Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information							
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018				
A This re	turn/report is for:	a single-employer plan		lan (not multiemployer) (F mployer information in acc	_				
D This was		a one-participant plan	a foreign plan						
B This reti	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC prograi	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan				1b Three-digit	t			
		P.S., INC. CASH BALANCE PLAN			plan numb				
					(PN) ▶	003			
					1c Effective d	ate of plan			
						01/01/2003			
		loyer, if for a single-employer plan)			2b Employer I	dentification Number			
		om, apt., suite no. and street, or P.0		(mar (* - m -)	(EIN)	91-1481895			
-		nce, country, and ZIP or foreign pos	al code (if foreign, see ins	tructions)	2c Sponsor's	telephone number			
SIDNEY R. (GALLEGOS, D.D.S.,	P.S., INC.			25	3-924-0717			
					2d Business of	code (see instructions)			
	348TH STREET					621210			
FEDERAL W	VAY, WA 98003-7021					02.2.0			
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administra	tor's EIN			
					0				
					3c Administra	tor's telephone number			
4 If the	name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
this p	lan, enter the plan sp	onsor's name, EIN, the plan name	and the plan number from	the last return/report.					
a Spons	sor's name				4d PN				
C Plan N	Name								
		ts at the beginning of the plan year.			5a	16			
		ts at the end of the plan year			5b	10			
		n account balances as of the end of		-	5c				
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year	<u> </u>	5d(1)	12			
d(2) Tot	tal number of active p	participants at the end of the plan ye	ar		5d(2)	8			
		o terminated employment during th			5e	4			
		e or incomplete filing of this retur			se is establishe	ed.			
		other penalties set forth in the instru							
		and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report,	, and to the best	of my knowledge and			
	true, correct, and cor		00/01/0010	0.00.000					
SIGN HERE		d/valid electronic signature.	09/24/2019	SIDNEY R. GALLEGO					
	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor			

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligib							×	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility)							×	Yes No
	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	rogram (see ERISA se	ection 4	021)?		Yes X	No N	ot determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See	instructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b)	End of Ye	ar
a	Total plan assets	7a	132	21875				122	2134
b	Total plan liabilities	7b		0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	132	21875				122	2134
88	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	-7	78716					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-7	8716
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	,	16438					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	8f		4587	_				
g	Other expenses	8g			_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	21025
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-9	9741
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the	instructio	ns:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Coc	des in the i	nstruction	S:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
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 Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X				60000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	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.)	ner person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

Form 5500-SF (2018)	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 Sche (Form 5500) and line 11a below)		B 	X Yes	s No				
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12									
	(If "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 enter the date of the letter ruling granting the waiver. Month Day Year								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
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 left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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 brought under the control of the PBGC?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

F	or calendar p	lan year 2018 or fiscal	plan year beginning 01/	/01/2018		and endin	ng 12/3	31/2018	
		amounts to nearest of penalty of \$1,000 will	dollar. be assessed for late filing of t	this report unless rea	asonable cau	se is establishe	d.		
Α	Name of pla SIDNEY R (P.S., INC. CASH BALANCE PI	LAN		B Three-di plan nun	J) •	003
С		or's name as shown on GALLEGOS, D.D.S., F	line 2a of Form 5500 or 5500 P.S., INC.)-SF		D Employer	Identifica 91-148	ation Number (E	EIN)
	Type of plan:			F Prior year	ar plan size: >	100 or fewer	101-	500 More th	an 500
1		Basic Information valuation date:	1 Month <u>01</u> Da	ay <u>01</u> Yea	r <u>2018</u>				
2	a Market						. 2a		1284238 1284238
3	Funding t	arget/participant count	t breakdown		` '	Number of rticipants		sted Funding Target	(3) Total Funding Target
	a For reti	red participants and be	eneficiaries receiving paymen	t		0		0	0
	b For terr	minated vested particip	oants			4		15565	15565
	C For active participants						1156603		1157106
	d Total					16		1172168	1172671
4	If the plar	n is in at-risk status, ch	eck the box and complete line	es (a) and (b)				·	
	a Funding	g target disregarding p	rescribed at-risk assumptions	S			4a		
			sk assumptions, but disregard ve consecutive years and disr				4b		
5	Effective	interest rate					5		4.72 %
6	Target no	rmal cost					6		63175
	To the best of r	h applicable law and regulatio	n supplied in this schedule and accompa ns. In my opinion, each other assumptio pated experience under the plan.						I such other assumptions, in
			Signature of actuary			_		Date	<u> </u>
	CHARLES E	. TALBERT	orginators or actuary					17-04922	
			pe or print name of actuary			_	Most	ecent enrollmer	
	LURIE, LLP		C:					612-377-44	
		ATA BOULEVARD LIS, MN 55405	Firm name			16	eiepnone	number (includi	ng area code)
			Address of the firm			=			
If th	ne actuary ha	s not fully reflected an	y regulation or ruling promulga	ated under the statu	te in completi	ing this schedul	e, check	the box and see	• []

Page 2 - 1

Schedule SB (Form 5500) 2018	Page 2 - 1	

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Bal	ances							
				<u>-</u>			(a) C	arryover balance		(b) P	refundin	g balance	
	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							()			0	
			•	-	nding requirement (line 35 fro			()			0	
9	Amount r	emaining	(line 7 minus line	8)				()			0	
10	Interest o	n line 9 ເ	using prior year's a	actual retu	rn of <u>12.71_</u> %			()			0	
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
					38a from prior year)							0	
					a over line 38b from prior year interest rate of 4.89%							0	
				-	edule SB, using prior year's ac							0	
	C Total av	vailable at	t beginning of curre	ent plan yea	ar to add to prefunding balance							0	
	d Portion	of (c) to	be added to prefu	unding bala	ance							0	
12	Other rec	luctions i	n balances due to	elections	or deemed elections			()			0	
13	Balance a	at beginn	ing of current yea	r (line 9 + I	line 10 + line 11d – line 12)			()			0	
Pa	Part III Funding Percentages												
14	Funding t	•									14	109.51%	
 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 								15	109.51%				
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								104.14%					
					less than 70 percent of the fu						17	%	
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contribut	ions mad	le to the plan for t	he plan ye	ar by employer(s) and employ	rees:							
(M	(a) Date IM-DD-YY		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer((с	(c) Amount paid by employees		
09	9/19/2018			19752									
09	9/19/2018			36248									
						Totals ►	18(b)		56000	18(c)		0	
		•	•		uctions for small plan with a v			· · · ·					
	_			•	num required contributions fro			-	19a			17507	
				-	usted to valuation date				19b			0	
					red contribution for current year	r adjusted to	valuation da	ate	19c			35072	
	-		tions and liquidity		o prior voor?							Voc. V No.	
			_		e prior year?						∐	Yes X No	
			·	•	installments for the current ye		a timely ma	anner?			······ <u></u>	Yes No	
	C If line 2	20a is "Ye	es," see instruction	ns and con	nplete the following table as a Liquidity shortfall as of end		of this plan	/ear					
		(1) 1st	i		(2) 2nd	di qualtei 0	<u> </u>	3rd		((4) 4th		
		-											

-	art V	Assumnti	one Head to	Determine	Funding T	arget and Tar	aet Norm	al Cost		
21	Discount	-	ons osea to	Determine	r unumg re	argerand rai	get Homi	ai COSt		
		ent rates:	1st seç		2nd s	segment:	3	rd segment:		N/A, full yield curve used
				3.92%		5.52%		6.29 %		
									21b	4
								1	22	66
23	Mortality	table(s) (see	instructions)	Prior regulation	n: [Prescribed - com	bined	Prescribed	l - separat	Substitute
				Current regulat	ion: X	Prescribed - com	bined	Prescribed	l - separat	se Substitute
Pa	art VI	Miscellane	ous Items							
24	Has a ch	ange been ma	ade in the non-pi	escribed actua	rial assumption	s for the current p	olan year? If	"Yes," see ii	nstructions	s regarding required
	attachme	ent								Yes X No
25	Has a m	ethod change l	been made for t	he current plan	year? If "Yes,"	' see instructions	regarding red	quired attach	ment	Yes X No
26	Is the pla	an required to p	orovide a Sched	ule of Active Pa	articipants? If "	Yes," see instruct	ions regardir	ng required a	ttachmen	tYes 🛚 No
27		•	alternative fund	-	• •	e and see instruct	ions regardir	ng	27	
P	art VII	Reconcili	ation of Unp	aid Minimu	m Required	d Contribution	ns For Pri	or Years	<u> </u>	
28	Unpaid n	ninimum requii	red contributions	s for all prior ye	ars				28	17507
29					•	required contribu			29	17507
30	Remaini	ng amount of u	ınpaid minimum	required contri	butions (line 28	3 minus line 29)			30	0
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target n	ormal cost and	d excess assets	(see instruction	ns):					
	a Target	normal cost (li	ne 6)						31a	63175
	b Excess	s assets, if app	olicable, but not	greater than line	e 31a				31b	63175
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Installment
									0	0
							•		0	0
33						ruling letter gran vaived amount			33	
34	Total fun	ding requireme	ent before reflec	ting carryover/p	orefunding bala	nces (lines 31a -	31b + 32a +	32b - 33)	34	0
					Carryov	er balance	Pref	unding balar	ice	Total balance
35			se to offset fundi	-		0			0	0
36	Additiona	al cash require	ment (line 34 mi	nus line 35)					36	0
37				•		rent year adjusted		`	37	35072
38	Present	value of exces	s contributions f	or current year	(see instruction	ns)			ı	
	a Total (excess, if any,	of line 37 over l	ine 36)					38a	35072
	b Portion	n included in lir	ne 38a attributab	ole to use of pre	funding and fu	nding standard ca	rryover bala	nces	38b	0
39	Unpaid n	ninimum requii	red contribution	for current year	(excess, if any	, of line 36 over li	ne 37)		39	0
40	Unpaid n	ninimum requii	red contributions	s for all years					40	0
Pa	rt IX	Pension	Funding Rel	ief Under P	ension Reli	ief Act of 201	0 (See Ins	tructions)	
41	If an elec	tion was made	to use PRA 20	10 funding relie	f for this plan:					
	a Sched	ule elected								2 plus 7 years 15 years
	b Eligible	e plan year(s) f	for which the ele	ction in line 41a	a was made				20	08

Schedule SB, line 22 Description of Weighted Average Retirement Age

Plan: Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN: 91-1481895 / 003

Age	Assumed Rate	Weighted Age
65	83.33%	54.2
67	8.33%	5.6
72	8.33%	6.0
		65.8

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan: Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN: 91-1481895 / 003

Investment Return

	Pre-Retirement	Post-Retirement
1st Segment	3.92%	3.92%
2nd Segment	5.52%	5.52%
3rd Segment	6.29%	6.29%
Interest Crediting Rate (ICR)	2.80%	2.80%
Assumed ICR for Funding	4.00%	4.00%
Salary Scale	0.00%	N/A
PPA Effective Rate	4.72%	4.72%

For determination of maximum deduction, segment rates of 1.75%, 3.76%, 4.66% were used.

Explicit Provision for Expenses

Administrative expenses are assumed to be \$0.

Assumed Form of Distribution

Lump sum equal to the Hypothetical Account Balance. Funding Target is equal to the Hypothetical Account Balance increased with interest to retirement using the Interest Credit Rate and discounted to the valuation date using the appropriate segment rate.

Mortality Rates

<u>Pre-Retirement</u>	Post-Retirement*
Funding None Actuarial Equivalence None	2018 Small plan sex distinct 2018 Applicable

^{*}No Post-Retirement mortality improvement has been assumed.

Disability Rates

None.

Withdrawal Rates

None.

Retirement Age

Participants are assumed to retire on their Normal Retirement Date. However, if past Normal Retirement Date, they are assumed to retire at the end of the Plan Year.

Actuarial Value of Assets

Market Value as reported by the sponsor.

Marriage Rates

None.

Changes in Methods or Assumptions

Assumptions were changed as required to comply with the Pension Protection Act.

Schedule SB, Part V Summary of Plan Provisions

Plan: Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN: 91-1481895 / 003

Employer and Plan Data

Initial Effective Date
Plan Year Begins
Plan Year Ends
Valuation Date

January 1, 2003
January 1, 2018
December 31, 2018
January 1, 2018

Eligibility Requirements

Service One year Entry Dates Dual Age 21

Excluded Groups Collectively Bargained, Non-Resident Aliens, Employees of Affiliated

Employers and Independent Contractors

Normal Retirement Age

Attainment of age 65.

Retirement Benefits

Actuarial Equivalent of the Participant's Hypothetical Account Balance.

Hypothetical Account

A theoretical account that is maintained for each participant. Each account is credited annually with interest at the 30 Year Treasury Bill rate in effect for the fifth month preceding the valuation date, and an allocation following the terms of the Plan Document.

Vesting

100% vested upon completion of three years of vesting service.

Death

100% of the Participant's Hypothetical Account.

Disability

100% of the Participant's Hypothetical Account.

Plan Amendments

Amended to increase staff allocations effective January 1, 2017.

Schedule SB, Line 19a Discounted Employer Contributions

Plan: Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN: 91-1481895 / 003

Plan Effective Rate: 4.89% Late Quarterly Rate: 5.00%

Date	Plan Year	Amount	Interest Adjusted Contribution	Effective Interest Rate*
9/19/2018	2017	19,752	17,507	7.29%
		19,752	17,507	

^{*} This rate is the applicable effective interest rate including the increased rate for late quarterly installments, where applicable.

SB ACTUARY SIGNATURE

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

OMB No. 1210-0110

This Form is Open to Public

Inspection

File as an attachment to Form 5500 or 5500-SF.

File as an attachment to Form	5500 OF 5500-SF.			
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	g	12/3:	1/2018
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	able cause is established	d.		
A Name of plan	B Three-dig	git		
Sidney R Gallegos, D.D.S., P.S., Inc. Cash Balance Plan	plan num	nber (PN))	003
Cash Balance Plan				
C Dian annual a name as about an line 2s of Form 5500 or 5500 CF	D Employer	Idontifica	tion Number (E	:INI\
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sidney R. Gallegos, D.D.S.,	D Employer	identinica	tion Number (E	:IIN)
P.S., Inc.	91-1483	1895		
1	n size: X 100 or fewer	101-5	00 More th	an 500
Part I Basic Information			Name of the last o	
The state of the s	2018			
2 Assets:		i s		
a Market value		. 2a		1,284,238
		2b		
b Actuarial value		1 1	tad Foradina I	1,284,238
3 Funding target/participant count breakdown	(1) Number of participants		ted Funding arget	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0		0	0
b For terminated vested participants	4		15,565	15,565
C For active participants	12	1,	156,603	1,157,106
d Total				
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	П			
		4a		
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading factor.		4b		
5 Effective interest rate				4.72%
6 Target normal cost		6		63,175
Statement by Enrolled Actuary				
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements an	d attachments, if any, is complete	e and accura	te. Each prescribed	assumption was applied in
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	ount the expenence of the plan a	ind reasonat	le expectations) an	d such other assumptions, in
SIGN				
HERE CFT			09/18/20	19
Signature of actuary	, , , , , , , , , , , , , , , , , , , ,		Date	- A A A A A A A A A A A A A A A A A A A
Charles E. Talbert			17-0492	2
		Mostr	ecent enrollme	
Type or print name of actuary Lurie, LLP			612)377-4	
Firm name 2501 Wayzata Boulevard	16	elepnone	number (inclúd	ing area code)
Minneapolis MN 55405				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in	completing this schedul	e check t	he hox and se	<u> </u>
in the actually had not raily renected any regulation of ruling profittingated under the statute in	completing this serieuth	o, oneon i	DUN AIIU SE	~

Page 2 - 1

Р	art II Begini	ning of Year C	Carryove	r and Prefunding Ba	lances						
7	Balance at beginni	ng of prior vear af	ter applicab	le adjustments (line 13 fron	n prior	(a) Ca	arryover balance		(b) Prefu	undir	g balance
	. •	• , ,	• • •		'			0			0
8		•	-	ling requirement (line 35 fro				0			0
9								0			0
10	Interest on line 9 u	sing prior year's a	ctual return	of				0			0
11	Prior year's excess	contributions to b	e added to	prefunding balance:							
	a Present value of	excess contribution							0		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of4 · 89_%				·						0
				ule SB, using prior year's a	199						0
	C Total available at	beginning of currer	nt plan year	to add to prefunding balance							0
	d Portion of (c) to	be added to prefu	nding balar	ıce							0
12	Other reductions in	balances due to	elections or	deemed elections		1.000 mm a mark (2.000) to 1.000 mm		0			0
		***************************************		ne 10 + line 11d – line 12)				0			0
1949/00/	Describe Description (Co.)	ling Percenta									
									1	4	109.51%
	11 Furthing target attainment percentage							109.51%			
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current						104.14%				
17	<u> </u>			ess than 70 percent of the fu	-					7	%
P	art IV Cont	ributions and	l Liauidit	v Shortfalls							
***********	and the second second second second			by employer(s) and emplo	yees:						-
	(a) Date MM-DD-YYYY)	(b) Amount pa employer(s	id by	(c) Amount paid by employees					y (c) Amount paid by employees		
(09/19/2018	1	.9,752				242 = 24				***************************************
	09/19/2018	3	6,248				WWW.				
									-		
Tables ve ill						1					
					Totals ►	18(b)	56,		8(c)		0
19		•		ctions for small plan with a							4
	a Contributions allocated toward unpaid minimum required contributions from prior years										
	b Contributions made to avoid restrictions adjusted to valuation date										
				ed contribution for current year	ır adjusted to	valuation da	ate 190	100,000	848888 P. T.	-	35,072
20	•	• •						11.00	<u> </u>		
	a Did the plan have a "funding shortfall" for the prior year?										
	b If line 20a is "Ye	es," were required	quarterly in	stallments for the current ye	ear made in	a timely ma	ınner?			∐	Yes No
	C If line 20a is "Ye	es," see instruction		plete the following table as		E 41-1 1 ·					
	(1) 1st			Liquidity shortfall as of end (2) 2nd	or quarter o		rear Brd		(4)	4th	<u> </u>
	(1) 100			_/		(-)			(• /		

P	art V Assumpt	ions Used to Determine	Funding Target and Targ	get Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %		N/A, full yield curve used		
	b Applicable month (e	nter code)			21b	4		
22	Weighted average retir	rement age			22	66		
23	Mortality table(s) (see	instructions) Prior regulatio	n: Prescribed - comb	pined Prescribed	- separat	e Substitute		
	, ,,,	Current regula	ation: 🗵 Prescribed - comb	oined Prescribed	- separat	e Substitute		
Pa	art VI Miscellane	ous Items						
24	-	•	arial assumptions for the current p	-				
25	Has a method change	been made for the current plar	n year? If "Yes," see instructions i	egarding required attach	ment	Yes 🗓 No		
26	Is the plan required to	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ttachment	Yes 🗓 No		
27	•		r applicable code and see instruct		27			
P	art VII Reconcili	iation of Unpaid Minimu	um Required Contribution	s For Prior Years				
28	Unpaid minimum requi	ired contributions for all prior ye	ears		28	17,50		
29			unpaid minimum required contribu	' '	29	17,50		
30	Remaining amount of i	unpaid minimum required conti	ributions (line 28 minus line 29)		30			
Pí	art VIII Minimum	Required Contribution	For Current Year					
31		d excess assets (see instruction				•		
					31a	63,175		
			ne 31a		31b	63,175		
32	Amortization installmen	in the state of th		Outstanding Bala	nce	Installment		
-					0	(
					0			
33	If a waiver has been a	pproved for this plan year, ente	er the date of the ruling letter grant) and the waived amount	ing the approval	33			
34			/prefunding balances (lines 31a -		34	(
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Carryover balance	Prefunding balar	ice	Total balance		
35	Balances elected for u requirement	se to offset funding	C)	0	(
36	Additional cash require	ement (line 34 minus line 35)			36	(
37			ntribution for current year adjusted		37	35,07		
38	Present value of exces	ss contributions for current yea	r (see instructions)		•			
	a Total (excess, if any	, of line 37 over line 36)			38a	35,072		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							
39	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							
40	Unpaid minimum requ	ired contributions for all years .			40			
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 201	0 (See Instructions	·)			
41	If an election was mad	e to use PRA 2010 funding reli	ief for this plan:	A STATE OF THE STA				
					Г	2 plus 7 years 15 years		
						, , , , , , , , , , , , , , , , , , , ,		

Schedule SB, line 22 Description of Weighted Average Retirement Age

Plan:

Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN: 91-1481895 / 003

Age	Assumed Rate	Weighted <u>Age</u>
65	83.33%	54.2
67	8.33%	5.6
72	8.33%	6.0
		65.8

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan:

Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN: 9

91-1481895 / 003

Investment Return

	<u> Pre-Retirement</u>	<u>Post-Retirement</u>
1st Segment	3.92%	3.92%
2nd Segment	5.52%	5.52%
3rd Segment	6.29%	6.29%
Interest Crediting Rate (ICR)	2.80%	2.80%
Assumed ICR for Funding	4.00%	4.00%
Salary Scale	0.00%	N/A
PPA Effective Rate	4.72%	4.72%
The state were to be the second second and the	1 (((((((((((((((((((0.700/ 4.000/

For determination of maximum deduction, segment rates of 1.75%, 3.76%, 4.66% were used.

Explicit Provision for Expenses

Administrative expenses are assumed to be \$0.

Assumed Form of Distribution

Lump sum equal to the Hypothetical Account Balance. Funding Target is equal to the Hypothetical Account Balance increased with interest to retirement using the Interest Credit Rate and discounted to the valuation date using the appropriate segment rate.

Mortality Rates

<u>Pre-Retirement</u>	<u>Post-Retirement*</u>
Funding None	2018 Small plan sex distinct
Actuarial Equivalence None	2018 Applicable

^{*}No Post-Retirement mortality improvement has been assumed.

Disability Rates

None.

Withdrawal Rates

None.

Retirement Age

Participants are assumed to retire on their Normal Retirement Date. However, if past Normal Retirement Date, they are assumed to retire at the end of the Plan Year.

Actuarial Value of Assets

Market Value as reported by the sponsor.

Marriage Rates

None.

Changes in Methods or Assumptions

Assumptions were changed as required to comply with the Pension Protection Act.

Schedule SB, Part V **Summary of Plan Provisions**

Plan:

Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN: 91-1481895 / 003

Employer and Plan Data

Initial Effective Date Plan Year Begins

January 1, 2003 January 1, 2018

Plan Year Ends

December 31, 2018

Valuation Date January 1, 2018

Eligibility Requirements

Service **Entry Dates** One year

Dual

Age

21

Excluded Groups

Collectively Bargained, Non-Resident Aliens, Employees of Affiliated

Employers and Independent Contractors

Normal Retirement Age

Attainment of age 65.

Retirement Benefits

Actuarial Equivalent of the Participant's Hypothetical Account Balance.

Hypothetical Account

A theoretical account that is maintained for each participant. Each account is credited annually with interest at the 30 Year Treasury Bill rate in effect for the fifth month preceding the valuation date, and an allocation following the terms of the Plan Document.

Vesting

100% vested upon completion of three years of vesting service.

Death

100% of the Participant's Hypothetical Account.

Disability

100% of the Participant's Hypothetical Account.

Plan Amendments

Amended to increase staff allocations effective January 1, 2017.

Schedule SB, Line 19a Discounted Employer Contributions

Plan:

Sidney R. Gallegos, D.D.S., P.S., Inc. Cash Balance Plan

EIN/PN:

91-1481895 / 003

Plan Effective Rate:

4.89%

Late Quarterly Rate:

5.00%

Date	Plan Year	Amount	Interest Adjusted Contribution	Effective Interest Rate*
9/19/2018	2017	19,752	17,507	7.29%
		19,752	17,507	

^{*} This rate is the applicable effective interest rate including the increased rate for late quarterly installments, where applicable.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

b Total number of participants at the end of the plan year	For calendar p	lan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018
B This return/report is	A This return	report is for:	$oxed{X}$ a single-employer plan				
Interfact return/report Interfact return			a one-participant plan				
C Cheek box if filing under: Form 5558	B This return/	report is	the first return/report	the final return/report			
Part III Basic Plan Information—enter all requested information 1a Name of plan Sidney R Gallegos, D.D.S., P.S., Inc. 1b Three-digit plan number 2003 1c Effective date of plan 01/01/2003 1c Effective date			an amended return/report	a short plan year retu	ırn/report (less than 12	months)	
Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 5 cash Balance Plan 1c Effective date of plan 1c Effective date of plan 1c Effective date of plan 1c O 1	C Check box	if filing under:	X Form 5558	automatic extension		DFVC program	
18 Name of plan Sidney R Gallegos, D.D.S., P.S., Inc. Cash Balance Plan 10 Cash Balance Plan 11 C Effective date of plan 11 C Effective date of plan 11 C 10 (1/2 2003) 12 A Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., suite no. and street, or P.O. Box) 13 C Airly or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 13 C South 348th Street 14 Federal Way 15 C South 348th Street 16 Federal Way 16 Plan administrator's name and address Same as Plan Sponsor. 27 Same as Plan sponsor's name and address Same as Plan Sponsor. 38 Plan administrator's name and address Same as Plan Sponsor. 39 Administrator's telephone number 17 C Plan Name 18 T 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. 18 A Sponsor's name 19 C Plan Name 19 A Total number of participants at the beginning of the plan year 19 C Number of participants at the end of the plan year 20 C Number of participants at the beginning of the plan year 21 C Number of participants at the end of the plan year 22 C Sponsor's telephone number 23 Total number of participants at the end of the plan year 24 D Final Name 25 Total number of participants at the beginning of the plan year (only defined contribution plans complete this item) 25 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 26 C Number of participants with beginning of the plan year 27 C Number of participants with beginning of the plan year 28 C Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of 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 tr	In a second of the			551 5		NATIONS	
Sidney R Gallegos, D.D.S., P.S., Inc. Cash Balance Plan 10			formation—enter all requested in	nformation			
Cash Balance Plan 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., sulte no. and street, or P.O. Box) Sidney R. Gallegos, D.D.S., Sidney R. Gallegos, D.D.S., P.S., Inc. 2d Business code (see instructions) P.S., Inc. 3d Business code (see instructions) 2a Plan administrator's name and ZIP or foreign postal code (if foreign, see instructions) P.S., Inc. 2d Business code (see instructions) 3d Business code (see instructions) 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. 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. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 D Total number of participants at the beginning of the plan year. 5 D Total number of participants at the beginning of the plan year. 5 D Total number of active participants at the beginning of the plan year. 6 D Total number of active participants at the beginning of the plan year. 6 D Total number of active participants at the beginning of the plan year. 6 D Total number of active participants at the beginning of the plan year. 7 D Total number of active participants at the beginning of the plan year. 8 Number of participants who terminated employmend during the plan year with accrued benefits that were less than 100% vested. 9 D Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 6 D Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 6 D Total number of participants at the en						0000	
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) Sidney R., Gallegos, D.D.S., P.S., Inc. 2d Business code (see instructions) 926 South 348th Street Federal Way 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 3 Administrator's telephone number (253) 924-0717 2d Business code (see instructions) 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 5 Soponsor's name 5 Plan Name 5 Total number of participants at the beginning of the plan year 6 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6 Number of participants with account balances as of the end of the plan year 6 Number of participants with account balances as of the plan year. 6 Number of participants with employers at the end of the plan year. 6 Number of participants with employers at the end of the plan year. 6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants who terminated employment during the plan year w			D.D.S., P.S., Inc.				N 1
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) Sidney R. Gallegos, D.D.S., P.S., Inc. 2d Business code (see instructions) 2e South 348th Street Federal Way 8a 98003-7021 3b Administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name c Plan Name 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning 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). 5c 6d(1) Total number of active participants at the beginning of the plan year 6 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 unless reasonable cause is established. Caution: A penalty for the late or incomplete data single by an enrolled actuary, as well as the electronic version of 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, 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, 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, including, i		mee rran					
26 South 348th Street Federal Way WA 98003-7021 621210 3a Plan administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name C Plan Name 5a Total number of participants at the beginning 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) 4d PN 5a Total number of active participants at the beginning 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) 6d(1) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less fold(2) e Number of participants who terminated employment during the plan year with accrued benefits that were less fold(2) 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, 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 employer or plan sponsor	Mailing ad	dress (include ro	om, apt., suite no, and street, or P.0	O. Box)			
Same as Plan Sponsor. Same as Plan Sponsor or the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Add PN	Sidney R. P.S., Inc	m, state or provi Gallegos	nce, country, and ZIP or foreign pos , D.D.S.,	tal code (if foreign, see ins	tructions)		
Pederal Way WA 98003-7021 621210	926 500+1	310+b C+	maat			1212 111111111111	725 OJ - 625 OK - 1878 - 1878
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3c Administrator's telephone number 3d Administrator's telephone number 4d 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. a Sponsor's name c Plan Name 5a			reet	Ta 72	98003-7021	601010	
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. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	021210					FIN	
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. a Sponsor's name c Plan Name 5a 1 b Total number of participants at the beginning of the plan year		SD Administrator's Env					
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 1 b Total number of participants at the beginning of the plan year	4 104					51 — H15507-31006	
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	4 If the name this plan,	e and/or EIN of t enter the plan sp	he plan sponsor or the plan name honsor's name, EIN, the plan name	as changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN	
5a Total number of participants at the beginning of the plan year					and had retainingport.	4d PN	
b Total number of participants at the end of the plan year	C Plan Name	9					
b Total number of participants at the end of the plan year	5a Total num	ber of participan	ts at the beginning of the plan year.			5a	16
d(1) Total number of active participants at the beginning of the plan year				5b	10		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							12
than 100% vested					. 5d(2)	8	
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 Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	than 100% vested					4	
Sign Here Sign Here Signature of employer/plan sponsor Signature of employer or plan sponsor	Under penalties	of perium and	or incomplete filing of this return other penalties set forth in the instru	n/report will be assessed	unless reasonable ca	ause is established	nolicable a Cabadal
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 Date Enter name of individual signing as employer or plan sponsor	SB or Schedule	MB completed	and signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/repo	ort, and to the best of	f my knowledge and
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	HEDE	- 0		9-24-2019	Sidney R. Gal	legos, D.D.S	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Sig	1/ 4		Date	Enter name of indivi	dual signing as plan	administrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Aday R.	Hallegos Dol	9-24-2019	Sidney R. Gal	legos, D.D.S	•
	Sign				Enter name of indivi	dual signing as empl	oyer or plan sponsor

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)		
	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 th							(See instructions.)
D -1								
Pal	rt III Financial Information		Ι					
	Plan Assets and Liabilities		(a) Beginning				(b) End	d of Year
<u>a</u>	Total plan assets	7a	⊥,	321,				1,222,134
	Total plan liabilities	7b	_		0			0
c	Net plan assets (subtract line 7b from line 7a)	7c	1,	321,	875			1,222,134
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-78,	716			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-78,716
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16,	438			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	f Administrative service providers (salaries, fees, commissions) 8f				587			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21,025
i	Net income (loss) (subtract line 8h from line 8c)	8i						-99,741
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics	<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	ic Cod	es in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		1.00	110		Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	C Was the plan covered by a fidelity bond?			10c	Х			60,000
d	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		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		Х		
f				10f		Х		
g	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? 2520.101-3.)			10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

Form 5500-SF (2018)	Page 3-

Part	VI Pension Funding Compliance						
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				Yes	No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?				Yes X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date o granting the waiver				er rulino	g 	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	12b					
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 left of a negative amount)	12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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 brought under the control of the PBGC?				Yes X No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to					
1	13c(1) Name of plan(s):		(2) EIN(s)		(3) PN(s	s)	