Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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	Annual Report	identification information										
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018							
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (nployer information in ac		ng this box must attach a						
	·	a one-participant plan	a foreign plan			,						
B This ret	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)							
C Check	box if filing under:	X Form 5558	automatic extension DFVC program									
		special extension (enter descri	ription)									
Part II	Basic Plan Info	ormation—enter all requested in	formation									
					1b Three	digit						
1a Name ASPEN RID	•	FINED BENEFIT PENSION PLAN				umber						
1c Effective date of plan 01/01/2016												
2a Plan s	sponsor's name (emplo	oyer, if for a single-employer plan)			2h Emplo	ver Identification Number						
 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 												
•	•	se, country, and ZIP or foreign post	tai code (ir foreign, see inst	ructions)	2c Spons	sor's telephone number						
ASPEN KIDI	GE HOMES LLC					360-477-8131						
					2d Busine	ess code (see instructions)						
PO BOX 297 SEQUIM, W						531190						
OLQUIN, W	A 90302											
3a Plan a	administrator's name a	ind address X Same as Plan Spoi	nsor.		3b Admin	istrator's EIN						
					3c Admin	istrator's telephone number						
4 If the	name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last r	eturn/report filed for	4b EIN							
this p	lan, enter the plan spo	onsor's name, EIN, the plan name a			4d PN							
a Spons C Plan N	sor's name Jame				4u PN							
	t amo											
5a Total	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							
d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	2						
		articipants at the end of the plan ye			5d(2)	1						
than	100% vested	o terminated employment during the			5e	1						
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is establ	ished.						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the cont										
SIGN	Filed with authorized	d/valid electronic signature.	09/30/2019	PHILIP FERNANDES								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing a	s plan administrator						
SIGN												
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signing a	s employer or plan sponsor						

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b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepei and condit	ndent qualified public a	ccount	ant (IC	(PA)	X	Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot										
	If the plan is a defined benefit plan, is it covered under the PBGC in		- :					determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r		41 <u>64085</u> . (See in	structions.)			
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	of Year	,		(b) End of Year				
а	Total plan assets	7a	, , , , , , , , , , , , , , , , , , , ,	38190			7404	-28			
	Total plan liabilities	7b		0				0			
С	Net plan assets (subtract line 7b from line 7a)	53	38190			7404	28				
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		00632			(S) Fotal				
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		1606							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2022	38			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)		0								
f	Administrative service providers (salaries, fees, commissions)		0								
g	Other expenses		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0					
i	Net income (loss) (subtract line 8h from line 8c)	2022	38								
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	•									
9a	If the plan provides pension benefits, enter the applicable pension to 1A 3B 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the instructions				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	es in the instructions:				
Part	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	,	? (Do not	include transactions	10b		X					
С				10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	s by an insurance the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the plan		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as	end.)	10g		Χ						
h		uctions and 29 CFR	10g 10h								
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	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)		B 	X Yes	s No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year									
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
С	C Enter the amount contributed by the employer to the plan for this plan year									
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A					
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	r calendar plan yea	r 2018	or fiscal plan y	/ear	beginning 01/	01/201	8		and endin	g 12/	31/201	8	
•	Round off amoun	ts to n	earest dollar.										
<u> </u>	Caution: A penalty	y of \$1,	000 will be ass	ses	sed for late filing of t	this repo	ort unless reasonable cau	ise i	s established	d.			
	Name of plan							В	Three-dig	git			
	ASPEN RIDGE HO	MES L	LC DEFINED	BEI	NEFIT PENSION PL	_AN			plan num	nber (Pl	۷)	•	001
С	Plan sponsor's nam	ne as sl	nown on line 2	a of	f Form 5500 or 5500)-SF		D	Employer	Identific	cation I	Number (E	EIN)
	ASPEN RIDGE HO	MES L	LC							83-04	66743		
							T						
<u>E</u>	Type of plan: 🔀 Si	ngle	Multiple-A		Multiple-B		F Prior year plan size:	X 1	00 or fewer	101	-500	More th	an 500
F	Part I Basic	Infori	mation										
_1	Enter the valuation	on date	: 1	Mor	nth <u>01</u> Da	y <u>01</u>	Year <u>2018</u>						
2	Assets:												
	a Market value									. 2a			527228
	b Actuarial value									. 2b			527228
3	Funding target/pages	articipa	nt count break	dov	vn		` ,		nber of pants	(2) Ve	ested F Targe	unding t	(3) Total Funding Target
	a For retired part	ticipant	s and beneficia	arie	s receiving paymen	t			0			0	0
	b For terminated	l vested	d participants						0			0	0
	c For active parti	cipants	s						2			366246	368910
	d Total								2			366246	368910
4	If the plan is in at	t-risk st	atus, check the	e bo	ox and complete line	es (a) ai	nd (b)						
	a Funding target	disreg	arding prescrib	oed	at-risk assumptions					4a	ı		
							sition rule for plans that h g loading factor			4b)		
5										5			5.39 %
6	Target normal co	st								6			54371
Sta	tement by Enrolle	d Actu	ary										
		le law an	d regulations. In my	y opi	nion, each other assumption		edules, statements and attachments and attachments and the explanation of the explanation						
	SIGN												
	HERE		2:					_				09/26/201	9
	CAREN BUNNI FA	MODA	Ü	atuı	re of actuary							Date	
r	(AREN DUNN, EA,	MSPA,		rint	name of actuany			_		Moot	rocont	17-05142	
	NDEDENDENT AC	TLIADII	• • • • •	וווונ	name of actuary					IVIOSI		enrollmer 03-520-08	
"	NDEPENDENT AC	TUARII		Firr	m name			_		lenhon			ing area code)
S	500 KRUSE WAY SUITE 200 AKE OSWEGO, O	R 9703			mame				16	лерпоп	5 Hullik	Jei (iliciaa	ing area code)
				dres	ss of the firm			_					
	e actuary has not fu	lly refle	ected any regul	latio	on or ruling promulg	ated un	der the statute in complet	ing	this schedule	e, checl	the b	ox and see	

Page	2	-	1
ugu	_		

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances						
							(a) C	Carryover balance		(b) P	refundir	ig balance
7		•	0 , ,		able adjustments (line 13 fro			()			0
8				,	nding requirement (line 35 fr			()			0
9	Amount r	emaining	g (line 7 minus line	8)				()			0
10	Interest of	n line 9 เ	using prior year's	actual retu	rn of <u>-1.89</u> %			()			0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							165820
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of												9620
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual												0039
return C Total available at beginning of current plan year to add to prefunding balance												0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance	€						174459
d Portion of (c) to be added to prefunding balance												0
12	Other red	ductions i	n balances due to	elections	or deemed elections			()			0
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)			()			0
Part III Funding Percentages												
14	Funding	_									14	142.91%
 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 										15	142.91%	
16					of determining whether carry				reduce	current	16	90.94%
17					less than 70 percent of the f						17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls					•		
18					ar by employer(s) and employer			T				
(1)	(a) Date MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(-	(c	Amour (emplo	nt paid by ovees
	9/03/2019	,	- 1 -2	200632	0		,	. , . , . ,				
						Totals ►	18(b)		20063	2 18(c)		0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation da	ate after the	beginning of the y	ear:			
	a Contril	outions a	llocated toward ur	npaid minir	num required contributions f	rom prior ye	ears	······································	19a			0
	b Contrib	outions m	ade to avoid resti	ictions adj	usted to valuation date			······································	19b			0
	C Contrib	outions all	ocated toward min	imum requi	red contribution for current year	ar adjusted t	o valuation d	ate '	19c			183780
20	-		tions and liquidity									
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?						X	Yes No
	b If line	20a is "Y	es," were required	quarterly	installments for the current y	ear made ir	n a timely ma	anner?	<u>.</u>		X	Yes No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable:						
		(4) 4	•		Liquidity shortfall as of end	d of quarter					(4) 411	
		(1) 1s	L		(2) 2nd		(3)	3rd			(4) 4th	

D	art V	Assumnti	one Head t	o Determine	Funding Target and	Target	Normal Cost					
21	Discount		ons oscu i	.o Determine	Tuliding Target and	Target	Normal Cost					
		ent rates:	1st s	egment:	2nd segment:		3rd segme	nt:	DN/A full violations are and			
				3.92%	5.52%		6.29		N/A, full yield curve used			
			-					21b	0			
_22	Weighte	d average retir	ement age					22	62			
23	Mortality	table(s) (see	instructions)	Prior regulation	n: Prescribed	- combined	Prescrib	ed - separa	te Substitute			
				Current regular	ion: X Prescribed	- combined	Prescrib	ed - separa	te Substitute			
Pa	Part VI Miscellaneous Items											
24	Has a ch	nange been ma	ade in the non-	prescribed actua	rial assumptions for the cu	rrent plan y	ear? If "Yes," se	e instruction	s regarding required			
	attachme	ent							Yes X No			
25	Has a m	ethod change l	been made for	the current plan	year? If "Yes," see instruc	tions regar	ding required atta	chment	Yes X No			
26	Is the pla	an required to p	provide a Sche	edule of Active Pa	articipants? If "Yes," see in	structions r	egarding require	d attachmer	ntX Yes No			
27		•		•	applicable code and see ir	structions	regarding	27				
D	attachme art VII			naid Minimu	m Required Contrib	utions E	or Prior Voor					
				•	ars				0			
29					npaid minimum required co			29				
					· · · · · · · · · · · · · · · · · · ·				0			
30	Remaini	ng amount of u	ınpaid minimui	m required contri	butions (line 28 minus line	29)		30	0			
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Target n	ormal cost and	d excess asset	s (see instruction	ns):			1	T			
								31a	54371			
				t greater than lin	e 31a	·····		31b	54371			
32		ation installmen					Outstanding Ba		Installment			
								0	0			
33					the date of the ruling letter		ne annroval		0			
) and the waived amou			33				
34	Total fun	ding requireme	ent before refle	ecting carryover/p	prefunding balances (lines	31a - 31b +	32a + 32b - 33).	34	0			
					Carryover balance		Prefunding ba	ance	Total balance			
35		s elected for us		-					0			
36	Addition	al cash require	ment (line 34 r	minus line 35)				36	0			
37	Contribu	tions allocated	toward minim	um required con	ribution for current year ad	justed to va	aluation date (line		183780			
38					(see instructions)							
-				•				38a	183780			
		-			efunding and funding stand				0			
39	Unpaid r	ninimum requii	red contribution	n for current year	(excess, if any, of line 36	over line 37	')	39	0			
40	Unpaid r	ninimum requii	red contribution	ns for all years				40	0			
Pa	rt IX	Pension	Funding R	elief Under P	ension Relief Act of	2010 (S	ee Instruction	าร)				
41	If an elec	tion was made	to use PRA 2	010 funding relie	f for this plan:							
	a Sched	ule elected							2 plus 7 years 15 years			
	b Eligible	e plan year(s) f	for which the e	lection in line 41	a was made				008			

Aspen Ridge Homes LLC Defined Benefit Pension Plan

EIN: 83-0466743 PN: 001

2018 Form 5500 Schedule SB, Line 26 – Schedule of Active Participant Data

Service/	Less	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Age	than 1									
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	1	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	1	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

2018 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Method for Minimum Required Contribution

Asset Valuation Method Fair market value.

Valuation Date First day of plan year.

Yield Curve Selected 24-month average Segmented Yield Curve, subject to

corridor provided by MAP-21 as adjusted by the Highway

and Transportation Funding Act of 2014.

Lookback Month for Determining

Segment Interest Rates

Month containing the valuation date.

Future Compensation Actual compensation for prior year, with annualization

for new hires.

Actuarial Assumptions for Minimum Required Contribution

Segment Interest Rates First Segment (Under 5 years): 3.92%

Second Segment (5 to 19 years): 5.52% Third Segment (20 or more years): 6.29%

Assumed Form of Payment Lump sum.

Lump Sum Payment Assumptions Greater result of §417(e) applicable mortality and yield

curve segments (above) as described in IRS Regulations, and plan factors applying the appropriate yield curve

segment to deferral period.

Assumed Commencement Date Normal Retirement Date.

Average Retirement Age Age 62.

Mortality

Pre-Retirement None.

Post-Retirement See lump sum payment assumptions (above).

Salary Scale No explicit assumption.

Turnover Rate No explicit assumption.

Aspen Ridge Homes LLC Defined Benefit Pension Plan

EIN: 83-0466743 PN: 001

2018 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Concluded)

Expenses None.

Future Annual Hours Worked Actual hours worked in prior year, with annualization for

new hires.

Assumptions Regarding Elections for PPA Funding Requirements

Prefunding Balance Election to apply employer contributions in excess of

minimum contribution for prior year is assumed not

made.

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).

ncome 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.

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2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual	Report Identification Informa	ation		10/21/0	110
For calendar plan year	2018 or fiscal plan year beginning	01/01/2018	and ending	12/31/20	
A This return/report is	X a single-employer plan for:	a multiple-employer participating e	lan (not multiemployer) mployer information in a	(Filers checking thi ccordance with the	s box must attach a form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/rep	ort a short plan year retu	rn/report (less than 12 n	nonths)	
C Check box if filing u		automatic extension		DFVC program	1 ;
	special extension (ente				
Part II Basic P	lan Information—enter all reque	sted information		41 - " "	-
1a Name of plan Aspen Ridge	Homes LLC Defined Ben	efit Pension Plan		1b Three-digit plan number (PN) ▶	
				1c Effective da 01/01/2	ate of plan
2a Plan sponsor's nar	ne (employer, if for a single-employer	plan)		2b Employer lo	dentification Number
Mailing address (in	clude room, apt., suite no. and street or province, country, and ZIP or foreig	, of P.O. Box) an postal code (if foreign, see ins	tructions)		
Aspen Ridge				360-477	telephone number 7-8131
PO Box 2976				2d Business c	ode (see instructions)
Sequim	WA	98382		531190	· · · · · · · · · · · · · · · · · · ·
3a Plan administrator	s name and address X Same as Pla	an Sponsor.		3b Administrat	or's EIN
	-			3c Administrat	or's telephone number
				JC Administrat	of a telephone number
				·	
4 If the name and/or	EIN of the plan sponsor or the plan replan sponsor's name, EIN, the plan	name has changed since the last name and the plan number from	return/report filed for the last return/report.	4b EIN	
a Sponsor's name				4d PN	•
C Plan Name					
					2
5a Total number of p	articipants at the beginning of the plan	n year		5a	2
b Total number of p	articipants at the end of the plan year			5b	2
c Number of particip	pants with account balances as of the	end of the plan year (only define	ed contribution plans	5c	: : : :
•	f active participants at the beginning o			5d(1)	2
· ,	f active participants at the end of the			5d(2)	1
e Number of partic	pants who terminated employment du	uring the plan year with accrued	benefits that were less	5e	1
Coution: A populty fo	r the late or incomplete filing of this	s return/report will be assesse	d unless reasonable c	ause is establishe	ed.
Linder penalting of por	ury and other penalties set forth in the mpleted and signed by an enrolled ac	e instructions. I declare that I hav	e examined this return/	report, including, it i	applicable, a Schedule
	, and continue to	0/2/10	Philip Ferna	ndes	
SIGN HERE	Anlan administrator	Date	Enter name of indiv		ın administrator
Signatur	plan administrator	Date	Enter Harrie of Hidiv		
SIGN HERE Signature	e of employer/plan sponsor	Date	Enter name of indiv	idual signing as em	ployer or plan sponsor
Signatur	or employential apolisor			<u> </u>	Form 5500-SE (2018)

Pa	a	e	2

		la acceta?	(See instructions)					ΧY	es No
6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper and condit	ndent qualified public ad ions.)	counta	int (IQI	PA) 			es No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	mstea Man 40	u use	FOITH	Voc DNo	□ Not d	etermined
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sec	ouon 40	121) ? .	<u>P</u>	4164085	(See ins	
	If "Yes" is checked, enter the My PAA confirmation number from the	е РВСС р	remium filing for this pla	ali yeai				. (000 1110	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End	of Year	
	Total plan assets	7a		538,1	190				740,428
	Total plan liabilities	7b			0			:	0
	Net plan assets (subtract line 7b from line 7a)	7c		538,	190			:	740,428
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) 1	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		200,6	532	100			
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		1,6	506				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						:	202,238
d		8d			0		7790.04	1000	Barrier (1997)
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f			0				
g	Other expenses			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							202 220
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							202,238
j	Transfers to (from) the plan (see instructions)	- 8j			0				
Pa	rt IV Plan Characteristics								
9a	1A 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	cterist	tic Cod	les in the insti	uctions:	
Pa	rt V Compliance Questions			,					
10	During the plan year:				Yes	No		Amount	
. 8	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	Voluntary I	Fiduciary Correction	10a		х		: :	
ı	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х		: :	· · · · · · · · · · · · · · · · · · ·
	Was the plan covered by a fidelity bond?			10c		Х			
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		х			
-	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther persor	ns by an insurance f the benefits under	10e		х			
1				10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х		i	
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See insti	ructions and 29 CFR	10h					
i		the require	ed notice or one of the	10i			C Francisco		

	Form 5500-SF (2018)	Pa	ge 3- _					!		
	-									
Part \	/I Pension Funding Compliance							<u>:</u>		
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)	requirements? (If "Yes," see in	estructio	ns and	d complete Scl	nedule S	SB	. X	Yes	☐ No
11a	Enter the unpaid minimum required contributions for all							0		
12	Is this a defined contribution plan subject to the minimu	m funding requirements of sect	ion 412	of the	Code or section	on 302 c	of 		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and	12e below, as applicable.)						-645 - 1-		
	If a waiver of the minimum funding standard for a prior y granting the waiver.				. Month	d enter Da	the date	or the le	r	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), a	nd skip	to lin	e 13.	·				
b	Enter the minimum required contribution for this plan yea	r				12b				
	Enter the amount contributed by the employer to the plan					12c				
d	Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a m	inus sig	n to th	e left of a	12d			-	
е	Will the minimum funding amount reported on line 12d b	e met by the funding deadline?	·				Yes	No	<u> </u>	N/A
Part \	/II 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 revert	ed to the employer this year				. 13a				
b	Were all the plan assets distributed to participants or be control of the PBGC?	neficiaries, transferred to anoti	ner plan	or bro	ought under the	e 		Yes	X N	0
С	If, during this plan year, any assets or liabilities were tra which assets or liabilities were transferred.	nsferred from this plan to anoth	ner plan	(s), ide	entify the plan(s) to	· · · · · · · · · · · · · · · · · · ·			
1	3c(1) Name of plan(s):				13c(2	2) EIN(s)	13	c(3) PI	V (s)
										
			-							

Y

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). 2018

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as	an attachment to Form	5500 or 5500	-SF.			
For calendar plan year 2018 or fiscal pla	an year beginning	01/01/2018		and ending		12/31/20	18
▶ Round off amounts to nearest dol							
▶ Caution: A penalty of \$1,000 will be	assessed for late filing of	this report unless reason	nable cause is	established	•		
A Name of plan	D - 51 1 D 51 +	Danaian Dlan	В	Three-dig			0.04
Aspen Ridge Homes LLC Defined Benefit Pension Plan					ber (PN)	•	001
C Plan sponsor's name as shown on lin	e 2a of Form 5500 or 550	0-SF	D	Employer I	dentifica	tion Number (E	IN)
Aspen Ridge Homes LLC				83-046	6743		
E Type of plan: X Single Multiple	-A Multiple-B	F Prior year pl	an size: 🛛 10	0 or fewer	101-5	000 More th	an 500
Part I Basic Information							
1 Enter the valuation date:	Month 01 D	ay01 Year	2018				
2 Assets:							
a Market value					2a		527,228
b Actuarial value					2b		527,228
3 Funding target/participant count br	eakdown	<	(1) Num particip	20.00		ted Funding arget	(3) Total Funding Target
a For retired participants and bene	eficiaries receiving paymen	nt		0		0	C
b For terminated vested participan	ıts			0		0	(
C For active participants				2		366,246	368,910
d Total				2		366,246	368,910
4 If the plan is in at-risk status, check							
a Funding target disregarding pres					4a		
b Funding target disregations process b Funding target reflecting at-risk at-risk status for fewer than five	assumptions, but disregar	ding transition rule for pla	ans that have	been in	4b		
5 Effective interest rate					5		5.39%
6 Target normal cost					. 6		54,373
Statement by Enrolled Actuary							
To the best of my knowledge, the information supaccordance with applicable law and regulations.	pplied in this schedule and accomp	panying schedules, statements a	nd attachments, if	any, is complete	and accura	ate. Each prescribed	assumption was applied in such other assumptions, in
combination, offer my best estimate of anticipate	d experience under the plan.						•
SIGN HERE Karen Dunn, EA,	MSPA, OPA					09/26/20	19
	Signature of actuary			7		Date	
Karen Dunn, EA, MSPA, QP.						1705142	2
Type	or print name of actuary				Most r	ecent enrollmer	nt number
Independent Actuaries, I						503-520-0	
	Firm name			Te	lephone	number (includ	ing area code)
4500 Kruse Way					100		10-96 SED
Suite 200	T025						
Lake Oswego OR 9	7035 Address of the firm						
	95-V36-29-30-V36-335-2-36-6			ble set - d. t.	l	the heu and car	
If the actuary has not fully reflected any reinstructions	egulation or ruling promul	gated under the statute i	n completing t	nis schedule	e, cneck	ine box and see	е

Pad	e 2	_	[

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances									
								(a) C	arryover balanc	e		(b) ₽	refundir	ng bala	nce
_ 7 			•		able adjustments (line 13 fro	•					0				0
8							0			0					
9	9 Amount remaining (line 7 minus line 8)						0				0				
10	Interest	on line 9 ເ	ising prior year's	actual retu	rn of <u>-1.89</u> %	*********					0				0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:		į,								
	a Prese	nt value o	f excess contribut	ions (line 3	88a from prior year)	***********								16	5,820
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year. Schedule SB, using prior year's effective interest rate of			ar. %	-								8,639		
			· · ·		dule SB, using prior year's a										
					ar to add to prefunding balanc						-		· · · · · · · · · · · · · · · · · · ·	10	0 4,459
	_		*		ance				* * * * * * * * * * * * * * * * * * *		-				0
12	Other re	ductions i	n balances due to	elections	or deemed elections						0				0
13	Balance	at beginn	ing of current yea	ır (line 9 + l	line 10 + line 11d - line 12).						0				0
F	art III	Fun	ding Percent	ages											
14	Funding	target att	ainment percenta	ge					***************	,			14	142	.91%
15	Adjusted	d funding t	arget attainment	percentage				***********					15	142	.91%
16					of determining whether carry								16		2484
17					less than 70 percent of the								17	9.0	.94%
		-1		-	· · · · · · · · · · · · · · · · · · ·	iunung targ	yet, t	enter suc	n percentage		*******		17		%_
	art IV	-			ity Shortfalls										
	(a) Dat		e to the plan for t (b) Amount p		ar by employer(s) and employer (c) Amount paid by		Date	2	(b) Amount	naid h	. 1	lc) Amou	nt naid	bu
(MM-DD-YYYY) employer(s)					employees	(MM-DI			employe		y	employees			Dy .
0	9/03/2	2019	2	00,632	0										
												·····			
											_				
							·····								

					Tara San San San San San San San San San Sa	Totals ▶	·	18(b)	:	200,	632	18(c)			0
19	Discoun	ted emplo	yer contributions	– see instri	uctions for small plan with a	valuation d	late a	after the	beginning of the	year:					
	a Contri	ibutions a	located toward ur	paid minin	num required contributions f	rom prior ye	ears	-,	.,.,	19a					0
b Contributions made to avoid restrictions adjusted to valuation date										0					
	C Contri	butions all	ocated toward min	imum requi	red contribution for current ye	ar adjusted t	to va	luation d	ate	19c				18	3,780
20	20 Quarterly contributions and liquidity shortfalls:														
	a Did th	ne plan ha	ve a "funding sho	rtfall" for th	e prior year?	,	·····		***************************************					Yes	No
	b If line	20a is "Y	es," were required	quarterly	installments for the current y	ear made i	nat	imely ma	nner?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X	Yes	No
					nplete the following table as								tured	•	
					Liquidity shortfall as of end										
(1) 1st			,		(2) 2nd			(3)	3rd			(4) 4th		

F	art V Assumpti	ons Used to Determine	Funding Target and Targ	et Normal Cost				
21	Discount rate:				•			
	a Segment rates:	1st segment: 3 . 92 %	2nd segment: 5.52 %	3rd segment: 6 . 29%		N/A, full yield curve used		
	b Applicable month (er	nter code)	ode)			0		
22	Weighted average retirement age					62		
23	Mortality table(s) (see	- separate	Substitute					
	, , , ,	- separate						
		Current regulat	tion: X Prescribed - comb	Trescribed	- separate			
	art VI Miscellane							
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.							
25	Has a method change	been made for the current plan	year? If "Yes," see instructions re	egarding required attachi	ment	Yes X No		
26	Is the plan required to p	provide a Schedule of Active Pa	articipants? If "Yes," see instruction	ons regarding required at	tachment.			
27			applicable code and see instruction		27			
P	art VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years				
28	Unpaid minimum requir	red contributions for all prior ye	ars		28	0		
29			npaid minimum required contribut		29	Ó		
30	Remaining amount of u	inpaid minimum required contri	butions (line 28 minus line 29)		30	0		
Pa	art VIII Minimum	Required Contribution	For Current Year					
31	Target normal cost and	d excess assets (see instruction	าธ):					
	a Target normal cost (li	ne 6)			31a	54,371		
			246	E4 371				
	b Excess assets, if app	olicable, but not greater than lin	e 31a		31b	54,371		
32	b Excess assets, if app Amortization installmen	-	e 31a	Outstanding Balar	nce	Installment		
32	Amortization installmen	nts:	e 31a	Outstanding Balar	0	Installment .0		
	Amortization installmen a Net shortfall amortiza b Waiver amortization	nts: ation installmentinstallment		Outstanding Balar	nce	Installment		
	Amortization installmen a Net shortfall amortization b Walver amortization If a waiver has been ap	nts: ation installmentinstallment		Outstanding Balar	0	Installment .0		
33	Amortization installmer a Net shortfall amortization b Waiver amortization If a waiver has been ap (Month	nts: ation installment installment oproved for this plan year, enter	the date of the ruling letter granti	Outstanding Balar	0 0	Installment .0		
33	Amortization installmer a Net shortfall amortization b Waiver amortization If a waiver has been ap (Month	nts: ation installment installment oproved for this plan year, enter	the date of the ruling letter granti) and the waived amount	Outstanding Balar	0 0 33 34	installment 0		
33	Amortization installmer a Net shortfall amortization If a waiver has been ap (Month	nts: ation installment installment oproved for this plan year, enter bay Year ent before reflecting carryover/	r the date of the ruling letter granti) and the waived amount prefunding balances (lines 31a - 3	Outstanding Balar ng the approval 1b + 32a + 32b - 33)	0 0 33 34	Installment 0		
33 34 35	Amortization installmer a Net shortfall amortization b Waiver amortization If a waiver has been ap (Month	ation installmentinstallment	r the date of the ruling letter granti) and the waived amount prefunding balances (lines 31a - 3	Outstanding Balar ng the approval 1b + 32a + 32b - 33) Prefunding balance	0 0 33 34	Installment 0 0 Total balance		
33 34 35 36	Amortization installmer a Net shortfall amortization If a waiver has been an (Month D Total funding requirement Balances elected for us requirement	ation installment	the date of the ruling letter granti) and the waived amount prefunding balances (lines 31a - 3 Carryover balance	Outstanding Balar Ing the approval 1b + 32a + 32b - 33) Prefunding balance to valuation date (line	33 34 ce	Installment 0 0 Total balance		
33 34 35 36 37	Amortization installmer a Net shortfall amortization If a waiver has been ap (Month	ation installment	r the date of the ruling letter granti) and the waived amount prefunding balances (lines 31a - 3 Carryover balance tribution for current year adjusted	Outstanding Balar Ing the approval 1b + 32a + 32b - 33) Prefunding balance to valuation date (line	33 34 ce	Installment 0 0 Total balance 0		
33 34 35 36 37	Amortization installmer a Net shortfall amortization If a waiver has been ap (Month	ation installment	r the date of the ruling letter granti) and the waived amount prefunding balances (lines 31a - 3 Carryover balance tribution for current year adjusted	Outstanding Balar Ing the approval 1b + 32a + 32b - 33) Prefunding balance to valuation date (line	33 34 ce	Installment 0 0 Total balance 0		
33 34 35 36 37	Amortization installmer a Net shortfall amortization If a waiver has been ar (Month	ation installment	r the date of the ruling letter granti	Outstanding Balar ng the approval 1b + 32a + 32b - 33) Prefunding baland to valuation date (line	33 34 ce 36 37	Installment 0 0 Total balance 0 183,780		
33 34 35 36 37 38	Amortization installmer a Net shortfall amortization If a waiver has been an (Month	ents: ation installment installment proved for this plan year, enter year Year ent before reflecting carryover/get to offset funding ement (line 34 minus line 35) I toward minimum required contents of secontributions for current year of line 37 over line 36) ne 38a attributable to use of presented attributable attribu	the date of the ruling letter granti) and the waived amount prefunding balances (lines 31a - 3	Outstanding Balar Ing the approval 1b + 32a + 32b - 33) Prefunding balance to valuation date (line	33 34 ce 36 37 38a 38b 39	Installment 0 0 Total balance 0 183,780 0 0		
33 34 35 36 37 38 39 40	Amortization installmer a Net shortfall amortization If a waiver has been ap (Month	ation installment	r the date of the ruling letter granti	Outstanding Balar Ing the approval Ib + 32a + 32b - 33) Prefunding balance to valuation date (line ryover balances	33 34 36 37 38a 38b 39 40	Installment 0 0 Total balance 0 183,780 0		
33 34 35 36 37 38 39 40 Pa	Amortization installmer a Net shortfall amortization If a waiver has been ap (Month	installment	r the date of the ruling letter granti	Outstanding Balar Ing the approval Ib + 32a + 32b - 33) Prefunding balance to valuation date (line ryover balances	33 34 36 37 38a 38b 39 40	Installment 0 0 Total balance 0 183,780 0 0		
33 34 35 36 37 38 39 40 Pa	Amortization installmer a Net shortfall amortization If a waiver has been ap (Month	ation installment	r the date of the ruling letter granti	Outstanding Balar Ing the approval Ib + 32a + 32b - 33) Prefunding balance to valuation date (line ryover balances	33 34 36 37 38a 38b 39 40	Installment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
33 34 35 36 37 38 39 40 Pa	Amortization installmer a Net shortfall amortization If a waiver has been ap (Month	ation installment	r the date of the ruling letter granti	Outstanding Balar Ing the approval 1b + 32a + 32b - 33) Prefunding balance to valuation date (line ryover balances	33 34 ce 36 37 38a 38b 39 40	Installment 0 0 Total balance 0 183,780 183,780 0 0 2 plus 7 years 15 years		

2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1. Effective Date January 1, 2016.

2. Plan Year January 1 to December 31.

3. Plan Eligibility

collective bargaining and certain non-resident aliens with no US

income.

Requirements Later of attainment of age 21 and completion of 1 year of service.

Entry date January 1 or July 1 coinciding with or next following completion of

eligibility requirements.

4. Years of Service

Eligibility 12-Month period commencing on employee's date of hire during

which the employee is credited with at least 1,000 hours; switches to plan year on anniversary of employee's date of hire if employee fails

to complete 1,000 hours in first 12-month period.

Vesting Plan year during which employee is credited with at least 1,000 hours

of service.

Benefit Plan year during which the participant is credited with at least 1,000

hours of service, excluding years prior to January 1, 2011.

5. Normal Retirement

Eligibility The first day of the month coincident with or following the later of

the participant's 62nd birthday or the 4th anniversary of plan entry.

Benefit 2% of a participant's average monthly compensation multiplied by

years of benefit service.

6. Early Retirement Not provided.

2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (Continued)

7. Late Retirement

Eligibility Defer commencement of benefit beyond normal retirement date.

Benefit Greater of prior year's accrued benefit actuarially increased for

deferred commencement and benefit calculated under normal retirement formula, using additional years of compensation and

benefit service, if applicable.

8. Disability Benefit Not provided.

9. Death Benefit

Eligibility Death of participant prior to commencement of benefits.

Benefit Present value of accrued benefit.

10. Termination Benefit

Eligibility Termination of employment for reasons other than retirement or

death.

Benefit A percentage of a participant's accrued benefit based on the

following schedule:

Years of Vesting Service	Vested Percent
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

11. Compensation

Limits \$200,000 as indexed; \$275,000 for plan years beginning in or after

2018.

2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (Continued)

Plan W-2 income including elective deferrals. Compensation includes

regular pay and excludes leave cashouts paid within 2½ months of the participant's severance from employment. All other types of post-severance compensation are excluded from compensation.

Average Monthly Plan compensation averaged over the three consecutive plan years

that produce the highest average.

12. Accrued Benefit A participant's normal retirement benefit calculated using years of

benefit service and average monthly compensation as of the date of

calculation.

13. Normal Form of Benefit Single life annuity.

14. Optional Forms of Benefit Lump sum, joint & survivor annuity (50%, 75%, 100%).

15. Actuarial Equivalent

Interest 5.0% pre- and post-retirement.

Mortality

Pre-retirement: None.

Post-retirement: 1994 Group Annuity Reserving, projected to 2002, blended 50% Male

/ 50% Female.

§417(e) Stability period is plan year; lookback month is third month preceding

plan year.

16. Top-Heavy Provisions In the event the plan becomes top-heavy, certain provisions will

apply. Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefits and account balances are held for

key employees, as defined in the Internal Revenue Code.

Minimum Accrual Each non-key participant who does not receive a minimum top-heavy

allocation in a defined contribution plan of the sponsor shall receive 2% of top-heavy monthly compensation for each year of top-heavy

service, up to 10 years.

2018 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (Concluded)

Top-Heavy Compensation Plan compensation averaged over the five consecutive plan years

that produce the highest average, excluding compensation in a year

during which the plan is not top-heavy.

Vesting The regular vesting schedule meets the minimum requirements.

Status Plan is top-heavy.

17. Changes Since None, other than application of increases in statutory limits.

Last Report