Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		t Identification Information	1							
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018				
A This ret	a single-employer plan a multiple-employer plan (not multiemployer plan list of participating employer information i									
	·	a one-participant plan	a fo	oreign plan						
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a sh	nort plan year return	/report (less than 12 m	onths)				
C Check I	oox if filing under:	X Form 5558		omatic extension		DFVC pr	ogram			
	T	special extension (enter descri	. ,							
Part II	Basic Plan Info	ormation—enter all requested in	nformation	n		I .		1		
1a Name NAMES FAM	of plan MILY MANAGEMENT	, LLC 401(K) PLAN				1b Three plan r (PN)	number	001		
						1c Effect		f plan 1/2012		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			2b Emplo	•	fication Number		
-	town, state or province MILY MANAGEMENT,	ce, country, and ZIP or foreign post , LLC	stal code ((if foreign, see instru	uctions)	, ,		hone number		
1010 DECEN	NTS BLVD., STE. 201					2d Busin	ess code (see instructions)		
	WA 98466-6037					525920				
3a Plan a	dministrator's name a	and address X Same as Plan Spor	onsor.			3b Administrator's EIN				
					3c Admir	nistrator's 1	telephone number			
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN				
a Spons c Plan N	or's name					4d PN				
C Plan N	ame									
5a Total r	number of participants	s at the beginning of the plan year.				5a		2		
		s at the end of the plan year				5b		2		
		account balances as of the end of			•	5c		2		
d(1) Total number of active participants at the beginning of the plan year					5d(1)		2			
d(2) Total number of active participants at the end of the plan yearNumber of participants who terminated employment during the plan year with accrued benefits that were less					5d(2)		2			
than 100% vested						5e	liah ad	0		
		ther penalties set forth in the instru						sable a Schedule		
SB or Sche		and signed by an enrolled actuary, a								
SIGN	Filed with authorized	d/valid electronic signature.	(09/30/2019	ERIN E. SHAGREN					
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signing a	ıs plan adr	ninistrator		
SIGN HERE										
TIERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signing a	s employe	er or plan sponsor		

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C If the plan is a defined benefit plan, is it overed under the PRGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes			
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 106260 10626	С						_		ш			
a Total plan assets	Pa	rt III Financial Information										
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year			
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	1	09386				106260			
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 0 30 Others (including rollovers)	b	Total plan liabilities	7b		0				0			
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Other loss (1) Other loss) (8) Other loss (1) Other loss) (9) Other expenses (9) Other expenses (9) Other expenses (9) Other expenses (10) Other e	С	Net plan assets (subtract line 7b from line 7a)	7c	1	09386		106260					
(1) Employers 8a(1) 0 (2) Participants 8a(2) 36000 (3) Others (including rollovers) 8a(3) 0 (b) Others (including rollovers) 8a(3) 0 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 46726 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3126 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 9c	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		(b) Total					
(3) Other (including rollovers)	a		8a(1)		0							
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) B C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C E Certain deemed and/or corrective distributions (see instructions) B C Certain deemed and/or corrective distributions (see instructions) B C Certain deemed and/or corrective distributions (see instructions) B C Certain deemed and/or corrective distributions (see instructions) B C C Certain deemed and/or corrective distributions (see instructions) B C C Certain deemed and/or corrective distributions (see instructions) B C C Certain deemed and/or corrective distributions (see instructions) B C C C Certain deemed and/or corrective distributions (see instructions) B C C C Certain deemed and/or corrective distributions (see instructions) B C C C C C C C C C C C C C C C C C C		(2) Participants	8a(2)		3600	_						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0	_						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		-6726							
to provide benefits)			8c						-3126			
f Administrative service providers (salaries, fees, commissions)	d		8d		0							
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	0								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)		8f 0								
i Net income (loss) (subtract line 8h from line 8c)			er expenses									
Transfers to (from) the plan (see instructions)	<u>h</u>								_			
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? 10c X 55000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). 10e X f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	-								-3126			
9a	_ <u>_</u>	, , , , , ,	8j		0							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Description of the plan year: Description of the plan year: C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Description or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the				1 (11 11 (17)	01		0	1 1 1 1 1				
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		2A 2E 2F 2G 2J 2K 2R 3D										
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a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions						_				
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		• • •				Yes	No		Amount			
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b		•		10b		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			550	000		
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under					X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	10f		X							
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>			·	10g		X					
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· ·····		10h		Χ					
	i	·	•		10i							

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information							
For calenda	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan						
		a one-participant plan							
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year returna						
C Check b	oox if filing under:	X Form 5558	automatic extension		☐ DFVC program	1			
		special extension (enter des							
Part II	Basic Plan Inf	formation—enter all requested i	information						
1a Name	of plan	nagement, LLC 401(k)			1b Three-digit plan number (PN) ▶	001			
					1c Effective da 01/01/2	· ·			
Mailing	address (include ro	oloyer, if for a single-employer plan oom, apt., suite no. and street, or P	.O. Box)		2b Employer lo (EIN) 91 - 2	dentification Number 1980678			
-	·	nce, country, and ZIP or foreign ponagement, LLC	stal code (if foreign, see instru	uctions)	2c Sponsor's telephone number 253-566-7000				
1019	Regents Blv	vd., Ste. 201			2d Business code (see instructions)				
Fircrest WA 98466-6037									
3a Plan a	dministrator's name	and address X Same as Plan Sp	oonsor		3b Administral	3b Administrator's EIN			
					3c Administra	tor's telephone number			
4 If the	name and/or EIN of	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last re	eturn/report filed for ne last return/report	4b EIN				
a Spons	sor's name	, , ,	·		4d PN				
C Plan N	vame								
5a Total	number of participar	nts at the beginning of the plan yea	ΔΓ		5a	2			
		nts at the end of the plan year			5b	2			
		th account balances as of the end		contribution plans	5c	2			
*		participants at the beginning of the			5d(1)	2			
d(2) Total number of active participants at the end of the plan year					5d(2)	2			
		rho terminated employment during		enefits that were less	5e	C			
Caution: A Under per SB or Sch	A penalty for the la	te or incomplete filing of this ref tother penalties set forth in the ins d and signed by an enrolled actuar	turn/report will be assessed tructions. I declare that I have	examined this return.	report, including, if	applicable, a Schedule			
SIGN	15	3 Shas_	9-30-19	Erin E. Shag	ren				
HERE	Signature of pla	Carl	Date	Enter name of indi	vidual signing as pl	an administrator			
SIGN	- 3.55,812 5. p/s								
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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	a	ч	C	_

a Total plan assets 7a 109,386 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 109,386	X Yes No Not determined (See instructions.) of Year 106,260		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500. SF and must instead use Form 5500. If "Yes" is checked, enter the My PAA confirmation number from the PBGC insurance program (see ERISA section 4021)?	Not determined (See instructions.) of Year 106,260		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	of Year 106,260		
Part III Financial Information	of Year 106,260		
Part III Financial Information	of Year 106, 260		
7 Plan Assets and Liabilities (a) Beginning of Year (b) End a Total plan assets 7 109,386 b Total plan liabilities 7 7 0 0 c Net plan assets (subtract line 7b from line 7a) 7 109,386 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) 7 a Contributions received or receivable from: (1) Employers 8 (a) Participants 8 (a) 3 ,600 (2) Participants 8 (a) 3 ,600 b Other income (loss) 8 (a) 3 ,600 c Total income (diss 8 (a) 8 (a) 3 ,600 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d c Certain deemed and/or corrective distributions (see instructions) 8e c Certain deemed and/or corrective distributions (see instructions) 8f d Other expenses 8g D Other expenses 8g D Other expenses (add lines 8d, 8e, 8f, and 8g) 8h Total expenses (add lines 8d, 8e, 8f, a	106,260		
a Total plan assets	106,260		
b Total plan liabilities	0		
C Net plan assets (subtract line 7b from line 7a) 7c 109,386 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 3,600 (3) Others (including rollovers) 8a(3) 0 (5) Other income (loss) 8b -6,726 (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -6,726 (6) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -6,726 (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -6,726 (8) Other expenses 8d -8d -9d -9d -9d -9d -9d -9d -9d -9d -9d -9	0		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers			
a Contributions received or receivable from: (1) Employers	106,260		
(1) Employers 8a(1) 0 (2) Participants 8a(2) 3,600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b -6,726 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the inst 2A 2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the inst Part V Compliance Questions 10 During the plan year: Yes No a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X	Гotal		
Sa(3) O			
b Other income (loss)	TSB BLEET		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g the Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j o Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the ins 2A 2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the inst Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			
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to provide benefits)	-3,126		
f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the ins 2A 2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the inst Part V Compliance Questions 10 During the plan year: Yes No a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			
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Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instance 2A 2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instance Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			
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b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the inst Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	tructions:		
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described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	Amount		
C Was the plan covered by a fidelity bond?	55,000		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			
f Has the plan failed to provide any benefit when due under the plan?			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520_101-3 10i			

	Form 5500-SF (2018)	P	age 3-					
Part '	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum fundin (Form 5500) and line 11a below)	-				В	Yes	No
11a	Enter the unpaid minimum required contributions for all	years from Schedule SB (Form	m 5500) line 40.		11a			
12	Is this a defined contribution plan subject to the minimu ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and						Yes	X No
а	If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in this			d enter t Day		of the letter rulir Year	ng
lfy	you completed line 12a, complete lines 3, 9, and 10 o	f Schedule MB (Form 5500),	and skip to line	13.				
b	Enter the minimum required contribution for this plan year	ar			12b			
С	Enter the amount contributed by the employer to the pla	n for this plan year	*****	++++++++++++++++++++++++++++++++++++++	12c			
d	Subtract the amount in line 12c from the amount in line negative amount)				12d			
е	Will the minimum funding amount reported on line 12d	be met by the funding deadline	?			Yes	No No	N/A
Part '	VII Plan Terminations and Transfers of A	ssets						
13a	Has a resolution to terminate the plan been adopted in any	plan year?	(******************			Yes	s X No	
	If "Yes," enter the amount of any plan assets that rever	ted to the employer this year			13a			
b	Were all the plan assets distributed to participants or be control of the PBGC?		, .	•			Yes X No	5
С	If, during this plan year, any assets or liabilities were transferred.	ansferred from this plan to and	ther plan(s), ide	ntify the plan(s) to			
1	3c(1) Name of plan(s):		13c(13c(3) PN	l(s)