| 2018 2018 Compare lists construction and statistic process failures and statistic proc | _ | rm 5500-SF | Short Form Annu | al Return/Repo Benefit Plan | | mall Employee OMB Nos. 1210-0 1210-0 | | | | | |
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| b Total number of participants at the end of the plan year 5b 10 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 7 d(1) Total number of active participants at the beginning of the plan year 5d(1) 7 d(2) Total number of active participants at the beginning of the plan year 5d(2) 8 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late 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. 09/13/2019 JEFF PERKINS HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | C Plan i | Name | | | | | | | | | |
| 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 | | | 5a | 8 | | | | |
| complete this item) 3C 7 d(1) Total number of active participants at the beginning of the plan year 5d(1) 7 d(2) Total number of active participants at the end of the plan year 5d(2) 8 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late 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. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | b Total | number of participants | at the end of the plan year | | | 5b | 10 | | | | |
| d(2) Total number of active participants at the end of the plan year 5d(2) 8 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 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 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. 09/13/2019 JEFF PERKINS Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor | | | | | • | 5c | 7 | | | | |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 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 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. 09/13/2019 JEFF PERKINS Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | d(1) Tot | tal number of active par | ticipants at the beginning of the pl | an year | | 5d(1) | 7 | | | | |
| than 100% vested Jet 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. 09/13/2019 JEFF PERKINS Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | • • | | | | | 5d(2) | 8 | | | | |
| 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 HERE Filed with authorized/valid electronic signature. 09/13/2019 JEFF PERKINS Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | 5e | 0 | | | | |
| 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. 09/13/2019 JEFF PERKINS Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | Caution: | A penalty for the late o | or incomplete filing of this return | n/report will be assesse | ed unless reasonable cau | | | | | | |
| SIGN HERE Filed with authorized/valid electronic signature. 09/13/2019 JEFF PERKINS Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SB or Sch | edule MB completed an | d signed by an enrolled actuary, a | | | | | | | | |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | 09/13/2019 | JEFF PERKINS | | | | | | |
| Sign HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | HERE | Signature of plan ac | dministrator | Date | Enter name of individ | ual signing | as plan administrator | | | | |
| Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SIGN | | | | | | | | | | |
| | HERE | | | | Enter name of individ | ual signing | | | | | |

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 eligib | le assets? | (See instructions.) | | | | X Yes 🗌 No | | | |
|-----|---|------------|--------------------------|------------|----------|--------|-----------------------------------|--|--|--|
| b | Are you claiming a waiver of the annual examination and report of a | | | | ` | ' | X Yes 🗌 No | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a 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 | | | | | | | | | |
| - | If "Yes" is checked, enter the My PAA confirmation number from th | | | | | | | | | |
| | | | 5 1 | , | | | (******************************** | | | |
| | rt III Financial Information | | | | 1 | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning o | | | | (b) End of Year | | | |
| a | Total plan assets | 7a | , | 18409 | | | 29844 | | | |
| b | Total plan liabilities | 7b | | 1173 | | | 46 | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | 17236 | | | 29798 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b) Total | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 6326 | | | | | | |
| | (2) Participants | 8a(2) | | 9371 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | | -2347 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 13350 | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | | 788 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 788 | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 12562 | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Ра | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T | feature co | des from the List of Pla | an Charac | teris | tic Co | des in the instructions: | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Pla | n Characte | eristi | c Cod | es in the instructions: | | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | Y | es | No | Amount | | | |
| а | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V | | | | | | | | | |

| u | described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | x | |
|---|---|-----|---|---|-----|
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | |
| С | Was the plan covered by a fidelity bond? | 10c | | Х | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). | 10e | x | | 174 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | Х | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Х | |
| i | 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 | 10i | | | |

Page **3-** 1

| Part | VI | Pension Funding Compliance | | | | | | |
|------|-------|---|------------------|-----------------|-------|-------------|---------|------|
| 11 | | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below) | | | B | | Yes | No |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERI | his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | n 302 o | f | [| 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 d | 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 | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | | N/A |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted in any plan year? | | | Ye | s X | No | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC? | ght under the | | | Yes | × N | 0 |
| 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 |) Name of plan(s): | 13c(2) | EIN(s) | | 130 | :(3) PN | l(s) |
| | | | | | | | | |

| Land Marine Proprieto and some | | | | | | |
|--|--|--|--|--|--|---|
| Form 5500-SF | Short Form Ann | ual Return/Rep Benefit Pla | ort of Small Emplo | oyee | OMB Nos | . 1210-0110 1210-0089 |
| Internal Revenue Service Department of Labor Employee Benefits Security Administration | This form is required to be fill Income Security Act of 197 | led under sections 104 a 4 (ERISA), and sections | and 4065 of the Employee Re 6057(b) and 6058(a) of the l | tirement | 2018 | |
| Pension Benefit Guaranty Corporation | | Nevenue Code (the t | 20de). | · 1 | This Form is C Public Inspe | |
| Part I Annual Report I | dentification Information | accordance with the l | nstructions to the Form 55 | 00-SF. | r ubiic hispe | cuon |
| For calendar plan year 2018 or fise | | | | ne server en | | |
| | la se | 01/01/2018 | and ending | 12/3 | 1/2018 | |
| A This return/report is for: B This return/report is | X a single-employer plan a one-participant plan | a multiple-employe list of participating a foreign plan | er plan (not multiemployer) (F g employer information in acc | ilers checki ordance wi | ng this box must a th the form instruct | ttach a lons.) |
| | the first return/report | the final return/rep | | | | |
| | an amended return/report | a short plan year n | eturn/report (less than 12 mor | nths) | | |
| C Check box if filing under: | X Form 5558 | automatic extension | on 🔽 | DFVC pro | ogram | |
| Devil Devil | special extension (enter desc | ription) | ter di seconda di secon | • | | |
| Part II Basic Plan Inform | mation-enter all requested in | formation | | | | |
| 1a Name of plan Yakima Valley Hops | | | | | umber | |
| | <u>anala kuri - anal</u> kanagarka (j. 1947). 1940 - Anal | | | (PN) IC Effection | ▶ 001 ve date of plan 1/2016 | |
| 2a Plan sponsor's name (employe Mailing address (include room, City or lowe states) | ant suite no and streat or D C | D. Box) | | 2b Employ | er Identification N | Imber |
| Yakima Valley Hops | country, and ZIP or foreign post | al code (if foreign, see i | nstructions) | c Sponse | 6-1514560 or's telephone num | ber |
| 702 N. 1st Avenue | | | | | 649-4677 | |
| Yakima | WA 9890 | | | u busine: | ss code (see instru | ctions) |
| 32 Plan administratoria | | | an 1995 an Martine Arthonometer Second States | 4245(| 00 | |
| 3a Plan administrator's name and a | address [X] Same as Plan Spor | ISOr. | 3 | b Adminis | strator's EIN | |
| | | | 3 | C Adminis | strator's telephone | number |
| | | | en talen er an de la de la della d Nationalista della del | | and the telephone | number |
| | | | | | | |
| 4 If the name and/or EIN of the ol | 00 00000 | | | 5 | | |
| If the name and/or EIN of the pl this plan, enter the plan sponso a Sponsor's name | or's name, EIN, the plan name ha | s changed since the las nd the plan number fron | the last return/report. | b EIN | | |
| C Plan Name | | | 4 | d PN | | |
| | a set tableta | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | 1 | | | |
| 5a Total number of participants at t | the beginning of the plan year | | | 50 | | |
| 5a Total number of participants at t b Total number of participants at t | the beginning of the plan year the end of the plan year | | | 5a | | 8 |
| C Number of participants with account of participants with ac | the end of the plan year | | | 5b | | 10 |
| C Number of participants at t C Number of participants with according to the strength of the strengh of the strength | the end of the plan year ount balances as of the end of the | ne plan year (only define | ed contribution plans | 5b 5c | | <u>10</u> 7 |
| C Number of participants at the complete this item) | ount balances as of the end of the ount balances as of the end of the pants at the beginning of the pla | he plan year (only define n vear | ed contribution plans | 5b 5c d(1) | | 10 |
| C Number of participants at the complete this item) | the end of the plan year ount balances as of the end of the pants at the beginning of the pla pants at the end of the plan year minated employment during the | he plan year (only define n year r plan year with accrued t | ed contribution plans 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 5b 5c d(1) d(2) | | <u>10</u> 7 |
| C Number of participants at the complete this item) | the end of the plan year ount balances as of the end of the pants at the beginning of the plan pants at the end of the plan year minated employment during the | he plan year (only define n year r plan year with accrued t | ed contribution plans 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 5b 5c d(1) d(2) 5e | | 10 7 7 8 0 |
| C Number of participants at the complete this item) | the end of the plan year ount balances as of the end of the pants at the beginning of the plan pants at the end of the plan year minated employment during the incomplete filing of this return/ | he plan year (only define n year r plan year with accrued t report will be assesse | ed contribution plans 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 5b 5c d(1) d(2) 5e is establis | hed. if applicable, a Sch | 10 7 7 8 0 |
| C Number of participants at f C Number of participants with accomplete this item) | the end of the plan year ount balances as of the end of the pants at the beginning of the plan pants at the end of the plan year minated employment during the incomplete filing of this return/ | he plan year (only define n year plan year with accrued to report will be assesse ions, I declare that I hav well as the electronic w | ed contribution plans 5 5 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 5b 5c d(1) d(2) 5e is establis | hed. if applicable, a Sct st of my knowledge | 10 7 7 8 0 |
| C Number of participants at f C Number of participants with accomplete this item) d(1) Total number of active participants d(2) Total number of active participants who terrestrian 100% vested Caution: A penalty for the late or in than 100% vested Caution: A penalty for the late or in than 200% vested Caution: A penalty for the late or in the penalties of perjury and other participants of perjury and other participants is true, correct, and complete SIGN | the end of the plan year ount balances as of the end of the pants at the beginning of the plan pants at the end of the plan year minated employment during the <u>incomplete filing of this return/</u> penalties set forth in the instruct igned by an enrolled actuary, as | n year plan year with accrued the assesses of the second the | ed contribution plans 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 5b 5c d(1) d(2) 5e is establis . including, d to the be | if applicable, a Scf st of my knowledge | 10 7 7 8 0 |
| C Number of participants at f C Number of participants with accomplete this item) | the end of the plan year ount balances as of the end of the pants at the beginning of the plan pants at the end of the plan year minated employment during the <u>incomplete filing of this return/</u> penalties set forth in the instruct igned by an enrolled actuary, as | he plan year (only define n year plan year with accrued to report will be assesse ions, I declare that I hav well as the electronic w | ed contribution plans 5 5 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 5b 5c d(1) d(2) 5e is establis . including, d to the be | if applicable, a Scf st of my knowledge | 10 7 7 8 0 |
| complete this item) d(1) Total number of active particip d(2) Total number of active particip e Number of participants who terr than 100% vested Caution: A penalty for the late or in Under penalties of perjury and other of SB or Schedule MB completed and sis belief, it is true, correct, and complete SIGN HERE | the end of the plan year ount balances as of the end of the pants at the beginning of the plan pants at the end of the plan year minated employment during the <u>ncomplete filing of this return/</u> penalties set forth in the instruct igned by an enrolled actuary, as <u>histrator</u> | n year plan year with accrued the assesses of the second of the sec | ed contribution plans 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 5b 5c d(1) d(2) 5e is establis including, d to the be signing as p | if applicable, a Scr st of my knowledge plan administrator | 10 7 7 8 0 nedule e and |

v.171027

| | | X Yes No |
|----|--|-----------------------|
| 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 |
| | If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No | Not determined |
| | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | . (See instructions.) |
| Pa | rt III Einancial Information | |

| 7 | Plan Assets and Liabilities | | (a) Beginning | of Voar | | | (b) End of Year | | | |
|-------------------------|--|--------------|--------------------------|---------|--------|-----------|---------------------------|--|--|--|
| | Total plan assets | 7a | | 18, | | | (b) End of Year 29,844 | | | |
| | Total plan liabilities | 7a 7b | | ······ | 173 | | 46 | | | |
| | Net plan assets (subtract line 7b from line 7a) | 70 70 | | 17, | | | 29,798 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amour | | | (b) Total | | | | |
| Bellevine Street | Contributions received or receivable from: (1) Employers | 8a(1) | | | 326 | | | | | |
| | (2) Participants | 8a(2) | - | · | 371 | | | | | |
| <u></u> | (3) Others (including rollovers) | 8a(3) | + | | | | | | | |
| b | Other income (loss) | 8b | | -2, | 347 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 13,350 | | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | 1 | | 788 | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 788 | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 12 | | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pa | rt IV Plan Characteristics | 12 | .t | | 1.00 | | | | | |
| 9a | | feature co | odes from the List of Pl | an Cha | acteri | stic Co | des in the instructions: | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature coo | des from the List of Pla | n Chara | cteris | tic Coc | les in the instructions: | | | |
| Pa | rt V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | ****** | | Yes | No | Amount | | | |
| a | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | /oluntary l | Fiduciary Correction | 10a | | x | | | | |
| k | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | x | | | | |
| c | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | |
| C | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | x | | | | |
| 6 | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) | ne or all of | the benefits under | 10e | x | | 174 | | | |
| f | Has the plan failed to provide any benefit when due under the pla | in? | | 10f | | х | | | | |
| ç | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | 100 | | x | | | | |

Х

10h

10i

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

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

| Part | VI Pension Funding Compliance | | | | | | | |
|---|--|--|--------|---|-----------------------|--|-----------------------------------|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below) | | | SB | | Yes | No No | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. | | 11a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? | | | of | | X No | | |
| ***** | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | · | | |
| | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | | | | | | | |
| lf | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | e 13. | | | | | | |
| b | Enter the minimum required contribution for this plan year | | 12b | | | | | |
| C | c Enter the amount contributed by the employer to the plan for this plan year | | | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative 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 | | 13a | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC? | | | Yes X No | | | lo | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. | ntify the plan(s |) to | | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | • | 13c | 13c(3) PN(s) | | |
| | | | | | | | | |
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