Form 5500	•	t of Employee Benefit Plan		OMB Nos. 12	10-0110 10-0089
Department of the Treasury	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).		12	10 0000	
Internal Revenue Service				2018	
Department of Labor Employee Benefits Security Administration		ntries in accordance with ons to the Form 5500.			
Pension Benefit Guaranty Corporation			This	Form is Open to Pu Inspection	ıblic
	entification Information				
For calendar plan year 2018 or fiscal	l plan year beginning 01/01/2018	and ending 12/31/20	018		
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accor			ns.)
X a single-employer plan A DFE (specify)					
B This return/report is:	the first return/report	the final return/report			
an amended return/report a short plan year return/report (less than 1			12 months)		
C If the plan is a collectively-bargain	ned plan, check here			• 🗆	
_	7		_		
D Check box if filing under:	Form 5558	automatic extension		e DFVC program	
	special extension (enter description)				
	ation—enter all requested information	1			
1a Name of plan GREAT FLOORS L.L.C. WELFARE	BENEFIT PLAN			Three-digit plan number (PN) ►	501
			1c	Effective date of pla 01/01/2005	an
City or town, state or province, c	, if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code ((if foreign, see instructions)	2b	Employer Identifica Number (EIN) 82-0524095	tion
GREAT FLOORS L.L.C.			2c	Plan Sponsor's tele number 208-664-5405	phone
524 E. SHERMAN AVE. COEUR D ALENE, ID 83814-2731		RMAN AVE. ALENE, ID 83814-2731	2d	Business code (see instructions) 442210	9

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2019	JIM MCGEE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2019	JIM MCGEE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018) v. 171027

	Form 5500 (2018) Page 2		
3a	Plan administrator's name and address 🔀 Same as Plan Sponsor	3b Administrator's	s EIN
		3c Administrator's number	s telephone
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, 4b EIN	
_	enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4d PN	
a c	Sponsor's name Plan Name	40 PN	
5	Total number of participants at the beginning of the plan year	5	29
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lin 6a(2), 6b, 6c, and 6d).	es 6a(1),	
a(1) Total number of active participants at the beginning of the plan year	6a(1)	295
a(2) Total number of active participants at the end of the plan year	6a(2)	32
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	32
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<u>6e</u>	
f	Total. Add lines 6d and 6e	6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<u>6g</u>	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete the		

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

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

4A 4B 4D 4E 4F 4H

9a	a Plan funding arrangement (check all that apply)			Plan benefit arrangement (check all that apply)			
	(1) X	Insurance		(1)	Х	Insurance	
	(2)	Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts	
	(3)	Trust		(3)		Trust	
	(4)	General assets of the sponsor		(4)		General assets of the sponsor	
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)						
а	a Pension Schedules			General S	Sch	edules	

(1)		R (Retirement Plan Information)	(1)		H (Financial Information)
(2)	П	MB (Multiemployer Defined Benefit Plan and Certain Money	(2)		I (Financial Information – Small Plan)
(2)		Purchase Plan Actuarial Information) - signed by the plan	(3)	X <u>6</u>	A (Insurance Information)
		actuary	(4)	×	C (Service Provider Information)
(3)		SB (Single-Employer Defined Benefit Plan Actuarial	(5)		D (DFE/Participating Plan Information)
		Information) - signed by the plan actuary	(6)		G (Financial Transaction Schedules)

Page 3

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

Receipt Confirmation Code_____

SCHEDULE		Insuran	ice Informatio	n		ON	IB No. 1210-0110
(Form 5500 Department of the Treas		This schedule is require	ed to be filed under section	on 104 of th	he		
Internal Revenue Serv	ice	Employee Retirement Income Security Act of 1974 (ERISA).				2018	
Department of Labo Employee Benefits Security Ad		▶ File as an attachment to Form 5500.					
Pension Benefit Guaranty Co	prporation	 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2)		tion	This For	m is Open to Public Inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and er	nding 12/3	31/2018	•
A Name of plan GREAT FLOORS L.L.C. V	WELFARE BEN	EFIT PLAN			e-digit number (P	N) 🕨	501
C Plan sponsor's name a	a chown on line	20 of Form 5500			wor Idontifi	cation Number	
GREAT FLOORS L.L.C.	as shown on line	22 01 F0111 3300			0524095		
		ning Insurance Contrac					
1 Coverage Information:							
(a) Name of insurance ca DELTA DENTAL OF IDAH							
	(b) FIN (c) NAIC (d) Contract or (e) Approximate number of P			Policy or c	ontract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
91-0621480	47791	3831	223	3	09/01/201	17	08/31/2018
2 Insurance fee and com descending order of the		tion. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	, brokers, and c	other persons in
(a) Total a	amount of comr			(b) T	otal amount	of fees paid	
		4597					0
3 Persons receiving com	missions and fe	es. (Complete as many entries	s as needed to report all	persons).			
	. /	nd address of the agent, broker	/		ions or fees	s were paid	
THE MURRAY GROUP, IN	NC.		AST FRONT ST., STE. 5 JR D ALENE, ID 83814-5				
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount	·		(e) Organization code		
	4597					3	
	(a) Name a	nd address of the agent, broker	. or other person to who	m commiss	ions or fees	s were paid	
							-
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			4
commissions pa		(c) Amount	<u>.</u>				(e) Organization code

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
			1	

		Schedule A (Form 5500) 2018	Page 3		
	Part	Where individual contracts are provided, the entire group of such individual this report.		-	a unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				· · · · · · ·	
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify) •	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	counts)	
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarant	ee	
		(3) guaranteed investment (4) dther			
	b	Balance at the end of the previous year			
	C	Additions: (1) Contributions deposited during the year	- (1)		
	Ŭ	(2) Dividends and credits	- (0)		
		(3) Interest credited during the year	- (1)		
		(4) Transferred from separate account	- (1)		
		(5) Other (specify below)	- (-)		
		•			
				- (2)	
	-	(6)Total additions		<u>7c(6)</u>	(
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions			(
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			
	-	,		1	

Ρ	art I	If more than one contract covers the same gr the information may be combined for reportin	oup of employees of the g purposes if such cont	tracts are exp	erience-rated as a unit	. Where contra	cts cover individual
		employees, the entire group of such individua	al contracts with each c	arrier may be	treated as a unit for pu	urposes of this re	eport.
8	Ben	nefit and contract type (check all applicable boxes)	_		_	_	_
	а	Health (other than dental or vision)	b 🗙 Dental	С	Vision	d	Life insurance
	е	Temporary disability (accident and sickness)	f 🗌 Long-term disabili	ity g	Supplemental unemp	oloyment h	Prescription drug
	i [Stop loss (large deductible)	HMO contract	k	PPO contract	1	Indemnity contract
	m	Other (specify)					-
9	Expe	erience-rated contracts:		rT			
	a	Premiums: (1) Amount received				153244	
		(2) Increase (decrease) in amount due but unpaid.					
		(3) Increase (decrease) in unearned premium rese					
	_	(4) Earned ((1) + (2) - (3))				9a(4)	153244
	b	Benefit charges (1) Claims paid				111815	
		(2) Increase (decrease) in claim reserves		. 9b(2)		1550	
		(3) Incurred claims (add (1) and (2))				9b(3)	113365
		(4) Claims charged				9b(4)	113365
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)	r			
		(A) Commissions				4597	
		(B) Administrative service or other fees				19922	
		(C) Other specific acquisition costs					
		(D) Other expenses					
		(E) Taxes					
		(F) Charges for risks or other contingencies					
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention	_			9c(1)(H)	24519
		(2) Dividends or retroactive rate refunds. (These a	mounts were paid in	n cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not	include amount entered	d in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	rrier			10a	
	b	If the carrier, service, or other organization incurred retention of the contract or policy other than report			•	10b	

Specify nature of costs.

Part IV	Provision of Information			
11 Did the	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If the ar	swer to line 11 is "Yes," specify the information not provided.			

SCHEDULE	Α	Insuran	ce Informatio	n			
(Form 5500))					OM	B No. 1210-0110
Department of the Treas Internal Revenue Serv		This schedule is require Employee Retirement Ir	ed to be filed under section acome Security Act of 19				2018
Department of Labor Employee Benefits Security Ad		File as an	attachment to Form 55	00.			
Pension Benefit Guaranty Co	orporation	Insurance companies pursuant to	are required to provide t ERISA section 103(a)(2)		tion		m is Open to Public Inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and er	nding 12/3	31/2018	
A Name of plan GREAT FLOORS L.L.C. V	WELFARE BEN	IEFIT PLAN			e-digit number (P	N)	501
C Plan sponsor's name a GREAT FLOORS L.L.C.	as shown on line	≥ 2a of Form 5500		-	oyer Identific 0524095	cation Number (EIN)
		ning Insurance Contrac					
1 Coverage Information:							
(a) Name of insurance ca PACIFIC SOURCE HEALT							
	(-) NAIO	(ii) Originality	(e) Approximate nu	umber of		Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	(g) To
93-0245545	54976	G0037886	419		01/01/201	8	12/31/2018
2 Insurance fee and com descending order of the		tion. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Total a	amount of comm	nissions paid		(b) T	otal amount	of fees paid	
		53456					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
		nd address of the agent, broker	, or other person to who	m commiss	sions or fees	s were paid	
THE MURRAY GROUP, IN	IC.		DX 3725 IR D ALENE, ID 83816				
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
53456							3
	(a) Name a	nd address of the agent, broker	or other person to who	m commiss	sions or fees	s were paid	
	(4)		,				
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions pa		(c) Amount (d) Purpose				(e) Organization code	

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
			1	

		Schedule A (Form 5500) 2018	Page 3		
	Part	Where individual contracts are provided, the entire group of such individual this report.		-	a unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				· · · · · · ·	
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify) •	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	counts)	
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarant	ee	
		(3) guaranteed investment (4) dther			
	b	Balance at the end of the previous year			
	C	Additions: (1) Contributions deposited during the year	- (1)		
	Ŭ	(2) Dividends and credits	- (0)		
		(3) Interest credited during the year	- (1)		
		(4) Transferred from separate account	- (1)		
		(5) Other (specify below)	- (-)		
		•			
				- (2)	
	-	(6)Total additions		<u>7c(6)</u>	(
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions			(
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			
	-	,		1	

Ρ	art	Welfare Benefit Contract Inform	nation				
		If more than one contract covers the same the information may be combined for repo					
		employees, the entire group of such indiv					
8	Ben	nefit and contract type (check all applicable boxes	s)				
	a 🕽	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	e	Temporary disability (accident and sickness)	f 🗌 Long-term disabilit	у д	Supplemental unemp	oloyment	h X Prescription drug
	iΓ	Stop loss (large deductible)	j 🗍 HMO contract	k [PPO contract		I Indemnity contract
	m		•	L]		
9	Expe	perience-rated contracts:					
	•	Premiums: (1) Amount received		9a(1)			-
		(2) Increase (decrease) in amount due but unpa		9a(2)			-
		(3) Increase (decrease) in unearned premium re	F	9a(3)			7
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges	(on an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			_
		(C) Other specific acquisition costs		9c(1)(C)			_
		(D) Other expenses		9c(1)(D)			_
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			_
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention	_	_		9c(1)(H)	<u> </u>
		(2) Dividends or retroactive rate refunds. (The	se amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year:	(1) Amount held to provide I	benefits after	r retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do	not include amount entered	in line 9c(2)	.)	9e	
10		lonexperience-rated contracts:					
	а	Total premiums or subscription charges paid to	carrier			10a	1943506
	b	If the carrier, service, or other organization incurretention of the contract or policy other than re-				10b	

 Part IV
 Provision of Information

 11
 Did the insurance company fail to provide any information necessary to complete Schedule A?
 Yes
 X
 No

12 If the answer to line 11 is "Yes," specify the information not provided.

Specify nature of costs.

SCHEDULE		Insuran	ce Informatio	n		OM	B No. 1210-0110
(Form 5500	d to be filed under section	on 101 of th					
Department of the Treas Internal Revenue Servi		Employee Retirement Ir					2018
Department of Labor Employee Benefits Security Ad		File as an	attachment to Form 55	600.			
Pension Benefit Guaranty Co	rporation	 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2)		tion		m is Open to Public Inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and er	nding 12/3	31/2018	•
A Name of plan GREAT FLOORS L.L.C. V	VELFARE BEN	EFIT PLAN			e-digit number (P	N) 🕨	501
C Plan sponsor's name a GREAT FLOORS L.L.C.	s shown on line	2a of Form 5500		-	oyer Identific 0524095	cation Number (EIN)
		ning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca WILLAMETTE DENTAL OF							
	(c) NAIC	(d) Contract or	(e) Approximate nu	umber of		Policy or contract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
93-1253100	95819	ID351	102	102		8	12/31/2018
2 Insurance fee and com descending order of the		tion. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Total a	amount of comm	nissions paid		(b) T	otal amount	of fees paid	
		1420					0
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
		nd address of the agent, broker			ions or fees	s were paid	
THE MURRAY GROUP, IN	IC.		AST FRONT ST., STE. 5 R D ALENE, ID 83814	502			
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpos	e		(e) Organization code
					3		
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees	s were paid	
		¥				·	
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount	(d) Purpose				(e) Organization code

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
			1

		Schedule A (Form 5500) 2018	Page 3		
	Part	Where individual contracts are provided, the entire group of such individual this report.		-	a unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				· · · · · · ·	
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify) •	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	counts)	
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarant	ee	
		(3) guaranteed investment (4) dther			
	b	Balance at the end of the previous year			
	C	Additions: (1) Contributions deposited during the year	- (1)		
	Ŭ	(2) Dividends and credits	- (0)		
		(3) Interest credited during the year	- (1)		
		(4) Transferred from separate account	- (1)		
		(5) Other (specify below)	- (-)		
		•			
				- (2)	
	-	(6)Total additions		<u>7c(6)</u>	(
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions			(
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			
	-	,		1	

Ρ	art I	III Welfare Benefit Contract Information					
		If more than one contract covers the same group of e the information may be combined for reporting purpo employees, the entire group of such individual contra	ses if such contra	cts are expe	rience-rated as a unit.	Where conti	racts cover individual
8	Bene	nefit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision) $\mathbf{b} \times \mathbf{D}$	ental	с	Vision	d	Life insurance
	еſ	\prod Temporary disability (accident and sickness) f \prod Lo	ong-term disability	g	Supplemental unemp	oloyment h	Prescription drug
	iΓ	Stop loss (large deductible)	MO contract	k∏	PPO contract	· 	Indemnity contract
	m					-	
9	Expe	erience-rated contracts:					
	•	Premiums: (1) Amount received		9a(1)		47322	
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium reserve		9a(3)			
		(4) Earned ((1) + (2) - (3))	<u></u>			9a(4)	47322
	b	Benefit charges (1) Claims paid		9b(1)		27932	
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	27932
		(4) Claims charged				9b(4)	27932
	С	Remainder of premium: (1) Retention charges (on an accr					
		(A) Commissions		9c(1)(A)		1420	
		(B) Administrative service or other fees		9c(1)(B)		5205	
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)		933	
		(F) Charges for risks or other contingencies	_	9c(1)(F)			
		(G) Other retention charges		9c(1)(G)		00/1/(1)	7558
		(H) Total retention	_	_		9c(1)(H)	/ 500
		(2) Dividends or retroactive rate refunds. (These amounts				9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount				9d(1)	
		(2) Claim reserves				9d(2)	
	•	(3) Other reserves				9d(3)	
10		Dividends or retroactive rate refunds due. (Do not include onexperience-rated contracts:	amount entered II	n line 9C(2).))	9e	
10						10a	
	-	Total premiums or subscription charges paid to carrier				iva	
	b	If the carrier, service, or other organization incurred any spretention of the contract or policy, other than reported in P				10b	

Specify nature of costs.

Part IV	Provision of Information			
11 Did the	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If the ar	swer to line 11 is "Yes," specify the information not provided.			

SCHEDULE		Insuran	ce Information	n		ОМ	B No. 1210-0110
(Form 5500	,	This schedule is require	d to be filed under easti	eaction 104 of the			
Department of the Treas Internal Revenue Serv		This schedule is required Employee Retirement In				2018	
Department of Labo Employee Benefits Security Ad		File as an a	attachment to Form 55	00.			
Pension Benefit Guaranty Co	prporation	 Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). 			tion		m is Open to Public Inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and er	nding 12/3	31/2018	
A Name of plan GREAT FLOORS L.L.C. V	WELFARE BEN	EFIT PLAN			e-digit number (P	N) 🕨	501
C Plan sponsor's name a GREAT FLOORS L.L.C.	is shown on line	2a of Form 5500		-	oyer Identific 0524095	cation Number (EIN)
		ning Insurance Contract					
1 Coverage Information:	ale Schedule A.		is a unit in Faits if and h	I call be le	poned on a	Single Schedul	e A.
(a) Name of insurance ca UNITED HERITAGE LIFE							
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
82-0123320	63983	GL-3119	148	}	01/01/201	8	12/31/2018
2 Insurance fee and com descending order of the		tion. Enter the total fees and tot	tal commissions paid. L	ist in line 3	the agents,	brokers, and of	her persons in
(a) Total a	amount of comn			(b) T	otal amount	of fees paid	
		6252					0
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
		nd address of the agent, broker,		m commiss	sions or fees	s were paid	
THE MURRAY GROUP, IN	IC.		OX 3725 R D ALENE, ID 83816-2	2529			
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
	6252						3
	(a) Name a	nd address of the agent, broker,	, or other person to who	m commiss	sions or fees	s were paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
			1	

		Schedule A (Form 5500) 2018	Page 3		
	Part	Where individual contracts are provided, the entire group of such individual this report.		-	a unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				· · · · · · ·	
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify) •	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	counts)	
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarant	ee	
		(3) guaranteed investment (4) dther			
	b	Balance at the end of the previous year			
	C	Additions: (1) Contributions deposited during the year	- (1)		
	Ŭ	(2) Dividends and credits	- (0)		
		(3) Interest credited during the year	- (1)		
		(4) Transferred from separate account	- (1)		
		(5) Other (specify below)	- (-)		
		•			
				- (2)	
	-	(6)Total additions		<u>7c(6)</u>	(
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions			(
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			
	-	,		1	

Specify nature of costs.

Ρ	art						
		If more than one contract covers the same of the information may be combined for reporti employees, the entire group of such individu	ng purposes if such contr	racts are exp	erience-rated as a unit	. Where cont	tracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	b Dental	с	Vision	d	X Life insurance
	e		f Long-term disabilit		Supplemental unemp		
					-		
	ין	Stop loss (large deductible)	j HMO contract	k	PPO contract	I	Indemnity contract
	m	Other (specify)					
9	Expe	perience-rated contracts:					
-	•	Premiums: (1) Amount received	[9a(1)			
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium rese					
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges	L	9c(1)(G)		0~(1)(1)	
		(H) Total retention	_	_		9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These					
	d	Status of policyholder reserves at end of year: (1)				9d(1)	
		(2) Claim reserves				9d(2)	
	•	(3) Other reserves				9d(3)	
10		Dividends or retroactive rate refunds due. (Do no	i include amount entered	i in line 9C(2)	.)	9e	
10		onexperience-rated contracts: Total premiums or subscription charges paid to ca	prrior			10a	14670
						iva	41679
	b	If the carrier, service, or other organization incurrent retention of the contract or policy, other than report			•	10b	

Pa	art IV	Provision of Information			
11	Did the i	nsurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12	If the an	swer to line 11 is "Yes," specify the information not provided. ►			

SCHEDULE A Insurance Information				OM	B No. 1210-0110			
(Form 5500)							
Department of the TreasuryThis schedule is required to be filed under section 104 of theInternal Revenue ServiceEmployee Retirement Income Security Act of 1974 (ERISA).			2018					
Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.								
Pension Benefit Guaranty Co	rporation		s are required to provide ERISA section 103(a)(2		tion		m is Open to Public Inspection	
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and er	nding 12/3	31/2018	•	
A Name of plan GREAT FLOORS L.L.C. \	WELFARE BEN	IEFIT PLAN			e-digit number (P	N) 🕨	501	
C Plan sponsor's name a GREAT FLOORS L.L.C.	s shown on line	e 2a of Form 5500			oyer Identific 0524095	cation Number (EIN)	
on a separa		ning Insurance Contract. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca UNITED HERITAGE LIFE								
	(c) NAIC	(d) Contract or	v / 11	(e) Approximate number of		Policy or co	Policy or contract year	
(b) EIN	code	identification number	persons covered policy or contra		(f)	From	(g) To	
82-0123320	63983	GV-3119	24	249 01/01/20		8	12/31/2018	
2 Insurance fee and com descending order of the		ation. Enter the total fees and t	otal commissions paid. I	_ist in line 3	the agents,	brokers, and of	ther persons in	
(a) Total a	amount of comr	nissions paid		(b) T	otal amount	of fees paid		
		1746					0	
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	es as needed to report al	l persons).				
	- · ·	nd address of the agent, broke		om commiss	ions or fees	were paid		
THE MURRAY GROUP, IN	IC.		BOX 3725 UR D ALENE, ID 83816-	2529				
(b) Amount of sales ar	nd base	F	ees and other commissio	ons paid				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	
1746							3	
	(a) Name a	nd address of the agent, broke	er, or other person to who	om commiss	ions or fees	s were paid		
(b) Amount of sales ar	nd base	F	ees and other commissio	ons paid				
commissions pai		(c) Amount				(e) Organization code		

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
			1	

		Schedule A (Form 5500) 2018	Page 3		
	Part	Where individual contracts are provided, the entire group of such individual this report.		-	a unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				· · · · · · ·	
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify) •	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	counts)	
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarant	ee	
		(3) guaranteed investment (4) dther			
	b	Balance at the end of the previous year			
	C	Additions: (1) Contributions deposited during the year	- (1)		
	Ŭ	(2) Dividends and credits	- (0)		
		(3) Interest credited during the year	- (1)		
		(4) Transferred from separate account	- (1)		
		(5) Other (specify below)	- (-)		
		•			
				- (2)	
	-	(6)Total additions		<u>7c(6)</u>	(
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions			(
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			
	-	,		1	

Ρ	art I		Welfare Benefit Contract Informa	ation				
			If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	ing purposes if such contr	racts are exp	erience-rated as a unit	t. Where co	ontracts cover individual
8	Ben	efit a	Ind contract type (check all applicable boxes)					
	a	He	ealth (other than dental or vision)	b Dental	с×	Vision		d Life insurance
	еľ	_	emporary disability (accident and sickness)	f Long-term disabilit		7	nlovment	h Prescription drug
	: [,				ploymont	
	'	_	op loss (large deductible)	J HMO contract	k	PPO contract		I Indemnity contract
	m	Ot	ther (specify)					
9	Expe	eriend	ce-rated contracts:					
	a	Prem	niums: (1) Amount received		9a(1)			
		(2) lı	ncrease (decrease) in amount due but unpaid	l	9a(2)			
		(3) lı	ncrease (decrease) in unearned premium res	erve	9a(3)			
		(4) E	Earned ((1) + (2) - (3))				9a(4)	
	b	Ben	nefit charges (1) Claims paid		9b(1)			
		(2) lı	ncrease (decrease) in claim reserves		9b(2)			
		(3) lı	ncurred claims (add (1) and (2))				9b(3)	
		(4) C	Claims charged				9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (o	n an accrual basis)				
			(A) Commissions		9c(1)(A)			
			(B) Administrative service or other fees		9c(1)(B)			
			(C) Other specific acquisition costs		9c(1)(C)			_
			(D) Other expenses		9c(1)(D)			_
			(E) Taxes		9c(1)(E)			_
			(F) Charges for risks or other contingencies		9c(1)(F)			_
			(G) Other retention charges	•	9c(1)(G)			
			(H) Total retention	_	_		9c(1)(H)	
			Dividends or retroactive rate refunds. (These					
	d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement					. 9d(1)	
		(2) (Claim reserves				9d(2)	
		(3) (Other reserves				9d(3)	
	е		dends or retroactive rate refunds due. (Do no	ot include amount entered	l in line 9c(2)	.)	. 9e	
10		•	perience-rated contracts:					
	а	Tota	al premiums or subscription charges paid to c	arrier			. 10a	34926
	b		e carrier, service, or other organization incurr ention of the contract or policy, other than repo				10b	
	Spe		nature of costs.		.,			1

Pa	art IV Provision of Information			
11	Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12	If the answer to line 11 is "Yes," specify the information not provided. 🕨			

SCHEDULE A		Insurance Information			OMB No. 1210-0110		
(Form 5500) Department of the Treasury		This schedule is required to be filed under section 104 of the					
Internal Revenue Service Department of Labor		Employee Retirement Inc	2	,	.).		2018
Employee Benefits Security Adu Pension Benefit Guaranty Co			ttachment to Form 55		•		
		•	re required to provide to RISA section 103(a)(2)				n is Open to Public Inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and er		31/2018	
A Name of plan GREAT FLOORS L.L.C. \	WELFARE BEN	IEFIT PLAN		B Three-digit plan number (PN) 501		501	
C Plan sponsor's name a GREAT FLOORS L.L.C.	s shown on line	e 2a of Form 5500			oyer Identific 0524095	ation Number (I	EIN)
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca AFLAC	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
82-2723296	60380	47949	188		01/01/201	8	12/31/2018
2 Insurance fee and comin descending order of the		ation. Enter the total fees and tota	I commissions paid. Li	st in line 3	the agents,	brokers, and ot	her persons in
	amount of comr	nissions paid		(b) To	otal amount	of fees paid	
		26001					1150
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to whor	n commiss	ions or fees	were paid	
SUSAN MENSCHING		P.O. BC COEUR)X 2466 DALENE, ID 83816-0	001			
(b) Amount of sales ar	nd base	Fees	s and other commissior	ns paid			
commissions pai		(c) Amount	(d) Purpose			(e) Organization code	
	7734	528					3
		nd addross of the agent broker	or other person to when	n commic-	ione or fact	wore paid	
JOHN J KNIGHT	(a) Name a	nd address of the agent, broker, of 15619 S	SE 62ND PL	n commiss		were paid	
			/UE, WA 98006-0001				
(b) Amount of sales ar	nd base	Fee	s and other commissior	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	2337	80					3
For Paperwork Reductio	n Act Notice, s	see the Instructions for Form 5	500.			Sched	ule A (Form 5500) 2018 v. 171027

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
DENNIS J SAMS	DENNIS J SAMS 312 W 50TH CT KENNEWICK, WA 99337-0001					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	čode			
1826	47		3			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
CRISTINA BRUNETTE	2620	S MERIDIAN. APT 913				
	PUYA	LLUP, WA 98373-0001				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
1673			3			
(a) Nar RODERICK ALLEN BAIR		, or other person to whom commissions or fees were paid ARGONNE RD BLDG C				
RODERIOR ALLEN DAIR		ANE VALLEY, WA 99212-0001				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization			
commissions paid 1142	(c) Amount 80		code3			
			Ŭ			
		, or other person to whom commissions or fees were paid				
RODERICK ALLEN BAIR		N GOVERNMENT WAY #19 IR D ALENE, ID 83815-0001				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
1018	26		3			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
THE WRIGHT BENEFITS LLC	4923	LAKERIDGE DR E				
	LAKE	TAPPS, WA 98391-0001				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
836	60		3			

(a) Name	e and address of the agent, broker	, or other person to whom commissions or fees were paid	
SUSAN B WRIGHT		LAKERIDGE DR E TAPPS, WA 98391-0001	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
commissions paid 750	65		3
	•	, or other person to whom commissions or fees were paid	
LISA M HALL		E SUNDOWN DR JR D ALENE, ID 83815-0001	
		,	
			Γ
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
688	23		3
		, or other person to whom commissions or fees were paid	
MARY POHEMAN		90TH AVE SE CER ISLAND, WA 98040-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
701			3
()))			
DARAN L WYCKOFF		; or other person to whom commissions or fees were paid E 64TH CT	
		ANE, WA 99223-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
550	83		3
	and address of the secont brains	or other percepto whom commissions or fees were said	•
ELIZABTEH MIDDLEWOOD		, or other person to whom commissions or fees were paid N LADALIOA DR	
		JR D ALENE, ID 83814-0001	
		Fees and other commissions paid	(0)
(b) Amount of sales and base			(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
560			3

Schedule A (Form	5500) 2018

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
REUL S DAVIS	9460 \	W FAIRVIEW AVE, STE 140	
	BOISE	E, ID 83704-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount (d) Purpose		
commissions paid 503	3		code 3
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
ANNA J HOOBLER	1230	S 336TH ST, STE A	
	FEDE	RAL WAY, WA 98003-0001	
-		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 377	21		code 3
5//	21		5
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
FRANKLIN T BARBERA	2521 6	BIRD ROCK PL	
	TURL	OCK, CA 95380-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 389	(c) Amount		code 3
505			5
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
NANCY L WALDNER	227 B	ELLEVUE WAY NE APT 365	
	BELL	EVUE, WA 98004-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 342	16	(4)	code 3
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
MICHAEL A MAYER	P.O. E	3OX 5625	
	PASC	O, WA 99302-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	12		code 3
203	12		

(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
BRANDON C HOOBLER		S 336TH ST, STE A	
	FEDE	RAL WAY, WA 98003-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
263	14		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
DANIEL J ERTZ		3OX 1816	
	COEU	IR D ALENE, ID 83816-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid			code 3
271			Ŭ
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KIMBERLY MOGER	24229	SE 147TH PL	
	ISSAC	QUAH, WA 98027-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
184	16		3
(a) Nor	a and address of the agent, broker	, or other person to whom commissions or fees were paid	
JAN MARIE			
	COEU	R D ALENE, ID 83816-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
177			3
		, or other person to whom commissions or fees were paid	
BENJAMIN G FUHRMAN	1441 SHEL	N 570 E LEY, ID 83274-0001	
Т			
(b) Amount of color and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
157			3
			1

		, or other person to whom commissions or fees were paid				
DOUGLAS R GUNDLACH		16TH AVE SW TLE, WA 98106-0001				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization			
commissions paid 152	(0) /		code 3			
(a) Nan DAVID E CIAMPOLI		; or other person to whom commissions or fees were paid BIG OAK DR				
		A, AR 72921-0001				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
150			3			
(a) Nan IILARY K CAHILL		, or other person to whom commissions or fees were paid O SE 274TH PL				
	MAPL	E VALLEY, WA 98036-0001				
	Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
148			3			
(a) Nan ACOB J MCINTOSH		; or other person to whom commissions or fees were paid SW FIR LOOP STE 250				
		RD, OR 97223-0001				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
138			3			
(a) Nan MARY B PAULSON		, or other person to whom commissions or fees were paid QUAY PL				
	KENN	IEWICK, WA 99336-0001				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization			
125	9		3			

(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
DAVID JOHN HANNANT		NE 167TH ST	
	WOO	DINVILLE, WA 98072-0001	
Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
122			3
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
JODI COLLEEN WATSON		NW DAHLIA DR AS, WA 98607-0001	
	CAW	S, WA 30007-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
117			3
(a) Nan	ne and address of the agent. broker	, or other person to whom commissions or fees were paid	
CRAIG STEVEN BONSON		ERRY ST	
	TOUC	HET, WA 99360-0001	
		Fees and other commissions paid	
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
110			3
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
TERESA L LEWIS		/ MERMOD ST 763 SBAD, NM 88220-0001	
	CARL	SDAD, NW 00220-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base		(d) Purpose	Organization
commissions paid	(c) Amount	(d) Puipose	code
98			3
		, or other person to whom commissions or fees were paid	
HILLARY EYRE	7760 BOISI	W BAYHILL ST E, ID 83704-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization code
commissions paid 71	27		code 3
· · · · · · · · · · · · · · · · · · ·	21		U U

(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
ERESA L LEWIS		W KENNEWICK AVE 194 IEWICK, WA 99336-0001	
	NENN		
	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
96			3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
COTT STOBAUGH		28TH AVE NE 774	
	SAIVIN	MAMISH, WA 98074-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
89			3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
MMIE J DELBRIDGE	- 1924 I	E FOXBOROUGH CT	
	HAYD	DEN, ID 83835-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid 86	(c) Amount	(d) Purpose	code 3
00			5
(a) Nar	ne and address of the agent. broker	r, or other person to whom commissions or fees were paid	
RANDON C HOOBLER	14220) INTERURBAN AVE S STE 150	
	SEAT	TLE, WA 98168-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 71	13		code 3
· · · · · · · · · · · · · · · · · · ·	13		5
(a) Mor	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
EIDI J HEINEMAN		7 S MOUNTAIN RIDGE CT	
	KENN	IEWICK, WA 99338-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
(b) Amount of sales and base commissions paid 80			(e) Organization code 3
commissions paid			Organization code

(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
PAUL B ROBEDEAU		BAY CT	
	CARM	/IEL, CA 93923-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
78			3
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
JACOB J MCINTOSH		WOODRUFF AVE STE 250	
		O FALLS, OR 83401-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid			code
71			3
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
DENNIS S HANSEN			
	IDAH	O FALLS, ID 83404-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
51	6		3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
JL & ASSOCIATES INC		W EMERALD ST STE 185	
		E, ID 83704-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount 6		code
48	0		3
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
RYAN T NIELSEN		W 3300 N	
	OGDE	EN, UT 84404-0001	
		Encoder and attended and the second	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
49			3

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KERRY A MCAULIFFE		3OX 3509 JR D ALENE, ID 83816-0001	
	COEC	IR D'ALENE, ID 63616-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
45			3
(a) New	an and address of the arout busics		
INA JEFFREY		, or other person to whom commissions or fees were paid 30X 879	
		EN, ID 83835-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
45			3
(-) No.			
(a) Nar UDY D HANSEN		, or other person to whom commissions or fees were paid ADOW RD	
IODY D HANSEN	GARD	DEN VALLEY, ID 83622-0001	
	Fees and other commissions paid		(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
43			3
		, or other person to whom commissions or fees were paid	
PETER JAMES SARANTIS		TOWN CENTER DR STE 110 MI 48375-0001	
(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e)
	(c) Amount	(d) Purpose	Organization code
43			3
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
DAVID V PAYNE	225 E	AGLE CT	
	MONF	ROE, MI 48162-0001	
	(e)		
(b) Amount of sales and base		Fees and other commissions paid	Organization
commissions paid	(c) Amount	(d) Purpose	code
42			3
			I

Schedule A (Form 5500) 2018

(a) Name a	and address of the agent, broke	r, or other person to whom commissions or fees were paid	
CRUSADER INSURANCE INC		6 N 80TH LN	
	PEOF	RIA, AZ 85382-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
39			3
	and address of the agent broke	r, or other person to whom commissions or fees were paid	
DEREK M PEMBERTON		34TH AVE TRLR 11	
		MA, WA 98902-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
31	8		3
(a) Name a	and address of the agent, broke	r, or other person to whom commissions or fees were paid	
DIXIE D SIMON	509 N	I SHAMROCK RD	
	SPOR	(ANE VALLEY, WA 99037-0001	
(b) Amount of color and base		Fees and other commissions paid	(e) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code
38			3
	and address of the agent broke	r or other person to whom commissions or fees were poid	
(a) Name a		r, or other person to whom commissions or fees were paid BOX 31	
COBERTA J LARGON		/IEW, MT 59221-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid		(u) Fulpose	code
36			3
(a) Name a	and address of the agent, broke	r, or other person to whom commissions or fees were paid	
ULIE A HOWE		V WOODLAWN DR	
	HAYL	DEN, ID 83835-0001	
		-	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
36			3
		•	

Schedule A (Form	5500) 2018

(a) Nam	ne and address of the agent, broke	, or other person to whom commissions or fees were paid	
CARL J HOLBACK		130TH AVE SE EVUE, WA 98005-0001	
		,	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid 34			code 3
(a) Nam JOSEPH H WILLIS JR	v ·	r, or other person to whom commissions or fees were paid BE 55TH ST	
		LAUDERDALE, FL 33334-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
34			3
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	
CHARLES H WEISSBERGER	308 G	RAHAM AVE SE	
	RENI	ON, WA 98059-0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
32			3
		, or other person to whom commissions or fees were paid	
MICHELLE S CARHILL (SHELLEY)		AURELWOOD AVE O FALLS, ID 83401-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
30			3
	and address of the agent, broke	, or other person to whom commissions or fees were paid	
ATTILA BUGSIS	1204	JAMESTOWNE DR	
	ELON	I, NC 27244-0001	
(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	Organization code
30			3

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
RUSSELL W REOPELLE		BILLY FRANK JR ST APT 1		
	BELLI	INGHAM, WA 98225-0001		
			(2)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
30			3	
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
WHITNEY SUE HUDGENS		W EMERALD ST STE 185		
		E, ID 83704-0001		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid29			code 3	
29			3	
	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
KRISTEN SUE PLAISANCE		5 E 12TH AVE ANE VALLEY, WA 99206-0001		
	SFOR	ANE VALLET, WA 99200-0001		
Face and other commissions paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
28			3	
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
GREGORY F STENZEL		KIOWA DR W		
	GAINE	ESVILLE, TX 76240-0001		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid26	(0) /		code 3	
20			5	
		, or other person to whom commissions or fees were paid		
GERALD INGRAHAM		ND ST STE 718 MA, WA 98901-0001		
	TAND	NA, WA 98901-0001		
		Face and other commissions said	1-1	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
24	2		3	

(a) Nam	e and address of the agent, broker	, or other person to whom commissions or fees were paid	
KIMBERLY MOGER		SE 83RD PL CASTLE, WA 98059-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
25	.,		3
(a) Nam	e and address of the agent, broker	, or other person to whom commissions or fees were paid	
TERESA M ANTHONY		RIVERSIDE DR DN, OH 45040-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
25			3
	e and address of the agent, broke	I ;, or other person to whom commissions or fees were paid	
IUSTIN ANDREW LOVINGIER	16711 VANC	NE 13TH CIR OUVER, WA 98684-0001	
	Fees and other commissions paid		(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
24			3
(a) Nam	e and address of the agent, broke	, or other person to whom commissions or fees were paid	
BRIAN W BALMES		1ST ST MA, WA 98901-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
19	5		3
(2) Nom	a and address of the agent, brokes	· or other person to whom commissions or fees were poid	
(a) Nam CLIFF HARRISON BARROWS	5716	, or other person to whom commissions or fees were paid S FERRALL ST (ANE, WA 99223-0001	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid			code 3
22			3

(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
DAN R ELLIS		N PLAYER DR JR D ALENE, ID 83815-0001		
	COLC	JK D ALEINE, 10 63613-0001		
(b) Amount of color and base		(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
22			3	
	0 ;	r, or other person to whom commissions or fees were paid		
CRAIG A HANSEN		RIVERDALE DR SE VATER, WA 98501-0001		
	[
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
22			3	
(a) Nor	no and address of the agent broker	, or other person to whom commissions or fees were paid		
JOHN H MINEGAR		r, or other person to whom commissions or fees were paid E SNOW HOLE DR		
		DIAN, ID 83642-0001		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base		Organization		
commissions paid	(c) Amount	(d) Purpose	code3	
21			3	
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
LES HUMPHREY	P.O. E	BOX 98		
	CARN	IATION, WA 98014-0001		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
21			3	
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
MARSHA F WINGATE	1303 YAKI	S 22ND AVE #2 MA, WA 98902-0001		
		VIA, WA 30302 0001		
Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
20			3	

(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
ANDRE LAFLAMME		46TH COURT NW IARBOR, WA 98335-0001	
		AKBOK, WA 30333 0001	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
17			3
	an and address of the agent, brake	, or other person to whom commissions or fees were paid	
CRAIG A HANSEN		QUEEN ANNE AVE N APT 302	
	SEAT	TLE, WA 98109-0001	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(o) / inouni		code 3
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
RENEE F DAVIS		N QUENZER WAY DIAN, ID 83646	
			1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
16			3
	as and address of the agent broke	, or other person to whom commissions or fees were paid	
JOSHUA M HELDEROP		NE 120TH PL	
	KIRKI	_AND, WA 98034	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization
			3
		, or other person to whom commissions or fees were paid	
SCOTT W BLACKSHEAR	3453 COLL	CATHRYN DR IMBUS, GA 31906	
			(e)
(b) Amount of sales and base			
commissions paid	(c) Amount	(d) Purpose	Organization code
15			3
		1	L

(a) Name a	nd address of the agent, broke	er, or other person to whom commissions or fees were paid	
MICHAEL A STACHOWIAK		N CLARK ST STE 625	
	CHIC	CAGO, IL 60654	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
15			3
(a) Name a	nd address of the agent broke	er, or other person to whom commissions or fees were paid	
ANA P GOMEZ		BOX 1983	
		AQUAH, WA 98027	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
15			3
(a) Name a	nd address of the agent, broke	er, or other person to whom commissions or fees were paid	
KIMBERLY A PARKS		8 N 147TH DR	
	SUN	CITY WEST, AZ 85375	
(b) Amount of color and base		Fees and other commissions paid	(e) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code
14			3
(a) Nama a	nd address of the agent broke	er, or other person to whom commissions or fees were paid	
WILLIAM C PUTNAM		N ALASKA AVE	
	CALI	DWELL, ID 83605	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid		(d) Fulpose	code
14			3
(a) Name a	nd address of the agent, broke	er, or other person to whom commissions or fees were paid	
SHANE ROBERTSON	181	E COPPER RIDGE ST	
	MER	RIDIAN, ID 83646	
		Fees and other commissions paid	
(b) Amount of sales and base	(e) Organization		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code
13			3

	Schedule A	(Form	5500) 2018
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(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KEVIN B SORIA		S PENNSYLVANIA DR ETON, CO 80122	
		Fees and other commissions paid	(0)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
12			3
(a) Non	as and address of the agent, broker	l	
LINDA F CRAIG	1374	, or other person to whom commissions or fees were paid UPLAND DR	
	SUNN	IYSIDE, WA 98944	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
12			3
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
CARL J HOLBACK		WELLS AVE S ON, WA 98055	
		Ease and other commissions poid	(e)
(b) Amount of sales and base	Fees and other commissions paid (c) Amount (d) Purpose		Organization
commissions paid			code 3
(a) Nan PAUL MICHAEL HANNANT	6052 \$, or other person to whom commissions or fees were paid SAWGRASS ST SE	
	SALE	M, OR 97306	
(b) Amount of sales and base		Fees and other commissions paid	(e)
commissions paid	(c) Amount	(d) Purpose	Organization code
11			3
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
ANDREW PRINCE LOVINGIER	19817 KELS	7 FLOYD ST O, WA 98626	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 11	(a) / anotant	(4). dipoto	code 3

Schedule A (Form	5500) 2018

(a) Nat	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
MARK AMERMAN		NE MINNEHAHA ST APT 1 COUVER, WA 98665	
	VANC	500 VER, WA 98005	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
10			3
		r, or other person to whom commissions or fees were paid	
ALLEN C WILLIAMSON		5 STAFFORD RD WELL, ID 83607	
	Γ		1
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
9			3
	•	, or other person to whom commissions or fees were paid	
VIRGINIA DIANE HALL		W LAKE RIVER LN E, ID 83703	
		_,	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Organization code	
9			3
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
MERLE DALE HALL		W LAKE RIVER LN E, ID 83703	
		2, 10 00700	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
g			3
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
TINA MARIE JEFFREY	P.O. I	BOX 879	
	HAYD	DEN, ID 83835	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
8			3

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
RONALD F HERBIG	27903	NE 132ND AVE LE GROUND, WA 98604	
	DATE		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 8	(c) Amount (d) Purpose		code 3
0			5
		, or other person to whom commissions or fees were paid	
RICHARD R KIMBROUGH		MUIRFIELD WAY SE I BAY, FL 32909	
		Fees and other commissions paid	(0)
(b) Amount of sales and base			(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
· · · · · · · · · · · · · · · · · · ·			Ŭ
		, or other person to whom commissions or fees were paid	
CRAIG A HOPKINS		E FERN BROOK DR E, ID 83616	
		Food and other commissions paid	(e)
(b) Amount of sales and base	Fees and other commissions paid (c) Amount (d) Purpose		Organization
commissions paid			code 3
(a) Nar KIMBERLY M BENNER		r, or other person to whom commissions or fees were paid	
		DINVILLE, WA 98072	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization
7	(-)		code 3
	*	; or other person to whom commissions or fees were paid	
DAVID W STEWART	OLYM	COOPER POINT RD SW #140-201 IPIA, WA 98502	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid			code 3

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
SRB CONSULTING GROUP LLC 17517 45TH STREET CT E				
	LAKE	TAPPS, WA 98391		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
7			3	
(a) Nar	ne and address of the agent broker	, or other person to whom commissions or fees were paid		
MITCHELL PUMPIAN		E BIRCH ST		
		QUAH, WA 98027		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid		(u) r uipose	code	
6			3	
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
JOSEPH C PRICE		FON CT		
	COLU	MBUS, GA 31906		
(b) Amount of color and back		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
<u> </u>			3	
		and the second		
		, or other person to whom commissions or fees were paid		
LESLIE J BAILEY	4234 I MERII	N PORTAGE AVE DIAN, ID 83646		
		,		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base			Organization	
commissions paid	(c) Amount	(d) Purpose	čode	
6			3	
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
TERRY D ALLEN		E 11TH AVE		
		ANE, WA 99212		
Fees and other commissions paid (e)				
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid			code	
6			3	

AMANDA M GRIFFITH 11400 SE 8TH ST STE 375 BELLEVUE, WA 98004 (b) Amount of sales and base commissions paid Fees and other commissions paid (e) Organization code 5 (d) Purpose Organization code 6 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 3 SCOTT E NIELSEN 2709 DAY ISLAND BLVD W UNIT A UNIVERSITY PL, WA 98466 (b) Amount of sales and base Fees and other commissions paid (e) Organization code 3 (d) Purpose Organization code 5 (d) Purpose Organization code 6 2108 ES ESTH WAY MERIDIAN, ID 83642 3 (b) Amount of sales and base commissions paid (e) Amount (d) Purpose Organization code 6 2518 SE 5TH WAY MERIDIAN, ID 83642 Organization code (b) Amount of sales and base commissions paid (e) Amount (d) Purpose Organization code 5 1 3 3 6 1 3 3 7 2 2 0 0 8 1 0 0 0 9 1 0 0	(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(b) Amount of sales and base commissions paid Fees and other commissions paid (e) Organization code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SCOTT E NIELSEN 2700 DAY ISLAND BLVD W UNIT A UNIVERSITY PL, WA 98466 (b) Amount of sales and base commissions paid (e) Organization code (c) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization Organization code 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Organization Organization code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BONNIE C JENSEN 2518 SE 5TH WAY MERIDIAN, ID 83642 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Organization code 5 3 3 (a) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 6 3 3 3 (a) Name and address of the agent, broker, or other person t							
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(b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 3 SCOTT E NIELSEN 2709 DAY ISLAND BLVD W UNIT A UNIVERSITY PL, WA 98466 (b) Amount of sales and base commissions paid (e) (c) Amount (d) Purpose Organization code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Organization code 6 3 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose 6 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BONNIE C JENSEN 2518 SE 5TH WAY MERIDIAN, ID 83642 (b) Amount of sales and base commissions paid (e) Organization code 5 3 (c) Amount (d) Purpose Organization code 5 3 (c) Amount (d) Purpose Organization code 6 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 3 (a) Name and address of the agent, b							
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 3 SCOTT E NIELSEN 2709 DAY ISLAND BLVD W UNIT A UNIVERSITY PL, WA 98466 (b) Amount of sales and base commissions paid (e) (c) Amount (d) Purpose Organization code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Organization code 6 3 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose 6 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BONNIE C JENSEN 2518 SE 5TH WAY MERIDIAN, ID 83642 (b) Amount of sales and base commissions paid (e) Organization code 5 3 (c) Amount (d) Purpose Organization code 5 3 (c) Amount (d) Purpose Organization code 6 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 3 (a) Name and address of the agent, b			Face and other commissions paid	(a)			
Commissions paid (c) Amount (d) Purpose Code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SCOTT E NIELSEN 2709 DAY ISLAND BLVD W UNIT A UNIVERSITY PL, WA 98466 (b) Amount of sales and base commissions paid (e) (c) Amount (d) Purpose 6 (c) Amount (d) Purpose 7 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 0 9 (c) Amount (d) Purpose 6 3 3 (c) Amount of sales and base commissions paid (c) Amount (d) Purpose 7 2518 SE 5TH WAY MERIDIAN, ID 83642 0 (b) Amount of sales and base commissions paid (e) (c) Amount 0 6 3 3 10 10 Base and base commissions paid 0 7 10 Amount of sales and base commissions paid 0 10 10 Amount of sales and base commissions paid 10 10 10 Amount of sales and base commissions paid 13 10 1320 W REDWICK DR 3	(b) Amount of sales and base						
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SCOTT E NIELSEN 2709 DAY ISLAND BLVD W UNIT A UNIVERSITY PL, WA 98466 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 0rganization code 6 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BONNIE C JENSEN 2518 SE 5TH WAY MERIDIAN, ID 83642 (b) Amount of sales and base commissions paid (c) Amount 5 3 (b) Amount of sales and base commissions paid 0rganization code 5 3 (b) Amount of sales and base commissions paid 0rganization code 6 3 (c) Amount (d) Purpose 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid		(c) Amount	(d) Purpose				
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(b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 3 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Organization code Organization code BONNIE C JENSEN 2518 SE 5TH WAY MERIDIAN, ID 83642 (e) Organization code (b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 3 3 3 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 3 3 3 CASEY DALE HOBSON 13320 W REDWICK DR 13320 W REDWICK DR 13320 W REDWICK DR		UNIVE	ERSITY PL, WA 98466				
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(b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 3 3 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Organization code Organization code BONNIE C JENSEN 2518 SE 5TH WAY MERIDIAN, ID 83642 (e) Organization code (b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 3 3 3 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose Organization code 5 3 3 3 3 CASEY DALE HOBSON 13320 W REDWICK DR 13320 W REDWICK DR 13320 W REDWICK DR			Free and all an encodering and d	(-)			
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BONNIE C JENSEN 2518 SE 5TH WAY MERIDIAN, ID 83642 (b) Amount of sales and base commissions paid (e) Organization code 5 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CASEY DALE HOBSON 13320 W REDWICK DR		(c) Amount	(d) Purpose				
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(b) Amount of sales and base commissions paid Organization code 5 3 6 3 6 3 6 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MERI	DIAN, ID 83642				
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CASEY DALE HOBSON 13320 W REDWICK DR		(c) Amount	(d) Purpose	•			
CASEY DALE HOBSON 13320 W REDWICK DR	5			3			
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CASEY DALE HOBSON 13320 W REDWICK DR							
	(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
BUISE, ID 83713	CASEY DALE HOBSON						
		BOISE	z, ID 83713				
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(b) Amount of sales and base (c) C (c)	(b) Amount of sales and base						
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5 3	5			3			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
JOSEPH P TYRRELL 468 E FOREST RIDGE DR	JOSEPH P TYRRELL	468 E	FOREST RIDGE DR				
MERIDIAN, ID 83642		MERII	DIAN, ID 83642				
Fees and other commissions paid (e) (b) Amount of sales and base Organization	(b) Amount of sales and base		⊢ees anα other commissions paid				
commissions paid(c) Amount(d) PurposeOrganization		(c) Amount	(d) Purpose				
4 3	4			3			

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid			
SUWAT ASSAWAMATIYANONT		HAMPTON WOOD DR			
	BOCA	A RATON, FL 33433			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid			code		
4			3		
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid			
RUTH D ELLSWORTH		S JASPER DR			
		(ANE, WA 99224			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base			Organization		
commissions paid	(c) Amount	(d) Purpose	code		
4			3		
(a) Nor	no and address of the agent, broker	ar other person to whom commissions or fees were paid			
		r, or other person to whom commissions or fees were paid			
HEATHER L TOMSON	63607 RENT	/ NE 9TH STREET ON, WA 98056			
		En en en de disea en entre instrumental	(2)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount (d) Purpose		code		
4			3		
		; or other person to whom commissions or fees were paid			
GLENN D PARKHURST	P.O. E	3OX 21147 ER, OR 97307			
	KLIZL	IN, ON 97307			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
3			3		
5			5		
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid			
KRISTINE G WYCKOFF	P.O. E	3OX 31233			
	SPOK	(ANE, WA 99223			
Fees and other commissions paid (e)					
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(c) / anodra		code		
3			3		

	Schedule A	500) 2018
--	------------	-----------

(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
ERNEST E SNOOK		282ND LN NE		
	DUVA	NLL, WA 98019		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(b) Amount of sales and base			
3			3	
	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
MEGAN J STEVENSON		5 1ST WAY S STE B203 RAL WAY, WA 98003		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
2			3	
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
MITCHELL PUMPIAN		E BIRCH ST		
	ISSAC	QUAH, WA 98027		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount (d) Purpose		Organization	
commissions paid	(c) / anounc		code 3	
2			Ŭ	
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
MELVIN R JONES	3025	ELIOCH MANOR DR		
	POWI	HATAN, VA 23139		
		Fees and other commissions paid	(0)	
(b) Amount of sales and base			(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
1			3	
			·	
ERIC DANIEL WEILAND		, or other person to whom commissions or fees were paid SW CORNERSTONE LN		
ENIC DANIEL WEILAND	SHER	WOOD, OR 97140		
Fees and other commissions paid (e) (b) Amount of sales and base Organization				
commissions paid	(c) Amount	(d) Purpose	code	
1			3	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid MICHAEL M STASTNY 605 PORTLAND AVE UNIT 531 GLADSTONE, OR 97027 Fees and other commissions paid (e) (b) Amount of sales and base Organization (c) Amount (d) Purpose commissions paid code 1 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid P.O. BOX 446 ECHO, OR 97826 **GINA SIENIA** Fees and other commissions paid (e) (b) Amount of sales and base Organization (c) Amount (d) Purpose commissions paid code 3 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Τ Fees and other commissions paid **(**\)

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid		(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid		(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

		Schedule A (Form 5500) 2018	Page 3		
	Part	Where individual contracts are provided, the entire group of such individual this report.		-	a unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5	Curr	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				· · · · · · ·	
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify) •	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	counts)	
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarant	ee	
		(3) guaranteed investment (4) dther			
	b	Balance at the end of the previous year			
	C	Additions: (1) Contributions deposited during the year	- (1)		
	Ŭ	(2) Dividends and credits	- (0)		
		(3) Interest credited during the year	- (1)		
		(4) Transferred from separate account	- (1)		
		(5) Other (specify below)	- (-)		
		•			
				- (2)	
	-	(6)Total additions		<u>7c(6)</u>	(
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions			(
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			
	-	,		1	

Ρ	art I	II Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	
	e 🛛	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unemp	oloyment	h Prescription drug	
	ъĒ	Stop loss (large deductible)	j 🗌 HMO contract	, C K	PPO contract	,	I Indemnity contract	
				n L	TTO contract			
	m	Other (specify)						
9	Exne	rience-rated contracts:						-
Ŭ		Premiums: (1) Amount received		9a(1)			-	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			-	
		(3) Increase (decrease) in unearned premium res		. ,			-	
		(4) Earned ((1) + (2) - (3))				9a(4)		
	-	Benefit charges (1) Claims paid				/		
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)			_	
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention	_			9c(1)(H))	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
		Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	9e		
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	14742	22
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than rep			•	10b		
	Spe	cify nature of costs.						

Pa	art IV Provision of Information			
11	Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12	If the answer to line 11 is "Yes," specify the information not provided. 🕨			

Service Provider Information				OMB No. 1210-0110
(Form 5500)This schedule is required to be filed under section 104 of the Employee201Department of the Treasury Internal Revenue ServiceThis schedule is required to be filed under section 104 of the Employee201			2018	
Department of Labor Employee Benefits Security Administration	- ► File as an attachmen	t to Form 5500.	This I	Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation For calendar plan year 2018 or fiscal p	lan year beginning04/04/004.0	and ending 12/3	4/004.0	Inspection.
Name of plan	lan year beginning 01/01/2018	· · · · ·	1/2018	
GREAT FLOORS L.L.C. WELFARE	BENEFIT PLAN	B Three-digit plan number (PN)	•	501
Plan sponsor's name as shown on I GREAT FLOORS L.L.C.	line 2a of Form 5500	D Employer Identification 82-0524095	on Number	(EIN)
Part I Service Provider In	formation (see instructions)			
plan during the plan year. If a person answer line 1 but are not required to I Information on Persons Re Check "Yes" or "No" to indicate whe indirect compensation for which the I If you answered line 1a "Yes," enter	money or anything else of monetary value) in c on received only eligible indirect compensation to include that person when completing the remain ecceiving Only Eligible Indirect Com ther you are excluding a person from the remain plan received the required disclosures (see inse er the name and EIN or address of each persor ensation. Complete as many entries as needed	of for which the plan received the required ainder of this Part.	ved only el	igible
(b) Enter na	ame and EIN or address of person who provide	ed you disclosures on eligible indirec	t compensa	ation
(b) Enter na	ame and EIN or address of person who provide	ed you disclosures on eligible indirec	t compensa	ation
(b) Enter na	ame and EIN or address of person who provide	ed you disclosures on eligible indirec	t compensa	ation
	ame and EIN or address of person who provide ame and EIN or address of person who provide			

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

Page 2- 1

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

Page **3 -** 1

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DELTA DENTAL OF IDAHO

P.O. BOX 2870 BOISE, ID 83701

82-0299431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
13	ADM. SVC. PROVIDER	5205	Yes 🗌 No 🔀	Yes 🗌 No 🗌		Yes 🗌 No 🗌		
	(a) Enter name and EIN or address (see instructions)							

(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes 🗌 No 🗌	
	(a) Enter name and EIN or address (see instructions)						

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect	Did the service provider give you a formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes 🗌 No 🗍	Yes No		Yes No

Page **3 -** 2

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes 🗌 No 🗌	
	(a) Enter name and EIN or address (see instructions)						

(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0		
			Yes 🗌 No 🗍	Yes 🗌 No 🗌		Yes 🗌 No 🗍	
	(a) Enter name and EIN or address (see instructions)						

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	formula instead of an amount or estimated amount?
			Yes No	Yes No	(f). If none, enter -0	Yes No

Part I	Service Provider Information (continued)		
or provide questions provider o	ported on line 2 receipt of indirect compensation, other than eligible indirect compensation, other than eligible indirect compensation advisory, investment met for (a) each source from whom the service provider received \$1,000 or more in in gave you a formula used to determine the indirect compensation instead of an amore is a needed to report the required information for each source.	anagement, broker, or recordkeeping idirect compensation and (b) each sou	services, answer the following urce for whom the service
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility ne indirect compensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility ne indirect compensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility ne indirect compensation.

Pa	Part II Service Providers Who Fail or Refuse to Provide Information				
4	Provide, to the extent possible, the following information for eac this Schedule.	h service provide	r who failed or refused to provide the information necessary to complete		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see	(b) Nature of	(C) Describe the information that the service provider failed or refused to		
	instructions)	Service Code(s)	provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	 (a) Enter name and EIN or address of service provider (see instructions) 	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		

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Pa	art III Termination Information on Accountants and	Enrolled Actuaries (see instructions)
	(complete as many entries as needed)	
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
Ev	planation:	
니시		
а	Name:	b EIN:
C	Position:	
d	Address:	e Telephone:
Ex	planation:	
		-
а	Name:	b EIN:
<u>C</u>	Position:	
d	Address:	e Telephone:
Fx	planation:	
-4		
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
Ex	planation:	
а	Name:	b EIN:

a	Name.	D EIN.
С	Position:	
d	Address:	e Telephone:

Explanation:

Form	5500	Annual Return/Report of Employee Benefit Plan			OMB Nos. 1210 - 0110 1210 - 0089 2018 This Form is Open to		
Department of t Internal Reven	he Treasury ue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and					
Department Employee Bene Administr	of Labor fits Security	Sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with					
Pension Benefit Guar	the instructions to the Form 5500.						
Part I Ar	nual Report lo	entification In	formation			Public I	nspection
For calendar p	olan year 2018 or fi	scal plan year begin	ning 01/01/	2018 and endir	12/21	1/2010	
A This return/report is for:							
B This return/repC If the plan is a		a single-employer the first return/rep an amended return ned plan, check here	plan a ort th n/report a	articipating employer info DFE (specify) ne final return/report short plan year return/rep	rmation in accorda 	nce with the f	form instr.)
D Check box if fi	ling under:	Form 5558				. ▶	
		special extension	(enter description)	utomatic extension	the DFVC pro	gram	
Part II Ba	sic Plan Inform	nation - enter all r	equested information				
2a Plan sponsor's	NRS L.L.C.	WELFARE		N		te of plan 2005 lentification N	501 lumber (EIN)
City or town, st GREAT FLO	ate or province, coun ORS L.L.C.	try, and ZIP or foreign	postal code (if foreign, s	ee instructions)	82-052 2c Plan Spons 208-664-5 2d Business cc 442210	or's telephone 405 ode (see instru	
524 E. SHI	ERMAN AVE.				442210		
COEUR D'			83814				
onder penalties of perjury	and other penalties set	orth in the instructions I a	loolous that the second second	be assessed unless rea	sonable cause is	established.	
as the electronic version of	of this return/report, and t	o the best of my knowledg	leclare that I have examined to ge and belief, it is true, correct	t, and complete.	panying schedules, state	ments and attach	ments, as well
SIGN	And		9-24-14	JIM MCGEE			
Signature	of plan administra	tor	Date	Enter name of individual	signing as plan ad	Iministrator	
SIGN	Art		9-24-19	JIM MCGEE			
Signature	of employer/plan	sponsor	Date	Enter name of individual	signing as employ	er or plan spo	onsor
SIGN							

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

Date

Form 5500 (2018) v. 171027

818401 11-14-18

Signature of DFE

Enter name of individual signing as DFE

	Form 5500 (2018) Pa	ge 2		
3a	Plan administrator's name and address 🔀 Same as Plan Sponsor	3b Administrator	's EIN	
		3c Administrator	's telep	bhone number
4 a c	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: Sponsor's name Plan Name	t filed for this plan,		EIN PN
5	Total number of participants at the beginning of the plan year	5		295
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complet 6a(1), 6a(2), 6b, 6c, and 6d).			0.05
	(1) Total number of active participants at the beginning of the plan year			295
	(2) Total number of active participants at the end of the plan year	-		321
b		· · · · · · · · · · · · · · · · · · ·		
C L			-	321
d		6	-	
e f			-	
1		······		· · ·
g	complete this item)	6	a	
h	Number of participants who terminated employment during the plan year with accrued benefits that less than 100% vested	were		
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans co this item)	mplete	,	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4F 4H

9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)			
	(1) X Insurance	(1) 🗶 🗆	Insurance		
	(2) Code section 412(e)(3) insurance contracts	(2)	Code sectio	n 412(e)(3) insurance contracts	
	(3) Trust	(3)	Trust		
	(4) General assets of the sponsor	(4)	General ass	ets of the sponsor	
	(See instructions)				
	(See instructions)				
а	(See instructions) Pension Schedules	b General	Schedules		
а		b General : (1)	Schedules H	(Financial Information)	
а	Pension Schedules			(Financial Information) (Financial Information - Small Plan)	
а	Pension Schedules (1) R (Retirement Plan Information)	(1) (2)		· · · ·	
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money	(1) (2)	H	(Financial Information - Small Plan)	
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(1) (2) (3) X	н і <u>б</u> а	(Financial Information - Small Plan) (Insurance Information)	

10240924 759203 128036

Form 5500 (2018)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
CFF	e plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 3 2520.101-2.) Yes X No Yes is checked, complete lines 11b and 11c.
	he plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.). Yes No
11c Ent	er the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report er the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failur nter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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