Depresent of the Team Descent of team <thdescent of="" team<="" th=""><th colspan="2">Form 5500-SF</th><th colspan="4">Short Form Annual Return/Report of Small Emplo Benefit Plan</th><th>OMB Nos. 1210-0110 1210-0089</th></thdescent>	Form 5500-SF		Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Entry breach services Revenue Code (the Code). This Parm is Open to Public Imspection Part II Annual Report Identification Information and ending 1/2012018 For calendar plan year Degraning 0.0012018 and ending 1/2012018 A This return/report is for: a single-mp/oyr plan is of participanting employer information in accordance with the form instructions.) a dimension B This return/report is a negraticipant plan a foreign plan break provide information DPVC program C Check box if filing under: g form 5558 undomatic extension DPVC program Part II Basic Plan Information—metric all requested information 1 DPVC program Part II Basic Plan Information—metric all requested information 1 DPVC program Part II Basic Plan Information—metric all requested information 1 DPVC program Part II Basic Plan Information, equipant all all of the alingle-employer plan (main requested information) DPVC program 20 Part III Secondaria Complex Information (main requested information) 2 21 Part secondaria Complex Information (main requested information)						etirement	2018				
A This return/report is complexe all entries in accordance with the instructions to the Form 5500 SF. Part I Annual Report Identification Information For adendar plan year 2010 of face1 plan year theginning Official plan year 2010 of face1 plan year theginning Official periods A This return/report is complexed plan year theginning Official periods A This return/report is a one-participant plan a non-participant plan bot plan year return/report a non-participant plan a non-participant plan bot plan year return/report bot plan pecial extension DFVC program DFVC prog			Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the								
For calcular plan year 2018 or fiscal plan year beginning 0101/2018 and ending 1201/2018 A This return/report is for: a single-employer plan Is of participating employer inform utility monotoney (Filers checking this box must tach a is of participating employer) information in accordance with the form instructions.) B This return/report is a single-employer plan Is of participating employer information in accordance with the form instructions.) B This return/report is the first return/report a short plan year return/report ID This return/report C Check box if filing under: Form 5528 utomatic extension ID FVC program Part II Basic Plan Information—entre all requisited information ID Three-digit plan number (201/2018) 20 Employer file on a single-employer plan) ID Three-digit plan number (201/2018) BELLINGHAM AUTO MANAGEMENT 401(K) PLAN ID Three-digit plan number (201/2018) 2D Employer Medification Number (ENN & 51.390/738) 21 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, salte no: and street, or P.O. Box) 2D Employer Medification Number (201/2018) 23 Plan administrator's name and address Same as Plan Sponsor. 3D Administrator's EIN 34 If the name andidor EIN of the plan name has changed since the last return/report	Pension Be	Public Inspection									
A This return/report is for: a single-employer plan is to multienployer (Plan cont multienployer) (Plan cont multienployer) (Plan cont multienployer) B This return/report is a one-participant plan a foreign plan B This return/report is an amended return/report a short plan year return/report a short plan year return/report B This return/report is an amended return/report a short plan year return/report B bread year return/report C Check box if fling under: Expected actionation (noter description) DFVC program Part II Basic Plan Information—enter all requested information 1 D Three-digit plan number (PN) BELLINGHAM AUTO MANAGEMENT 401(K) PLAN 1 D Three-digit plan number (PN) 0:1 Te Effective date of plan (Econ box is fling on a size on 2.0. Box) 2D Employer Identification Number (EN) BELLINGHAM AUTO MANAGEMENT, INC. 2D Employer Identification Number (EN) 3C Administrator's telephone number (S0-A)/4/-6.6600 2d Plan administrator's name and address [] Same as Plan Sponsor. 3D Administrator's telephone number (S0-A)/4/-6.600 3a Plan administrator's name and address [] Same as Plan sponsor. 3D Administrator's telephone number (EIN) M the plan sponsor's name, EIN, the plan name has changed since the last return/											
A This return/report is for: Is of participant plan Is of	For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/20								
B This return/report is in the first return/report is short plan year return/report (less than 12 months) C Check box if filing under: is poscial extension (enter description) is short plan year return/report (less than 12 months) Part II Basic Plan Information—enter all requested information ib Three-digit (less than 12 months) Part II Basic Plan Information—enter all requested information ib Three-digit (less than 12 months) Part II Basic Plan Information—enter all requested information ib Three-digit (less than 12 months) Part II Basic Plan Information—enter all requested information ib Three-digit (less than 12 months) Part II Basic Plan information—enter all requested information ib Three-digit (less than 12 months) BELLINGHAM AUTO MANAGEMENT 401(K) PLAN ib Three-digit (less than 12 months) ib Three-digit (less than 12 months) BELLINGHAM AUTO MANAGEMENT, INC. 2b Employer Identification Number (less than 12 months) ib 300-762-800 100 IOWA STREET 2d Business code (see instructions) ib Administrator's telephone number 300-676-8000 2d Business code (see instructions) ib Administrator's telephone number 441110 ib Total number of participants at the edginning of the plan year ib Administrator's telephone number 56 Sa Total number of participants at the edginning of the plan ye	A This ret	urn/report is for:		list of participating em			-				
Image: Instructure point Image: Instructure point Image: Instructure point Image: Instructure point C C Check box if filling under: Image: Instructure point Image: Instructure point Image: Instructure point Part II Basic Plan Information — enter all requested information Image: Instructure point Image: Instructure point Image: Instructure point BELLINGHAM AUTO MANACEMENT 401(K) PLAN Image: Instructure point Image: Instructure point Image:	P This rate	un kan art ia	a one-participant plan	a foreign plan							
C Check box if tiling under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 The meet of plan BELLINGHAM AUTO MANAGEMENT 401(K) PLAN Ib Three-digit plan number (PN) > 001 001 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (ICN) or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (ICN) or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BELLINGHAM AUTO MANAGEMENT, INC. 2b Employer Identification Number (ICN) or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number (ICN) or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2d Business code (rese instructions) 3a Plan administrator's name and address [] Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for its plan, see instructions) 5a 90 5a Total number of participants at the beginning of the plan year 5a 90 5b 81 6 Number of participants at the beginning of the plan year 5c 31 37 36 31		un/report is		the final return/report	return/report						
<pre></pre>			an amended return/report	a short plan year return	hort plan year return/report (less than 12 months)						
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan sponsor's name (employer, if for a single-employer plan) Maining address (include room, apt, sule no, and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Enployer Identification Number (EIN) 81-3007383 2c Intervention of the plan sponsor's name (employer, if for a single-employer plan) Maining address (include room, apt, sule no, and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Enployer Identification Number (EIN) 81-3007383 2c Sponsor's telephone number 380-678-0600 2d Business code (see instructions) 441110 3a Plan administrator's name and address [] Same as Plan Sponsor. 3b Administrator's telephone number 380-678-0600 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, onter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, onter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan. 5a Total number of participants at the end of the plan year 5a 90 5b 81 81 6 Number of participants at the end of the plan year 5d(1) 6 Number of participants at the end of the plan year 5d(2)	C Check b	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram				
1a Name of plan 1b Three-digit plan number 001 2a Plan sponsor's name (employer, if for a single-employer plan) 1c Effective date of plan 120/12016 2a Plan sponsor's name (employer, if for a single-employer plan) 1c Effective date of plan 120/12016 2b Employer Identification Number (EIN) 81-3097383 2c Sponsor's letephone number 3ctive of the plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number 2cl Sponsor's letephone number 3ctive of the plan sponsor's name (employer, if for a single-employer plan) 2c Sponsor's letephone number 3ctive of the plan sponsor's name 100 IOWA STREET 3ctive of the plan sponsor's name, EIN, 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. 4d PN 5a Total number of participants with account balances as of the end of the plan year 5a 90 90 5b 81 81 ch Number of participants with account balances as of the end of the plan year 5d(1) 87 74 ch Number of participants with account balances as of the plan year 5d(2		special extension (enter description)									
BELLINGHAM AUTO MANAGEMENT 401(K) PLAN plan number (PN) 01 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) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 2b Employer Identification Number (EIN) BELLINGHAM AUTO MANAGEMENT, INC. 2b Employer Identification Number (EIN) 3c Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 360-07-0600 3c Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 360-07-0600 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. 4d PN 5a Total number of participants at the beginning of the plan year 5a 90 90 5b 81 6 Number of participants at the beginning of the plan year 5d(2) 74 5d(2) 74 74 74 74 74 74 <	Part II	Basic Plan Infor	mation—enter all requested info	ormation							
Image: Construction of the origin of the plan sponsor or the plan name has changed since the last return/report. 3b Administrator's telephone number 300-676-0800 Image: Construction of participants at the beginning of the plan year 5a 90 5a Total number of participants at the beginning of the plan year 5a 90 5a Total number of participants at the beginning of the plan year 5a 90 5a Total number of participants at the beginning of the plan year 5a 90 5a Total number of participants at the beginning of the plan year 5a 90 6a Number of participants at the end of the plan year 5a 90 5a Total number of active participants at the beginning of the plan year 5a 90 91 6a Number of participants at the beginning of the plan year 5a 90 92 7a Cation number of active participants at the end of the plan year 5a 90 92 7a Total number of active participants at the end of the plan year 5a 90 92 94 7a Notal number of participants at the end of the plan year 5a 90 92 94 7a Notal number of active participants at the end of the plan year 5a 90 94 97 7a Otal number of		•									
2a Pian 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) BELLINGHAM AUTO MANAGEMENT, INC. 2c Sponsor's telephone number 360-676-0600 1100 IOWA STREET BELLINGHAM, WX 98229 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3c Administrator's telephone number 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 plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan plan number form the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan plan number form the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan pare and the plan year. 5a 90 5a Total number of participants at the beginning of the plan year. 5b 81 61 6 Number of participants with account balances as of the end of the plan year. 5d 6d	BELLINGHA	BELLINGHAM AUTO MANAGEMENT 401(K) PLAN									
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite or powince, country, and 2IP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) BELLINGHAM AUTO MANAGEMENT, INC. 2c Sponsor's telephone number 380-676-0600 2d Business code (see instructions) 2c Sponsor's telephone number 380-676-0600 2d Business code (see instructions) 441110 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 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 5a Total number of participants at the end of the plan year 5a 90 90 5a Total number of participants at the end of the plan year 5b 81 c Number of participants with account balances as of the end ny ear 5d(1) 87 c(1) Total number of active participants at the end of the plan year 5d(2) 74 <td></td> <td></td> <td></td> <td>, ,</td> <td colspan="4">,</td>				, ,	,						
Mailing address (include room, act, suite no. and street, or P.O. Box) (E(N) 81-3907383 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2C BELLINGHAM AUTO MANAGEMENT, INC. 2C 100 IOWA STREET 2C BELLINGHAM, WA 98229 441110 3a Plan administrator's name and address Same as Plan Sponsor. 3b 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 para address as of the end of the plan year 5a 90 5a Total number of participants at the beginning of the plan year 5a 90 81 C Number of participants with account balances as of the end of the plan year 5d(1) 87 C(2) 74 Number of participants with account balances as of the end or the plan year 5d(1) 87 C Number of participants with account balances as of the end of the plan year 5d(2) 74 C Number of participants with account balances as of the end of the plan year 5d(1) 87 C Stan number of participants wi	22 Dian or	noncorio nomo (omniou	or if for a single amployor plan			2h [
BELLINGHAM AUTO MANAGEMENT, INC. 26 Sponsor's telephone number 380-676-600 1100 IOWA STREET BELLINGHAM, WA 99229 2d Business code (see instructions) 441110 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address S Same as Plan Sponsor. 3b Administrator's telephone number 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 5a Total number of participants at the beginning of the plan year 5a 900 b Total number of participants at the end of the plan year 5b 81 c Number of participants at the end of the plan year 5d(1) 87 d(1) Total number of active participants at the edginning of the plan year 5d(2) 74 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5c 31 caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of porticy and other penalties set forth in the instructions, idclare that have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and other penalties set forth in the instructions, idclare that have examined this return/report, and to the best of my knowledge and belief, it is true. <td>Mailing</td> <td>address (include room</td> <td>, apt., suite no. and street, or P.O.</td> <td></td> <td></td> <td colspan="5"></td>	Mailing	address (include room	, apt., suite no. and street, or P.O.								
1100 IOWA STREET 441110 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's ElN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 4 If the name and/or ElN of the plan sponsor or the plan name has changed since the last return/report. 4b ElN 4 If the name and/or ElN of the plan sponsor's name, ElN, the plan name and the plan number from the last return/report. 4b ElN 5a Sponsor's name 5a 900 5a Total number of participants at the beginning of the plan year 5a 900 5b 681 61 c Number of participants at the beginning of the plan year 5c 31 complete this item) 5c 31 cd(1) Total number of active participants at the beginning of the plan year 5d(1) 87 cd(2) Total number of active participants at the beginning of the plan year 5d(2) 74 e Number of active participants at the end of the plan year 5d(1) 87 cd(2) Total number of active participants at the end of the plan year 5d(2) 74 e Number of participants at the end of the plan year 5d(2) 74 e Number of active participants at the end of the plan year with accrued benefits that were less than 100% vested 5e 4 caution: A penaltes of pertury and other penamites set tort in the instructores. I claceta	-										
BELLINGHAM, WA 98229 3b Administrator's EIN 3a Plan administrator's name and address S ame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address A address S ame as Plan Sponsor. 3c Administrator's telephone number 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 4 Sponsor's name 4d PN 5a Total number of participants at the beginning of the plan year 5a 90 b Total number of participants at the end of the plan year 5b 81 c Number of participants with account balances as of the end of the plan year 5d(1) 87 d(2) Total number of active participants at the beginning of the plan year 5d(2) 74 b mane 5d(1) 87 d(2) Total number of active participants at the end of the plan year 5d(2) 74 c Number of participants with the originants at the end of the plan year 5d(2) 74 c Number of participants with the originants at the end of the plan year with accrued benefits that were less 5e 14 16 nowested 4 2 c Number of participants with reprometed filing of this return/report will be assessed unless reasonable cause is established. 4 Under penalties					-						
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 3c Administrator's telephone number 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 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. 4d PN 5a Total number of participants at the beginning of the plan year. 5a 90 b Total number of participants at the beginning of the plan year (only defined contribution plans complete this item). 5c 31 c Number of participants at the beginning of the plan year. 5d(1) c Number of active participants at the end of the plan year. 5d(2) d(1) Total number of active participants at the end of the plan year. 5d(2) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants at the end of the plan year. 5d(2) e Number of participants at the end of the plan year. 5d(2) e Number of participants at the end of the plan year with accrued benefits that were less 5e e Number of participants who terminated employment						441110					
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 a Sponsor's name 4d PN c Plan Name 5a 90 5a Total number of participants at the beginning of the plan year 5a 90 b Total number of participants at the end of the plan year 5b 81 c Number of participants with account balances as of the end of the plan year 5d(1) 87 d(1) Total number of active participants at the beginning of the plan year 5d(2) 74 d(2) Total number of active participants at the beginning of the plan year 5d(2) 74 d(2) Total number of active participants at the beginning of the plan year 5d(2) 74 d(2) Total number of active participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 4 Caution: A penalty for the late or incomplete filling 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, and to the best of my knowledge and belief. It is true		,									
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 a Sponsor's name 4d PN c Plan Name 5a 90 b Total number of participants at the beginning of the plan year 5a 90 b Total number of participants at the end of the plan year 5b 81 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 31 d(1) Total number of active participants at the beginning of the plan year 5d(1) 87 d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested 5e 4 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, 1 declare that 1 have examined this return/report, including, if applicable, a Schedule BS or Schedule BM 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. Stor Filed with authorized/valid electronic signature. 09/03/2019 AL MONUAZEB HERE Signature	3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spons	sor.		3b Administrator's EIN					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year					-	3c Administrator's telephone number					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year											
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year											
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	4 If the r	name and/or EIN of the	plan sponsor or the plan name has	s changed since the last re	eturn/report filed for	4b FIN					
C Plan Name 5a Total number of participants at the beginning of the plan year 5a 90 b Total number of participants at the end of the plan year 5b 81 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 31 d(1) Total number of active participants at the beginning of the plan year 5d(1) 87 d(2) Total number of active participants at the end of the plan year 5d(2) 74 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 4 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, 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. SIGN Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB Bignature of plan administrator Date Enter name of individual signing as plan administrator	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.										
5a Total number of participants at the beginning of the plan year 5a 90 b Total number of participants at the end of the plan year 5b 81 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 31 d(1) Total number of active participants at the beginning of the plan year 5d(1) 87 d(2) Total number of active participants at the end of the plan year 5d(2) 74 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 4 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, 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. SIGN Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	•					40 PN					
b Total number of participants at the end of the plan year											
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total number of participants at the beginning of the plan year						90				
complete this item) 3C 31 d(1) Total number of active participants at the beginning of the plan year 5d(1) 87 d(2) Total number of active participants at the end of the plan year 5d(2) 74 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 4 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, 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. SIGN Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	b Total number of participants at the end of the plan year					5b	81				
d(2) Total number of active participants at the end of the plan year 5d(2) 74 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 4 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e 4 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. SIGN Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB Signature of plan administrator Date Enter name of individual signing as plan administrator						5c	31				
e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 4 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, 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. SIGN Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB Signature of plan administrator Date Enter name of individual signing as plan administrator	d(1) Total number of active participants at the beginning of the plan year					. ,	87				
than 100% vested Jee 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, 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. SIGN Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB Signature of plan administrator Date Enter name of individual signing as plan administrator	•••					5d(2)	74				
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, 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. SIGN Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB Signature of plan administrator Date Enter name of individual signing as plan administrator						5e	4				
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. SIGN HERE Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Date	Caution: A	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
SIGN HERE Filed with authorized/valid electronic signature. 09/03/2019 AL MONJAZEB Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Comparison of the second s	SB or Sche	edule MB completed and	d signed by an enrolled actuary, as								
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE				09/03/2019	AL MONJAZEB						
HERE	HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signing	as plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN					·					
	HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ndividual signing as emplover or plan spon					

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	С	
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes No	о		
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined	ĺ.	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			. (See instructions.))	
Do	rt III Financial Information									
<u>га</u> 7							(h.) F		—	
<u> </u>	Plan Assets and Liabilities	7-	(a) Beginning o	of Year 18269			(b) End of Year 648765			
<u>a</u> b	Total plan assets Total plan liabilities	7a 7b	,	3			040705			
		7b	7	-			648765			
8	Net plan assets (subtract line 7b from line 7a)	7c		718266						
<u> </u>	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	(a) Amount			(b) Total			
<u>u</u>	(1) Employers	8a(1)		17901						
	(2) Participants	8a(2)	14	42076						
	(3) Others (including rollovers)	8a(3)		10966						
b	Other income (loss)	8b	4	56116						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					114827			
d	Benefits paid (including direct rollovers and insurance premiums		4	170440						
	to provide benefits)	8d 8e	1.	79448						
	e Certain deemed and/or corrective distributions (see instructions)			4000	_					
	Administrative service providers (salaries, fees, commissions)	8f		4880	_					
<u> </u>	Other expenses	8g					184328			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>-i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-69501		
J	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Code	es in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	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	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		x				
C	C Was the plan covered by a fidelity bond?			10c		X				
Ċ	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				
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under									
	the plan? (See instructions.)			10e	X			2897		
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.)					Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x				

10i

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	X No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?					[Yes	X No	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing	
lf	you 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				🗌 Yes 🔀 No				
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
1	3c(1	3c(1) Name of plan(s): 13c(2) E				13	13c(3) PN(s)		