Internal Revenue Service 2018 Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This form is Open to Public Inspection Pension Benefit Guaranty Corporation - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/22/2019 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is the first return/report a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 a utomatic extension DFVC program special extension (enter description) DFVC program 003 1C Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) \boco	Form 5500-SF	Bonofit Plan									
Empropre Sevelas Secury Avrimation Person Beneti Guaranty Corporation Nomplete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning of 1001/2019 and ending 03/22/2019 03/22/2019 A This return/report is for: a single-employer plan a one-participant plan a foreign plan one-participant plan a foreign plan B This return/report is a a one-participant plan a foreign plan DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program 12 Part II Basic Plan Information—enter all requested information 10 Three-digit plan number 003 12 Part II Basic Plan Information—enter all requested information 10 Three-digit plan number 003 12 Plan sponsor's name (employer, if for a single-employer plan) Maing 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) 20 Employer Identification Number (EIN) 26/2 Sponsor's telephone number 425-241-56665 2d Business code (see instructions) 561900 5	Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee Re			2018					
Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/22/2019 A This return/report is for: a one-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participaling employer information in accordance with the form instructions.) B This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report a a one-participant plan a foreign plan B This return/report is the first return/report a a one-participant plan a foreign plan B This return/report is C Check box if filing under: Form 5568 automatic extension Special extension (enter description) Part II Basic Plan Information—enter all requested information 14 Name of plan RETIREMENT INCOME SECURITY PLAN-PIVOT POINT CONSULTING, LLC 15 UPO. Dox City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) C A plan administrator's name and address Same as Plan Sponsor. EAA TH STREET UTE 1020 24 Plan administrator's name and address Same as Plan Sponsor. EAA TH STREET UTE 1020 24 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan spo	Employee Benefits Security Administration	Income Security Act of 1974									
For calendar plan year 2018 or fiscal plan year beginning 01/01/2019 and ending 03/22/2019 A This return/report is for: a single-employer plan a multiple-employer information in accordance with the form instructions.) B This return/report is a one-participant plan a foreign plan a cording plan B This return/report is the first return/report the first return/report the first return/report C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) DFVC program 003 Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) 003 1c Effective date of plan ciff or a single-employer plan) 003 1c Effective date of plan number (PN) 003 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number (EIN) 46-1581519 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 561900 561900 561900 561900 3a Plan administrator's name and address Same as Plan Sponsor. 15 W SCENIC POINTE DR. STF 100 3b Administrator's telephone number 87-660-2664 <tr< th=""><th></th><th></th><th>ccordance with the inst</th><th>tructions to the Form 5</th><th>500-SF.</th><th></th></tr<>			ccordance with the inst	tructions to the Form 5	500-SF.						
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 a uutomatic extension DFVC program gecial extension (enter description) automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) ▶ 10 There-digit plan on on the significant plan on a street, or P.O. Box) 003 1c Effective date of plan 0101/2012 2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number (EIN) 46-158/1519 CVOT POINT CONSULTING, LLC 15 W SCENIC POINTE DR. STEET 3b Administrator's EIN 82-2241-5665 2d Business code (see instructions) STE 100 S2-1222973 3c 3a Plan administrator's name and address Same as Plan Sponsor. STE 100 Ste 100 S2-1222973 3c< Ad			040	and and's survey	0.100.100.10						
A This return/report is for: Disingle chapters plant Ist of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan a foreign plan B This return/report is the first return/report A short plan year return/report B This return/report is the first return/report A short plan year return/report B This return/report is the first return/report A short plan year return/report C Check box if filing under: Form 5558 automatic extension DEVC program Special extension (enter description) special extension (enter description) 003 1 Part II Basic Plan Information—enter all requested information 1 1 Name of plan RETIREMENT INCOME SECURITY PLAN-PIVOT POINT CONSULTING, LLC 1b Three-digit plan number (PN) b 003 12 Plan sponsor's name (employer, if for a single-employer plan) 01/01/2012 2a Plan sponsor's name (employer, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 46-1581519 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 0900 NE 8TH STREET Seme as Plan Sponsor. 8b Administrator's name and address <t< td=""><td>For calendar plan year 2018 or f</td><td>iscal plan year beginning 01/01/20</td><td></td><td></td><td></td><td></td></t<>	For calendar plan year 2018 or f	iscal plan year beginning 01/01/20									
B This return/report is the first return/report in amended return/report is short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program is pecial extension (enter description) is pecial extension (enter description) DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) is number	A This return/report is for:		list of participating e								
Image: India return/report In the first return/report Image: India return/report Image: India re	B This return/report is	a one-participant plan	a foreign plan								
C C check box if filing under: □ prom 5558 □ automatic extension □ DFVC program Part II Basic Plan Information—enter all requested information 1 The Three-digit plan number (PN) → 003 12 Effective date of plan (PN) → 003 1 C Effective date of plan 01/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) 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) 2b Employer Identification Number (EIN) 46-1581519 2vOT POINT CONSULTING, LLC 2b Employer Identification Number (SIN of the plan address) 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 561900 0000 NE 8TH STREET 5ame as Plan Sponsor. 3b Administrator's EIN 82-1222973 3d Plan administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 877-860-2664 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN											
Part II Basic Plan Information —enter all requested information 1a Name of plan Ib Three-digit plan number (PN) ▶ 003 1c Effective date of plan 0/101/2012 1c 2a Plan sponsor's name (employer, if for a single-employer plan) 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) 2b Employer Identification Number (EIN) 46-1581519 2vOT POINT CONSULTING, LLC 2b Employer Identification Number 425-241-5665 2d 0300 NE 8TH STREET 1020 561900 561900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 561900 3a Plan administrator's telephone number 515 00 DRAPER, UT 84020 3c Administrator's telephone number 877-860-2664 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report 4b EIN	-	an amended return/report	X a short plan year retu	rn/report (less than 12 m	onths)						
Part II Basic Plan Information —enter all requested information 1a Name of plan Ib Three-digit plan number (PN) ▶ 003 RETIREMENT INCOME SECURITY PLAN-PIVOT POINT CONSULTING, LLC 1b Three-digit plan number (PN) ▶ 003 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number (EIN) 46-1581519 2c Sponsor's telephone number 425-241-5665 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 561900 561900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 82-1222973 3c Administrator's telephone number 0DRAPER, UT 84020 3b Administrator's telephone number 87-860-2664	C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram					
1a Name of plan Ib Three-digit plan number (PN) ▶ 003 1c Effective date of plan 01/01/2012 003 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number (EIN) 46-1581519 2vOT POINT CONSULTING, LLC 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 0900 NE 8TH STREET 561900 561900 1bu Three-digit plan name and address [] Same as Plan Sponsor. 3b Administrator's telephone number 425-241-5665 3d Plan administrator's name and address [] Same as Plan Sponsor. 3b Administrator's telephone number 82-1222973 3c Administrator's telephone number 92-1222973 3c Administrator's telephone number 87-860-2664 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan.			. ,								
RETIREMENT INCOME SECURITY PLAN-PIVOT POINT CONSULTING, LLC plan number (PN) ▶ 003 1c Effective date of plan 01/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) 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) 2b Employer Identification Number (EIN) 46-1581519 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 0900 NE 8TH STREET JUITE 1020 VELLEVUE, WA 98004 3a Plan administrator's name and address Same as Plan Sponsor. 3a Plan administrator's name and address Same as Plan Sponsor. Str 100 DRAPER, UT 84020 3b Administrator's EIN 82-1222973 3c Administrator's telephone number 877-860-2664 877-860-2664 4b EIN	Part II Basic Plan Info	ormation—enter all requested info	ormation								
(PN) ▶ 003 2a Plan sponsor's name (employer, if for a single-employer plan) 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) 2b Employer Identification Number (EIN) 46-1581519 2vVOT POINT CONSULTING, LLC 2c Sponsor's telephone number 425-241-5665 2d Business code (see instructions) 0900 NE 8TH STREET UUTE 1020 FELLEVUE, WA 98004 3a Plan administrator's name and address Same as Plan Sponsor. IEALTHEQUITY RETIREMENT SERVICES, LLC DRAPER, UT 84020 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	·					5					
1c Effective date of plan 01/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) 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) 2b Employer Identification Number (EIN) 46-1581519 PIVOT POINT CONSULTING, LLC 2c Sponsor's telephone number 425-241-5665 2d 0900 NE 8TH STREET UITE 1020 SELLEVUE, WA 98004 561900 561900 3a Plan administrator's name and address Same as Plan Sponsor. ISTE 100 DRAPER, UT 84020 3b Administrator's EIN 82-1222973 3c Administrator's telephone number 877-860-2664 877-860-2664	RETIREMENT INCOME SECURI	TY PLAN-PIVOT POINT CONSULT	ING, LLC								
2a Plan sponsor's name (employer, if for a single-employer plan) 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) 2b Employer Identification Number (EIN) 46-1581519 PIVOT POINT CONSULTING, LLC 2c Sponsor's telephone number 425-241-5665 Og00 NE 8TH STREET UITE 1020 SELLEVUE, WA 98004 2d Business code (see instructions) 3a Plan administrator's name and address SELLEVUE, WA 98004 Same as Plan Sponsor. BEALTHEQUITY RETIREMENT SERVICES, LLC 15 W SCENIC POINTE DR. STE 100 DRAPER, UT 84020 3b Administrator's telephone number 827-860-2664 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN											
Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 46-1581519 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c PIVOT POINT CONSULTING, LLC 2d 0900 NE 8TH STREET 2d 0900 NE 8TH STREET 561900 3a Plan administrator's name and address Same as Plan Sponsor. IEALTHEQUITY RETIREMENT SERVICES, LLC 15 W SCENIC POINTE DR. STE 100 DRAPER, UT 84020 3c Administrator's telephone number 877-860-2664 877-860-2664	22 Dian anonaaria nama (ampl	over if for a single employer plan)			2h Ema						
PIVOT POINT CONSULTING, LLC 2C Sponsor's telephone number 425-241-5665 Og000 NE 8TH STREET 2d Business code (see instructions) SetLLEVUE, WA 98004 561900 3a Plan administrator's name and address Same as Plan Sponsor. HEALTHEQUITY RETIREMENT SERVICES, LLC 15 W SCENIC POINTE DR. STE 100 DRAPER, UT 84020 3b Administrator's EIN 82-1222973 3c Administrator's telephone number 877-860-2664 877-860-2664	Mailing address (include room, apt., suite no. and street, or P.O. Box)					-					
0900 NE 8TH STREET 561900 3a Plan administrator's name and address Same as Plan Sponsor. BEALTHEQUITY RETIREMENT SERVICES, LLC 15 W SCENIC POINTE DR. STE 100 DRAPER, UT 84020 3b Administrator's EIN 82-1222973 3c Administrator's telephone number 877-860-2664 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PIVOT POINT CONSULTING, LLC				2c Spor						
SUITE 1020 SELLEVUE, WA 98004 Sol 1900 3a Plan administrator's name and address [] Same as Plan Sponsor. 3b Administrator's EIN 82-1222973 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN					2d Business code (see instructions)						
 3a Plan administrator's name and address Same as Plan Sponsor. BEALTHEQUITY RETIREMENT SERVICES, LLC 15 W SCENIC POINTE DR. STE 100 DRAPER, UT 84020 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 	10900 NE 8TH STREET SUITE 1020				561900						
IEALTHEQUITY RETIREMENT SERVICES, LLC 15 W SCENIC POINTE DR. STE 100 DRAPER, UT 84020 3c Administrator's telephone number 877-860-2664 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN	BELLEVUE, WA 98004										
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3c Administrator's telephone number 877-860-2664	3a Plan administrator's name and address Same as Plan Sponsor.										
DRAPER, UT 84020 877-860-2664 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	HEALTHEQUITY RETIREMENT S		NIC POINTE DR.		3c Admi						
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.		DRAPER,	UT 84020								
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.											
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	4 If the name and/or EIN of th	e plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN						
a Sponsor's name 40 PN	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.										
C Plan Name					40 PN						
5a Total number of participants at the beginning of the plan year	5a Total number of participants at the beginning of the plan year					1					
b Total number of participants at the end of the plan year					5b	0					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					0					
d(1) Total number of active participants at the beginning of the plan year	•••					0					
Number of a set short and a set of	d(2) Total number of active participants at the end of the plan year					0					
than 100% vested	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 cause is established.	Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable ca							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	SB or Schedule MB completed a	and signed by an enrolled actuary, a									
SIGN Filed with authorized/valid electronic signature. 08/29/2019 STEVEN STOUT											
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE Signature of plan	administrator	Date	Enter name of individ	ual signing	as plan administrator					
SIGN	SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE Signature of employ	oyer/plan sponsor	Date	Enter name of individ	ividual signing as employer or plan spons						

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No				
b	Are you claiming a waiver of the annual examination and report of an independent qualified public										
	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 mus										
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? \Box Yes \Box No										
-	If "Yes" is checked, enter the My PAA confirmation number from th					L					
_				,							
Pa	rt III Financial Information				-						
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year				
а	Total plan assets	7a		11452		0					
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c		11452		0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		1199							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1199				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12213							
е	e Certain deemed and/or corrective distributions (see instructions) 8e										
f	Administrative service providers (salaries, fees, commissions)	8f		438							
g											
h	h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h						12651				
i							-11452				
j	Transfers to (from) the plan (see instructions)										
Pa	rt IV Plan Characteristics		•								
9a											
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:					les in the instructions:					
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	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		х					
k	 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 			10u		Х					
c	C Was the plan covered by a fidelity bond?			10c	Х		500000				
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		х					
e	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		х					
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			-							

10h

10i

X

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

i

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 complete So (Form 5500) and line 11a below)						Yes [No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12								Y	es 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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							letter ear	rulinę	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d 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)										
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						× Ye	es	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	an(s)) to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)