b) Total         2       Other income       2a(2)       2a(3)       (b) Total         3) Others (including rollovers)       2a(3)       2a(3)       (b) Total         Contributions received or receivable:       2a(2)       2a(3)       (b) Total         Contributions received or receivable:       2a(2)       2a(3)       (b) Total         Contributions received or receivable:       2a(2)       2a(3)       (c)         Contributions       2b       0       0       0         Contributions (see instructions)       2f       2g       0       0         I       Other expenses       2i       0       0       0         I       Tonsfers to (from) the plan (see instructions)       2i       0       0       0         I       Tonarekres (add lines 2e, 2i, 2g, 2h, and 2)	1				(a)	Beginning			
c       Net plan assets (subtract line 1b from line 1a)       1c       89728       89728         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       (i)       Employers.       2a(1)       2a(2)         (a) Onters (including rollovers)       2a(2)       2a(3)       2b       2a(3)       2b         b       Noncash contributions       2c       2d       0       0         c       Others (including rollovers)       2c       2d       0       0         b       Noncash contributions of participant loans       2c       2d       0       0         g Certain deemed distributions of participant loans       2g       2d       0       0         g Certain deemed distributions of participant loans       2g       0       1       0         i Other expenses.       2i       2i       0       0       1         i Transfers to (rom) the plan (eae instructions)       2i       0       0       1         i Transfers to (rom) the plan (eae instructions)       2i       0       0       1         i Transfers to (rom) the plan (eae instructions)       2i       1       0       1         <									
Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a Contributions received or receivable:       2a(1)       2a(2)         (b) Employers.       2a(3)       2a(2)         (c) Participants.       2a(3)       2a(3)         (c) Other income.       2a       2a         (c) Cartain come (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2a       0         (c) Cartain deemed distributions of participant loans (see instructions)       2f       2g         (c) Other expenses.       2i       2i       0         (c) Other expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       0       0         (c) Transfers to (from) the plan (see instructions)       2i       0       0         (c) Transfers to (from) the plan (see instructions)       2i       0       0         (c) Real estate (other than employer real property       3a       X       0         (c) Real estate (other than		•							
a Contributions received or receivable:       2a(1)         (1) Employers				10					
(1) Employers	_	· • ·				<b>(a)</b> Amo	unt		(b) Total
(2) Participants       2a(2)         (3) Others (including rollovers)       2a(3)         b Noncash contributions       2b         c Other income       2c         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d         g Certain deemed distributions (see instructions)       2f         g Certain deemed distributions (see instructions)       2t         i Other expenses       2i         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2t         g Specific Assets: if the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any sasets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions de	а			<b>•</b> (1)					
(3) Others (including rollovers)       Za(3)         b Noncash contributions       Zb         c Other income       Zc         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       Zd         o Elenefits paid (including direct rollovers)       Ze         g Certain deemed distributions (see instructions)       Zf         g Certain deemed distributions of participant loans (see instructions)       Zg         i Other expenses       Zi         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       Zj         i Other expenses       Zi         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       Zj         i Transfers to (from) the plan (see instructions)       Zi         3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a Partnership/joint venture interests       3a       X         b Employer real property       3c       X         c Real estate (other than employer real property)       3c       X         c Real estate (other than employer real property)       3d       X									
b       Noncash contributions       2b		()							
c       Other income.       2c       0         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       0         e       Benefits paid (including direct rollovers)       2e       0         f       Corrective distributions (see instructions)       2f       g         g       Certain deemed distributions of participant loans (see instructions)       2g       0         h       Administrative service providers (salaries, fees, and commissions)       2h       0         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       0         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       0         k       Net income (loss) (subtract line 2j from line 2d)       2k       0         j       Total expenses (add lines a the plan year any of the following categories, check. "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X       82000         e       Real estate (other than employer real property)       3c       X       82000 <tr< td=""><td>h</td><td>() ()</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	h	() ()							
d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       0         e       Benefits paid (including direct rollovers)       2e       0         f       Corrective distributions (see instructions)       2f       0         g       Certain deemed distributions of participant loans (see instructions)       2g       0         h       Administrative service providers (salaries, fees, and commissions)       2g       0         i       Other expenses       2i       0         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       0         k       Net income (loss) (subtract line 2j from line 2d)       2k       0         1       Transfers to (from) the plan (see instructions)       21       0         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       3a       X         b       Employer real property       3b       X       3b       X         c       Real estate (other than employer real property)       3c       X       82000       <									
e       Benefits paid (including direct rollovers)       2e         f       Corrective distributions (see instructions)       2f         g       Certain deemed distributions of participant loans (see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2g         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j         k       Net income (loss) (subtract line 2j from line 2d)       2k         l       Transfers to (from) the plan (see instructions)       2t         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X        6         b       Employer real property       3c       X        82000         c       Real estate (other than employer real property)       3c       X        82000         e       Participant loans       3e									0
f       Corrective distributions (see instructions)       2f         g       Certain deemed distributions of participant loans (see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2h         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j         k       Net income (loss) (subtract line 2) from line 2d)       2k         l       Transfers to (from) the plan (see instructions)       2l         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X          b       Employer real property       3c       X       82000         e       Partnership/joint leans       3d       X       82000         e       Participant loans       3e       X       82000         g       Tangible personal property       3g       X       82000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
g       Certain deemed distributions of participant loans (see instructions)	f								
h       Administrative service providers (salaries, fees, and commissions)       2h         i       Other expenses       2i         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       0         k       Net income (loss) (subtract line 2j from line 2d)       2k         j       Transfers to (from) the plan (see instructions)       2l         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X         e       Participant loans       3d       X         g       Tangible personal property       3g       X	g	Certain deemed distributions of pa	rticipant loans	<u> </u>					
i       Other expenses       2h       0         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)		(see instructions)		2g					
i       Other expenses       2i       0         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	h			26					
j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	i	· ·							
k       Net income (loss) (subtract line 2j from line 2d)       2k       0         1       Transfers to (from) the plan (see instructions)       2l       0         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X           b       Employer real property       3b       X        82000         c       Real estate (other than employer real property)       3c       X       82000         e       Participant loans       3f       X         g       Tangible personal property       3g       X	i								Ω
I       Transfers to (from) the plan (see instructions)       Image: Construction of the plan (see instructions)         3       Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X         f       Loans (other than to participants)       3f       X         g       Tangible personal property       3g       X	, k	•							
<ul> <li>3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.</li> <li>Yes No Amount</li> <li>a Partnership/joint venture interests</li></ul>	I								v
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.          Yes       No       Amount         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X         f       Loans (other than to participants)       3f       X         g       Tangible personal property       3g       X	3	, , , ,			y of the follow	ing catedor	ies, check "Yes" ar	nd ent	er the current value of anv assets
YesNoAmountaPartnership/joint venture interests3aXbEmployer real property3bXcReal estate (other than employer real property)3cXdEmployer securities3dXeParticipant loans3eXfLoans (other than to participants)3fXgTangible personal property3gX		remaining in the plan as of the end of	the plan year. Allocate the value	of the pla	an's interest ir	n a comming			
aPartnership/joint venture interests3aXbEmployer real property3bXcReal estate (other than employer real property)3cXdEmployer securities3dXeParticipant loans3eXfLoans (other than to participants)3fXgTangible personal property3gX		line-by-line basis unless the trust me	ets one of the specific exceptions (	aescribe	a in the instru	ctions.	Yes No		Amount
bEmployer real property3bXcReal estate (other than employer real property)3cXdEmployer securities3dXdEmployer securities3dXfLoans (other than to participants)3fXgTangible personal property3gX	а	Partnership/ioint venture interests							
C       Real estate (other than employer real property)									
d Employer securities       3d       x       82000         e Participant loans       3e       x         f Loans (other than to participants)       3f       x         g Tangible personal property       3g       x									
e       Participant loans       3e       ×         f       Loans (other than to participants)       3f       ×         g       Tangible personal property									
f     Loans (other than to participants)       g     Tangible personal property	_								82000
g Tangible personal property	e	•							
	T	· · · · /							
						3g	X		Ochedula I /Farme FEAA) AATA

Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		x	
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x	
е	Was the plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
L	Has the plan failed to provide any benefit when due under the plan?	41		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		x	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year If "Yes," enter the amount of any plan assets that reverted to the employer this year	ır?	🗌 Ye	s 🗌 No	0
	If, during this plan year, any assets or liabilities were transferred from this plan to another plant transferred. (See instructions.)	(s), ide	entify the	e plan(s	s) to which assets or liabilities were
	5b(1) Name of plan(s)				5b(2) EIN(s) 5b(3) PN(s)

5C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)?	Not determined.
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)