Benefit Plan           Description of the Temployee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 (DS) and 0505(a) of the Instructions Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 04005 of the Employee Retirement Theorem Security Act of 1974 (REISA), and sections 105 Art 1974 (REISA), and sectind 1974 (REISA), and sections 105 Art 1974 (REISA), and	For	rm 5500-SF	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089								
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this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a       8         b Total number of participants at the beginning of the plan year       5b       8         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       7         d(1) Total number of active participants at the beginning of the plan year       5d(1)       6         d(2) Total number of active participants at the end of the plan year       5d(2)       6         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.       10/05/2019       SAMUEL J. OLIVER, DMD													
a Sponsor's name       4d PN         c Plan Name       5a Total number of participants at the beginning of the plan year       5a       8         b Total number of participants at the end of the plan year       5b       8         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       7         d(1) Total number of active participants at the beginning of the plan year       5d(1)       6         d(2) Total number of active participants at the end of the plan year       5d(2)       6         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.       Sign         Sign       Filed with authorized/valid electronic signature.       10/05/2019       SAMUEL J. OLIVER, DMD						4b EIN							
5a       Total number of participants at the beginning of the plan year       5a       8         b       Total number of participants at the end of the plan year       5b       8         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       7         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       6         d(2)       Total number of active participants at the end of the plan year       5d(2)       6         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       10/05/2019       SAMUEL J. OLIVER, DMD		<i>i</i> 1 1				<b>4d</b> PN							
b       Total number of participants at the end of the plan year       5b       8         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	C Plan N	lame											
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total	number of participants	at the beginning of the plan year			5a	8						
complete this item)       3c       4         d(1) Total number of active participants at the beginning of the plan year       5d(1)       6         d(2) Total number of active participants at the end of the plan year       5d(2)       6         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       10/05/2019       SAMUEL J. OLIVER, DMD						5b	8						
d(2) Total number of active participants at the end of the plan year       5d(2)       6         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       10/05/2019       SAMUEL J. OLIVER, DMD							7						
e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       10/05/2019       SAMUEL J. OLIVER, DMD	<b>d(1)</b> Tot	al number of active part	ticipants at the beginning of the pl	an year			6						
than 100% vested       Jee       Jee         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       10/05/2019       SAMUEL J. OLIVER, DMD	• •					5d(2)	6						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       10/05/2019       SAMUEL J. OLIVER, DMD						5e	0						
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.         10/05/2019       SAMUEL J. OLIVER, DMD	Caution: A	A penalty for the late o	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca								
SIGN HERE Filed with authorized/valid electronic signature. 10/05/2019 SAMUEL J. OLIVER, DMD	SB or Sche	edule MB completed an	d signed by an enrolled actuary, a										
				10/05/2019	SAMUEL J. OLIVER,	DMD							
Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing	as plan administrator						
SIGN         Filed with authorized/valid electronic signature.         10/05/2019         SAMUEL J. OLIVER, DMD	SIGN			10/05/2019									
HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.       Form 5500-SF (2018)					Enter name of individ	ual signing							

v.171027

			•				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions )				X Yes No
	Are you claiming a waiver of the annual examination and report of a		· /				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this p	lan yea	r		(See instructions.)
Da	rt III Financial Information						
<u>га</u> 7				- ( )/			
	Plan Assets and Liabilities	_	(a) Beginning	of Year 71423			(b) End of Year 1002078
	Total plan assets	7a	10	7 1423			1002078
	Total plan liabilities	7b	10	74.400			4000070
	Net plan assets (subtract line 7b from line 7a)	7c	10	71423			1002078
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
		,			_		
	(2) Participants	8a(2)		17325	_		
	(3) Others (including rollovers)	8a(3)		17525			
	Other income (loss)	8b			_		47005
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17325
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		86660	_		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		10			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					86670
i	Net income (loss) (subtract line 8h from line 8c)	8i					-69345
j	Transfers to (from) the plan (see instructions)	8i					
Pa	rt IV Plan Characteristics						
_	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2J$ $2K$ $3D$	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	tic Coc	les in the instructions:
De	rt V Compliance Questions						
					V	NI	
10	During the plan year:	C	a the Care and a	1	Yes	No	Amount
č	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V						
	Program)			10a		Х	
k	Were there any nonexempt transactions with any party-in-interest		include transactions				
	reported on line 10a.)			10b		Х	

С	Was the plan covered by a fidelity bond?	10c	X		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
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 failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu	Benefit Plan	or small cmplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and 4			2018
Department of Lebor Employee Benefit: Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code)		Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in :	accordance with the instru	uctions to the Form 55	00-SF.	» Public Inspection
	rt Identification Information				
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending		1/2018
A This return/report is for:	a single-employer plan	list of participating em			ing this box must attach a ith the form instructions.)
B This return/report is	a one-participant plan	a foreign plan			
	the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check box if filing under:	X Form 5558	automatic extension	[		rogram
	Special extension (enter desci	ription)			
Part II Basic Plan In	formation-enter all requested int				
a Name of plan			T	1b Three	a-digit
	, D.M.D., P.A. Retire	ment Plan & Trus	t		number
			-	(PN)	003 tive date of plan
					01/2004
Mailing address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no, and street, or P.C				oyer Identification Number 63–0735854
City or town, state or provin Samuel J. Oliver	nce, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)		sor's telephone number -734-1815
407 4th Avenue,	N.E.		-	2d Busir	ess code (see instructions)
Cullman	AL 3505	55		621	210
3a Plan administrator's name	and address 🛛 Same as Plan Spo	n50r.		3b Admi	nistrator's EIN
			ŀ	30 Adm	nistrator's telephone number
4 If the name and/or EIN of	the plan sponsor or the plan name h	as changed since the last re	tum/roport filed for	4b EIN	
	ponsor's name, EIN, the plan name a				
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>				4 <b>d</b> PN	
				5a	
	nts at the beginning of the plan year.		ſ	5b	
	Its at the end of the plan year th account balances as of the end of		, i i i i i i i i i i i i i i i i i i i		······································
				5c	
complete this item)	*****			~~~~	
	participants at the beginning of the p		{	5d(1)	
d(1) Total number of active		lan year		5d(1) 5d(2)	
<ul> <li>d(1) Total number of active</li> <li>d(2) Total number of active</li> <li>e Number of participants w</li> </ul>	participants at the beginning of the p participants at the end of the plan ye ho terminated employment during th	lan year erer e plan year with accrued be	nefits that were less		
<ul> <li>d(1) Total number of active</li> <li>d(2) Total number of active</li> <li>e Number of participants w than 100% vested</li> </ul>	participants at the beginning of the p participants at the end of the plan ye ho terminated employment during th	lan year erer e plan year with accrued be	nefits that were less	5d(2) 5e	blished.
<ul> <li>d(1) Total number of active a</li> <li>d(2) Total number of active a</li> <li>e Number of participants withan 100% vested</li> <li>Caution: A penalty for the late</li> <li>Under penalties of perjury and SB or Schedule MB completed</li> </ul>	participants at the beginning of the p participants at the end of the plan ye the terminated employment during the te or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary, a	lan year e plan year with accrued be <u>n/report will be assessed</u> ctions, I declare that I have	nefits that were less unless reasonable cau examined this return/rep	5d(2) 5e ise is esta port, includi	ng, if applicable, a Schedule
d(1) Total number of active d(2) Total number of active e Number of participants withan 100% vested <u>Caution: A penalty for the lat</u> Under penalties of penjury and SB or Schedule MB completed belief, it is true, correct, and co	participants at the beginning of the p participants at the end of the plan ye the terminated employment during the te or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary, a	lan year e plan year with accrued be <u>n/report will be assessed</u> ctions, I declare that I have as well as the electronic ver	nefits that were less unless reasonable cau examined this return/rep	5d(2) 5e ise is estat port, includi t, and to the	ng, if applicable, a Schedule best of my knowledge and
d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co SIGN	participants at the beginning of the p participants at the end of the plan ye the terminated employment during the te or incomplete filing of this retur other penalties set forth in the Instru- t and signed by an enrolled actuary, a pupplete	lan year e plan year with accrued be n/report will be assessed ctions, I declare that I have as well as the electronic ver	nefits that were less unless reasonable cau examined this return/report sion of this return/report Samuel J. Oliv	5d(2) 5e se is estate port, includit , and to the ver, DM	ng, if applicable, a Schedule best of my knowledge and D
d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co SIGN HERE Signature of plat	participants at the beginning of the p participants at the end of the plan ye the terminated employment during the te or incomplete filing of this return other penalties set forth in the instru- t and signed by an enrolled actuary, a propiete administrator	lan year e plan year with accrued be <u>n/report will be assessed</u> ctions, I declare that I have as well as the electronic ver 10-5-2019 Date	nefits that were less unless reasonable cau examined this return/report sion of this return/report Samuel J. Oliv Enter name of Individu	5d(2) 5e ise is estal port, includi , and to the rer, DM ual signing	ng, if applicable, a Schedule best of my knowledge and D as plan administrator
d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co SIGN HERE Signature of plat SIGN	participants at the beginning of the p participants at the end of the plan ye the terminated employment during the te or incomplete filing of this retur other penalties set forth in the Instru- t and signed by an enrolled actuary, a pupplete	lan year e plan year with accrued be n/report will be assessed ctions, I declare that I have as well as the electronic ver	nefits that were less unless reasonable cau examined this return/report sion of this return/report Samuel J. Oliv Enter name of Individu Samuel J. Oliv	5d(2) 5e se is estate port, includit , and to the ver, DM ual signing ver, DM	ng, if applicable, a Schedule best of my knowledge and D as plan administrator

2

Form 5500-SF (2018)		Page 2				
<ul> <li>6a Were all of the plan's assets during the plan year invested in elig</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)</li> </ul>	of an indeper y and condit	ndent qualified public a ions.)	ccounta	ant (IQ	PA)	 X Yes [] No
If you answered "No" to either line 6a or line 6b, the plan can C If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from	insurance p	rogram (see ERISA se	ction 40	021)?	🗌 Yes	No Not determined
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning o		100		(b) End of Year 1,002,078
a Total plan assets	7a	, ـلـ	071,4	+23		1,002,078
b Total plan liabilities	7b		071			1,002,078
C Net plan assets (subtract line 7b from line 7a)	7c		071,4	+23		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)					
(2) Participants						
(3) Others (including rollovers)			17,3	325		
<b>b</b> Other income (loss)						······································
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						17,325
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			86,0	560		
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f			10		
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					86,670
i Net income (loss) (subtract line 8h from line 8c)	8i					-69,345
j Transfers to (from) the plan (see instructions)	··· 8i					
Part IV Plan Characteristics		L				
9a If the plan provides pension benefits, enter the applicable pensi 2A 2E 2J 2K 3D	on feature co	odes from the List of Pl	an Cha	racteri	stic Codes	in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	e feature coo	les from the List of Pla	n Chara	cteris	tic Codes ir	the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contr described in 29 CFR 2510.3-102? (See instructions and DOL' Program)	s Voluntary F	iduciary Correction	10a		x	
b Were there any nonexempt transactions with any party-in-inter				1	x	

		1	1	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
Was the plan covered by a fidelity bond?	10c	x		200,000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
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	
Has the plan failed to provide any benefit when due under the plan?	10f		X	
Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
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			
	reported on line 10a.)	reported on line 10a.)10bWas the plan covered by a fidelity bond?10cDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dWere 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.)10eHas the plan failed to provide any benefit when due under the plan?10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hIf 10h was answered "Yes," check the box if you either provided the required notice or one of the10h	reported on line 10a.)10bWas the plan covered by a fidelity bond?10cXDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10d10dWere 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.)10eHas the plan failed to provide any benefit when due under the plan?10fDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hIf 10h was answered "Yes," check the box if you either provided the required notice or one of the10h	reported on line 10a.)10bXWas the plan covered by a fidelity bond?10cXDid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?10dXWere 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.)10eXHas the plan failed to provide any benefit when due under the plan?10fXDid the plan have any participant loans? (If "Yes," enter amount as of year-end.)10gXIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)10hXIf 10h was answered "Yes," check the box if you either provided the required notice or one of the

Form 5500-SF (2018)

Page 3-

Part V	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scl (Form 5500) and line 11a below)					Yes	No No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?	n 302	of			Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d ente		e date c	of the lei		ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	inter the minimum required contribution for this plan year	12b					
C	nter 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?		<u>`</u>	Yes	No	<u> </u>	I/A
Part V	/II 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.	) to					
1	3c(1) Name of plan(s): 13c(2	) EIN(s	5)		130	( <b>3)</b> PN	(s)
					9 - <b>1</b> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		