| Form 5500-SF | | Short Form Annu | t of Small Emplo | yee | MB Nos. 1210-0110 1210-0089 | | | |
|-------------------------|--|--|--|---|--------------------------------|-------------------------|--------------------------------|--|
| D | epartment of Labor Benefits Security Administration | | This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the I Revenue Code (the Code). | | | | | |
| | enefit Guaranty Corporation | Complete all entries in a | , , | , | 0-SF. | Publi | c Inspection | |
| Part I | Annual Report | Identification Information | | | | | | |
| For calend | lar plan year 2018 or fi | scal plan year beginning 01/01/2 | 018 | and ending 12/3 | 31/2018 | | | |
| A This re | turn/report is for: | X a single-employer plan | | olan (not multiemployer) (Fi mployer information in acco | | - | | |
| B This ret | urn/report is | the first return/report | the final return/report | | | | | |
| _ | | an amended return/report | a short plan year retu | urn/report (less than 12 mor | nths) | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | DFVC pr | rogram | | |
| | | special extension (enter descr | iption) | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested inf | ormation | | - | | | |
| 1a Name | • | | | | 1b Three | e-digit number | | |
| STONE MO | NKEY 401(K) PLAN | | | | (PN) | | 001 | |
| | | | | | 1c Effec | tive date of 01/01 | | |
| Mailing | g address (include roo | yer, if for a single-employer plan) m, apt., suite no. and street, or P.C | | | 2b Emplo (EIN) | - | ication Number 44971 | |
| - | r town, state or provinc r TAVERN LLC | e, country, and ZIP or foreign posta | al code (li foreign, see ins | structions) | 2c Spon | sor's teleph 509-522 | none number -3865 | |
| | | | | : | 2d Busin | ess code (s | see instructions) | |
| 1427 PLAZA WALLA WAL | (WAY _LA, WA 99362 | | | | | 4453 | 10 | |
| 3a Plan a | dministrator's name a | nd address 🛛 Same as Plan Spor | nsor. | : | 3b Admir | nistrator's E | EIN | |
| | | | | : | 3c Admin | nistrator's te | elephone number | |
| 4 If the | name and/or EIN of th | e plan sponsor or the plan name ha | as changed since the last | return/report filed for | 4b EIN | | | |
| • | lan, enter the plan spo sor's name | nsor's name, EIN, the plan name a | nd the plan number from | | 4d PN | | | |
| C Plan N | | | | | HU FN | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | | 26 | |
| | | at the end of the plan year | | | 5b | | 30 | |
| | | account balances as of the end of | | ····· | 5c | | 21 | |
| d(1) Tot | al number of active pa | rticipants at the beginning of the pla | an year | | 5d(1) | | 24 | |
| | | rticipants at the end of the plan yea | | | 5d(2) | | 28 | |
| than | 100% vested | terminated employment during the | | | 5e | | | |
| | | or incomplete filing of this return her penalties set forth in the instruct | | | | | ahla a Schodulo | |
| SB or Sche | edule MB completed a true, correct, and com | nd signed by an enrolled actuary, a | is well as the electronic ve | ersion of this return/report, | and to the | best of my | knowledge and | |
| SIGN | Filed with authorized | /valid electronic signature. | 10/14/2019 | JUSTON WATSON | | | | |
| HERE | Signature of plan a | Idministrator | Date | Enter name of individua | al signing a | as plan adm | ninistrator | |
| SIGN | | | | | | | | |
| HERE | Signature of emplo | yer/plan sponsor | Date | Enter name of individua | al signing a | as employe | r or plan sponsor | |
| For Paperw | ork Reduction Act Notic | ce, see the Instructions for Form 5500 | -SF. | | | | orm 5500-SF (2018) v.171027 | |

d

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

Benefits paid (including direct rollovers and insurance premiums to provide benefits).....

e Certain deemed and/or corrective distributions (see instructions) ...

f Administrative service providers (salaries, fees, commissions)

g Other expenses.....

180

1987

55341

| 6a b c | b 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.) | | | | | | | | |
|--------------|---|-------|-----------------------|-----------------|--|--|--|--|--|
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | |
| a | Total plan assets | 7a | 193713 | 247103 | | | | | |
| b | Total plan liabilities | 7b | 66 | 282 | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 193647 | 246821 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 25951 | | | | | | |
| | (2) Participants | 8a(2) | 51713 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | -22323 | | | | | | |

| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 2167 |
|----|---|------------|-------------------------------------|-----------------------------------|
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 53174 |
| j | Transfers to (from) the plan (see instructions) | 8j | | |
| Pa | rt IV Plan Characteristics | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Character | ristic Codes in the instructions: |
| | 2E 2G 2J 2K 3D | | | |

8c

8d

8e

8f

8g

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: | Yes | No | Amount |
| а | 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) 10 | 1 | X | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | , | x | |
| С | Was the plan covered by a fidelity bond? 10 | : | Х | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 1 | x | |
| 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.) | | x | |
| f | Has the plan failed to provide any benefit when due under the plan? 10 | | Х | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 | x | | 21215 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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 | | | |

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 | X 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 o | 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 | X 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): | EIN(s) | | 13c(3) PN(s) | | | |
| | | | | | | | | |

| orm 5500-SF (2018) | ы | | | .4 | see the Instructions for Form 5500-S | DIK KEDICION ACT NOTICE, | For Paperwo |
|--------------------|-------------------|--|---|--|--|--|-----------------------|
| | | gningis laul | Enter name of individ | Date | ulplan sponsor | Signature of employe | НЕКЕ |
| | | | | 611101 | -en | 7-1 | NOIS |
| ninistrator | wpe ueld se | gningis laul | Enter name of individ | Date | | Signature of planad | HEKE |
| | | | Juston Watson | 61/107 | | rue, correct, and convole | NOIS |
| knowledge and | e pest of my | t, and to th | sion of this return/repoi | well as the electronic vers | signed by an enrolled actuary, as | pris besteldmoo BM elube | 2B of Sche |
| elubeda2 e elde | beneit applier | bulogi tog | es eldenoseer eselur | bessesses ad Iliw troge | incomplete filing of this return/r r penalties set forth in the instruction | Appendity for the late or | Caution: A |
| | | əç | nenis that were less | an year with accrued bei | rminated employment during the p | 100% vested | |
| 58 | | 2q(5) | | | pipants at the end of the plan year | | |
| 54 | | (L)pg | | | nsig at the beginning of the plan | | |
| 51 | | gc | | | count balances as of the end of the | | |
| 30 | | 2P | | | the end of the plan year | | |
| 56 | | 29 | | | the beginning of the plan year | | |
| | | | | | | | |
| | | Nd Pt | | | | ame or's name | C Plan N |
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| ication Number | | A CONTRACTOR OF A CONTRACTOR O | | (x08 | r, if for a single-employer plan) apt., suite no. and street, or P.O. I | evolgme) emen s'roznog podstess (include room | za Plan st prilieM |
| und | 01/2016 | | | | | | |
| | ctive date of | | | | | | |
| 100 | Jagunu | blan | | | | NKEY 401(K) PLAN | |
| | tinih-96 | JP Three | | noitsm | notion—enter all requested infor | | Part II 9msN sh |
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| | nogram | | | automatic extension |] Form 5558 | ox از ااانام under: | C CHeck |
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| | | | | the final return/report | | Inn/report is | |
| | | | | a foreign plan | a one-participant plan | - | This sidt 8 |
| | | | ployer information in a | me participating em | | um/report is for: | A This ret |
| c must attach a | king this box | | and ending 12/2 an (not multiemployer) n | a multiple-employer pla | al plan year beginning 01/01/2018 a single-employer plan | _ | |
| | | 8100/18 | /ct builde has | | lentification Information | | |
| c Inspection | liduq | .900-SF. | ctions to the Form 5 | cordance with the instru | Complete all entries in ac | notit Guaranty Corporation | |
| ot nego si mio | | Internal | | RISA), and sections 605 sevenue Code (the Code) | I) 4761 10 10A Vitiuose Semoonl | spartment of Labor entits Security Administration | |
| 2018 | : | | | | This form is required to be filed | Aevenue Service | netri |
| 1210-0089 | | 0010 | | Benefit Plan | | tment of the Treasury | |
| MB Nos. 1210-0110 | 0 | 9970 | Inm 3 lism 2 to | Return/Report | Short Form Annua | m 5500-SF | For |

| orm 5500-SF (2018) |
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Page 2

. (See instructions.)

| Not determined | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No | Э |
|----------------|---|---|
| | If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | |
| on sey X | 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.) | |
| on Sey X | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | |
| | | _ |

| ON | S9Y | he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | c lit |
|----|-----|---|-------|
|----|-----|---|-------|

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_

| b) End of Year 246821 (b) Total 65341 56341 | | 0 8 8 1 1 1 9 9 9 9 | 19261 9 12261 | o pninniped (s) nuomA (s) | Σa δg 8g 8d 8a(3) 8a(3) 8a(3) 8a(3) 8a(1) 8a(1) 8a(1) | Total plan assets Total plan issets (subtract line 7b from line 7a). Met plan assets (subtract line 7b from line 7a). Contributions received or receivable from: (1) Employers (2) Participants. (3) Other (including rollovers). Cotrai income (loss). Dather income (loss). Certain deemed and/or corrective distributions (see instructions) Certain deemed and/or corrective distributions (see instructions) Cotral expenses. Cotral expenses. Dother expenses. Total expenses. Dother expenses. Total expenses. Total expenses (add lines 8d, 8e, 8t, and 8g). Cotral of expenses. Cotral of expenses. Total income (loss). Cotral of expenses. Cotral of expenses. Total of expenses (add lines 8d, 8e, 8t, and 8g). Total expenses. Total expenses. Total expenses (add lines 8d, 8e, 8t, and 8g). Total expenses. Total expenses. Total expenses. Total expenses. Total expenses. Total expenses. Total expenses (add lines 8d, 8e, 8t, and 8g). Total expenses. Total expenses. Total expenses. Total expenses. Total expenses. Total expenses (add lines 8d, 8e, 8t, and 8g). Total expenses. Total expenses. Total expenses (add lines 8d, 8e, 8t, and 8g). Total expenses. Total expenses. Total expenses (add lines 8d, 8e, 8t, and 8g). Total expenses (add lines 8d, 8e, 8t, and 8g). Total expenses. Total expenses (add lines 8d, 8e, 8t, and 8g). Total expenses (add lines 8d, 8e, 8t, and 8g). | p c c c c c c c c |
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| 246821 (b) Total 65341 | | 0 3 3 4 4 | 18 -5535 2232 13364 16 13364 13364 | nuomA (s) | 7c 84 84 84 84 85 86 86 86 86 86 86 86 86 86 86 86 86 86 | Total plan liabilities. Net plan assets (subtract line 7b from line 7a). Contributions received or receivable from: Contributions received or receivable from: (1) Employers (2) Participants. (3) Other income (loss). Dother income (loss). Eneretits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Certain deemed and/or corrective distributions (see instructions) Contract expenses. Total expenses. | p c c c c c c c c |
| (b) Total 55341 | | 0 3 3 1 | 18 -2232 5695 2695 171 | nuomA (s) | 82(1) 83(2) 84 86 86 86 86 86 86 86 86 86 86 | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Other income (loss) (3) Other (including rollovers), 8a(3), and 8b). (3) Other income (loss) Dather income (loss) (4) provide benefits). (5) Participants (5) Participants (1) Employers (add lines 8a(1), 8a(3), and 8b). (2) Participants (3) Other provide benefits). (3) Other provide benefits). (3) Other expenses. (4) provide benefits). (5) Provide benefits). (5) Provide benefits). (5) Provide benefits). (5) Provide benefits). (6) Provide benefits). (6) Provide benefits). (6) Provide benefits). (7) Provide benefits). (6) Provide benefits). (7) Provide Provid | |
| 2167 | | 33 | 25332 -5232 2236 | nuomA (s) | 8a(2) 86 86 86 86 86 86 86 86 86 86 | Contributions received or receivable from: (1) Employers (2) Participants Other income (loss) Datal income (loss) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Certain deemed and/or corrective distributions (see instructions) Cother expenses Other expenses Total expenses | |
| 2167 | | 33 | -2232 | | 8a(2) 86 86 86 86 86 86 86 86 86 86 | (1) Employers (2) Participants (3) Others (including rollovers). (3) Other income (loss) (3) Other income (loss) (3) Other income (loss) (4) Income (add lines 8a(1), 8a(2), 8a(3), and 8b) (5) provide benefits) (6) provide benefits) (6) provide benefits) (7) Partiroins (see instructions). (7) Other expenses (7) Other expenses (7) Other expenses (7) Total income (add lines 8d, 8e, 8f, and 8g) | р р р |
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| 2912 | | 0 | 81 | | 89 84 89 98 98 98 89 89 | Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses. Total expenses Total expenses | |
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| | | | 19464 | | 89 86 84 | Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Mainistrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) | |
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| | | | 19464 | | 8f 8g | Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) | . L |
| | | | | | 68 | Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) | . L |
| | | | 18752 | Contraction of the second | 222 | Total expenses (add lines 8d, 8e, 8f, and 8g) | . ι |
| | | | | | | | |
| \$311¢ | | | 1.20 | | 18 | Net income (loss) (subtract line 8h from line 8c) | _ |
| | and based of | - | | | | Transfers to (from) the plan (see instructions) | |
| | and the second second | | | | | t IV Plan Characteristics | 11.2 |
| | | | | | | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe | e |
| -01/0000 hour of | | | | | | V Compliance Questions | Γ |
| , | oN | SeY | | | | During the plan year: | (|
| tnuomA | X | - | | the time period uciary Correction | tions within t oluntary Fid | as there a failure to transmit to the plan any participant contribut 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 | _ |
| | | | 10a | •••••• | | Program) | 9 |
| | x | | 401 | | | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | a |
| | x | | 10C | | | sthe plan covered by a fidelity bond? | э |
| | x | | POL | l, that was caused | fidelity bond | Did the plan have a loss, whether or not reimbursed by the plan's by traud or dishonesty? | р |
| | x | | | e benefits under | e or all of th | 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.) | Ð |
| | X | | 901 | | | the plan? (See instructions.). Has the plan failed to provide any benefit when due under the plan | ł |
| | | X | 101 | | | Did the plan have any participant loans? (If "Yes," enter amount a | |
| 212 | X | | 401 | tions and 29 CFR | See instruct | If this is an individual account plan, was there a blackout period? (2520 101-3.) | |
| 512 | | | | add to ano or earlier | n beniupen er | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | ! |

Page 3- 1

Form 5500-SF (2018)

| 13c(3) PN(s) | | (s)NIE | 13c(2 | e of plan(s): | ewe | N (L)2 | 51 |
|------------------------------|-----|-------------|----------------|---|--------------|-----------|-------|
| | | ot (| e)nsiq ədi vîi | vis plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ats or liabilities were transferred. (See instructions.) | | | |
| ON X SAY | 1 | | | | | | |
| | , | | | e plan assets distributed to participants or beneficiaries, transferred to another plan, or broug | | - | |
| | | 139 | | ution to terminate the plan been adopted in any plan year? | - | | |
| on X | seY | | | Terminations and relations and relations of | - | _ | V The |
| | | _ | | | | | |
| A/N ON | SəY | | | | | | |
| | | 129 | | e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l mount) | | 1.55 | |
| | | 120 | | nount contributed by the employer to the plan for this plan year | ue a | nter th | CE |
| | | 120 | | nimum required contribution for this plan year | u ə | nter th | ₽E |
| | | | 13. | ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line ' | əjdu | uoo no | ۱۴ Xc |
| of the letter ruling Year | | anter Da | dtnol | of the minimum funding standard for a prior year is being amortized in this plan year, see ins M | y 6 | nitnste | 5 |
| | | | | complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) |) <u></u> 's | 9Y" 1) | |
| N 🛛 SƏY 🗌 | | | | fined contribution plan subject to the minimim muminim set to tage of section 412 of the Co | | | |
| | | ett | | mpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | n əu | I neter t | 1 ett |
| N X SƏX | 8 | s əinbə | omplete Sch | o bns snoitonits of subject to minimim of the street of the "Yes," see instructions and c)) and line the street of subject to minimum of the street of the street of the street of the street of the stre | | | |
| | | | | son Funding Compliance | _ | | V he |