Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Parti	Annual Repor	t identification information								
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018					
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl list of participating em	an (not multiemployer) (F	_					
D This are	· · · · · · · · · · · · · · · · · · ·	a one-participant plan	a foreign plan							
D This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	n				
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name	of plan				1b Three-digit	t				
	•	ROFIT SHARING PLAN			plan numb					
					(PN) •	001				
					1c Effective d	ate of plan				
						01/01/1998				
		oyer, if for a single-employer plan)			2b Employer I	dentification Number				
		om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos		ruotiono)	(EIN)	91-0926155				
WALD IMPO		ice, country, and zir or foreign pos	iai code (ii foreign, see insti	ructions)	2c Sponsor's	telephone number				
WALD IIVII C	okto, Etb.					5-822-0500				
					2d Business of	ode (see instructions)				
19910 - 50TH AVE. W., SUITE 200 LYNNWOOD, WA 98036					452300					
	5, ************************************									
3a Plan a	udministrator's name	and address X Same as Plan Spo	neor		3b Administra	tor's FIN				
Ja i lali a	idifiifiisti atoi 3 fiairie a	and address A Same as I lan Spo	11301.		OD Administra	IOI 3 EIIV				
					3c Administrator's telephone number					
4 If the	name and/or EIN of ti	ne plan sponsor or the plan name h	as changed since the last re	eturn/report filed for	4b EIN					
this p	lan, enter the plan sp	onsor's name, EIN, the plan name								
•	sor's name				4d PN					
C Plan N	Name									
5a Total	number of participant	s at the beginning of the plan year.			5a	15				
		s at the end of the plan year		F	5b	15				
		account balances as of the end of			Fo	11				
comp	lete this item)				5c					
` '	•	articipants at the beginning of the p	•	_	5d(1)	8				
		articipants at the end of the plan ye			5d(2)	7				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau						
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, nplete.								
SIGN	Filed with authorize	d/valid electronic signature.	10/15/2019	LOUIS R. WALD	ALD					
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator				
SIGN										
HERE	Signature of emp	oyer/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	QPA)		X Yes	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann		· · · · · · · · · · · · · · · · · · ·					N 162	□ INO
С	If the plan is a defined benefit plan, is it covered under the PBGC in							☐ Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from th					_		(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
а	Total plan assets	7a		99373				848899	
b	Total plan liabilities	7b						4863	
С	Net plan assets (subtract line 7b from line 7a)	7c	109	99373				844036	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		6654					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	-	11991					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-5337	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24	49750	_				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		250					
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						250000	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-255337	
	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
	Was the plan covered by a fidelity bond?			10c	Х			1500	100
d	, , ,	fidelity bo	nd, that was caused	10d		X		1300	<u> </u>
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.)	ner person ne or all of	s by an insurance the benefits under	10e	X			6	02
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gustanty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2018

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A This return/report is for: a single-employer plan a multiple-employer plan (not milliterappore) (filter activating this box must statish a late of participating amployer information in accordance with the form instructions.) a one-participant plan a foreign plan a		t identification information		5		
A Title return/report is for: a one-participant plan a foreign plan a manned of return/report a short plan year return/report (less than 12 months) This return/report is the first return/report a short plan year return/report (less than 12 months) Form \$558 automatic extension DFVC program	For celendar plen year 2018 or	fiscal plan year beginning 01/01/20				
B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Special extension an amended return/report a short plan year return/report (less than 12 months) Part II Basic Plan information—enter all requested information 1a Name of plan WALD IMPORTS, LTD. 401(K) PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Maling accinese (include room, apt., suite no. and street, or P.O. Box) WALD IMPORTS, LTD. 401(K) PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Maling accinese (include room, apt., suite no. and street, or P.O. Box) WALD IMPORTS, LTD. 2b Employer Identification Number (EIN) 91-9028166 2c Sponsor's telephone number (2x5) 922-9500 2d Evalueses code (see instructions) 452300 2d Plan second (see instructions) 452300 2d Administrator's telephone number (2x5) 922-9500 2d Evalueses code (see instructions) 452300 2d Plan second (see instructions) 452300 2d Plan second (see instructions) 452300 2d Plan number of plan second (see instructions) 4d If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for rible plan enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report filed for rible plan enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report filed for the plan sponsor's name. EIN, the plan sponsor of the plan year. 5a Total number of participants at the end of the plan year. 5b Total number of participants at the end of the plan year. 5c 11 6d(1) Total number of participants at the beginning of the plan year. 5c 11 6d(2) Total number of active participants at the beginning of the plan year. 5c 11 6d(2) Total number of participants at the the plan first of the plan year. 5c 11 6d(2) Total number of active participants at the beginning of the plan year. 6d(2) Total number of active participants at the begi	A This return/report is for:	A This return/report is for:				
The final return/report In the final return/report In a harmed return/report In a hort plan year return/report (less than 12 months)	R This return/report is	a one-participant plan	a foreign plan			
C Cheek box If filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan WALD IMPORTS, LTD, 401(K) PROFIT SHARING PLAN 2a Plan aponsor's name (employer, if for a single-employer plan) Malling address (include room, spl., sulte no. and street, or P.O. Box) City or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WALD IMPORTS, LTD. 2b Employer Identification Number (EIN) 91-0226116 2c Employer Identification Number (EIN) 91-0226116 2c Business code (see instructions) 2d Business code (see instructions) 2d Business code (see instructions) 462300 2d Business code (see instructions) 462300 3d Plan administrator's name and address Size Same as Plan Sponsor. 3b Administrator's telephone number (in the plan page of the plan page of the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5a Total number of participants at the beginning of the plan year 5c Number of participants at the beginning of the plan year 5c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the beginning of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end of the plan year 6c Number of participants at the end o	S this locality opatio	the first return/report	the final return/report			
Part II Basic Plan Information		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
Part II Basic Plan Information—enter all requested information 1s Name of plan	C Check box If filing under:	Total I			DFVC progra	m
18 Name of plan WALD IMPORTS, LTD. 401(K) PROFIT SHARING PLAN 29 Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apl., suite no. and street, or P.O. Box) Offly or forw, attale or province, country, and ZIP or foreign postal code (if foreign, see instructions) WALD IMPORTS, LTD. WALD IMPORT						
WALD IMPORTS, LTD. 401(K) PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Malling addreas (include room, apl., aulis no. and street, or P.O. Box) City or town, state or province, country, and ZiP or foreign postal code (if foreign, see instructions) WALD IMPORTS, LTD. 2b Employer Identification Number (EIN) 91-0926156 2c Sponsor's telephone number (425) 822-0500 2d Business code (see instructions) 19910 - 50TH AVE. W., SUITE 200 YNNWOOD, WA 98036 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number (425) 822-0500 4fs2300 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 5	Part II Basic Plan Inf	ormation—enter all requested in	nformation			
2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (notude room, apt., autile no, and street, or P.O., Box) City or town, state or province, country, and ZiP or foreign postal code (if foreign, see instructions) NALD IMPORTS, LTD. 2b Employer Identification Number (EIN) 91-0926155 2c Sponsor's telephone number (425) 822-0500 2d Business code (see instructions) 19940 - 80TH AVE. W., SUITE 200 27NNWOOD, WA 98036 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 452300 3c Administrator's telephone number 462300 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for his plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for his plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 D EIN 4 D PN 5a Total number of participants at the beginning of the plan year. 5 Plan Name 5 Number of participants at the and of the plan year. 5 Number of participants with account balances as of the end of the plan year (onty defined contribution plans complete his fam). 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with terminated employment during the plan year. 7 Number of participants who terminated employment during the plan year. 8 Number of participants who terminated employment during the plan year with accound benefits that were less 9 Control of the plan year						
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Malling 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) VALD IMPORTS, LTD. 20 Sponsor's telephone number (425) 822-9500 2d Business code (see instructions) 462300 VNNWOOD, WA 95036 3a Pian administrator's name and address Same as Pian Sponsor. 3b Administrator's telephone number of participants at the plan sponsor or the plan name and the plan number from the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 4d PN 5a Total number of participants at the beginning of the plan year foreign from the last return/report. 5b Total number of participants at the end of the plan year foreign from the last return/report. 5c Number of participants with account balances as of the end of the plan year foreign from the last return from the last return/report. 6d(1) Total number of active participants at the beginning of the plan year foreign from the last return/report. 6d(2) Total number of active participants at the end of the plan year foreign from the last return/report. 6d(1) Total number of active participants at the end of the plan year foreign power with accound benefits that were less foreign the properties of perturn and other penalties set forth in the instructions, I decade that I have examined this return/report, including, if applicable, a Schedulin Born planties of perturn and other penalties set forth in the instructions, I decade that I have examined this return/report, and to the best of my knowledge and signal set of penalty and other penalties set forth in the instructions. I decade that I have examined this return/report, and to the best of my knowledge and entered and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and penalties. 6d(2) Total number of active participants at penalties of the plantinistrator.		——————————————————————————————————————			(,
2C Sponsor's telephone number (425) 822-0500 2d Business code (see instructions) 4d Business code (see	Malling address (include roo	om, apt., suite no, and street, or P.O	O. Box)			
2d Business code (see instructions) 462300 NNNWOOD, WA 98036 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's talephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a 15 Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete his liem). 4d PN 5c 11 6d(1) 1 8 6d(2) 7 7 Number of participants with account balances at the end of the plan year. 5c 11 6d(1) 8 6d(2) 7 7 Number of participants with account balances at the end of the plan year. 5d(1) 8 6d(2) 7 7 Number of participants with account balances at the end of the plan year. 5d(1) 8 6d(2) 7 6d(2) 7 6d(3) 7 6d(3) 7 6d(4) 7 6d(4) 7 6d(5) 7 6d(6) 7 6d(7) 7	VALD IMPORTS, LTD.	ce, country, and ZIP or foreign posi	lai code (if foreign, see insti	ructions)	2c Sponsor's	telephone number
Approximate						
3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a 16 b Total number of participants at the beginning of the plan year	9910 - 50TH AVE. W., SUITE 20	00				code (see instructions)
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a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name honsor's name, EIN, the plan name r	as changed since the last re and the plan number from the	sturn/report filed for ne last return/report.	4b EIN	
5a Total number of participants at the beginning of the plan year	a Sponsor's name		,		4d PN	
b Total number of participants at the end of the plan year	C Plan Name					
b Total number of participants at the end of the plan year	5a Total number of participants	at the beginning of the plan year.	*********************************		5a	15
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete libs item). d(1) Total number of active participants at the beginning of the plan year	b Total number of participants	at the end of the plan year	,40,44,000,004,256,000,000,000,000,000,000,000,000		5b	15
d(1) Total number of active participants at the beginning of the plan year	 Number of participants with 	account balances as of the end of	the plan year (only defined	contribution plans	5c	11
d(2) Total number of active participants at the end of the plan year					5d(1)	8
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						7
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. Cold Cold	e Number of participants who	terminated employment during the	e plan year with accrued be	nefits that were less		HARRIET CO. III. III. III. III. III. III. III.
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 Date Enter name of individual signing as plan administrator Date Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018)	Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable car	use is establishe	d.
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Louis R. Wald Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018)	SB or Schedule MB completed a	nd signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/repor	port, including, if t, and to the best	applicable, a Schedule of my knowledge and
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Date Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018)	SIGN	Malo	10/15/19	Louis R, Wald		
HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Date Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018)	Signature of plan a	dinjnistrator	Date	Enter name of Individ	ual signing as pla	n administrator
Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Date Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018)	sign	Walt	10/5/19			
For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Form 5500-SF.	aignature of emplo	yer/plan sponsor	Date		ual signing as em	player or plan sponsor
		e, see the Instructions for Form 5500	I-SF.			Form 5500-SF (2018)

Form 58	00-SF	1201	8)
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Page 2

6a b	Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on walver eligibility	an Indeper	ndent qualified public a	occount	ent (IC	(PA)	******	X Ye		
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	not use Fo nsurance p	orm 5500-SF and mus program (see ERISA se	t Instea ection 4	ad use 021)?	Form	5500. Yes No	Not de	termined uctions.)	
Pa	rt III Financial Information				7.10					
7	Plan Assets and Liabilities	1.40.	(a) Beginning	of Year			(b) End	of Year	17-1-1-1-1	
а	Total plan assets	7a		109937				8488	199	
b		7b						48	63	
C	Net plan assets (subtract line 7b from line 7a)	7c		109937	73			8440	36	
В	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	l'otal		
a	Contributions received or receivable from: (1) Employers	8a(1)	(1)			N 10	100	350		
	(2) Participants	8a(2)		669	54			1		
	(3) Others (including rollovers)	8a(3)				10.5	- Section -		- 3	
b	Other income (loss)	Bb		-1199	11		F 1989 F 1878	44 1 5		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	30		- ,			-53	37	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	81		249750			3 2 3	1 1/1	ă.	
	Certain deemed and/or corrective distributions (see instructions)	6e				- 1		× 1		
f	Administrative service providers (salaries, fees, commissions)	Bf	250		00		12.5	4	4 10 70	
	Other expenses	8g				111			18	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2500	000	
	Nel income (loss) (subtract line 8h from line 8c)	81	TOWN TO THE	100 00 00 00 00 00 00 00			-255337			
j	Transfers to (from) the plan (see instructions)	E8				70X	8.50	A-	75 17	
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare to									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduclary Correction	10a		x				
b		? (Do not i	include transactions	10b		х				
c	Was the plan covered by a fidelity bond?			10c	х				150000	
d	Old the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity box	nd. that was caused	10d		×			COTTO	
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.)	er person	s by an insurance	10a	х				602	
f	Has the plan failed to provide any benefit when due under the plan	n?	****************	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10a		×				
h	If this is an Individual account plan, was there a blackout period? (2520.101-3.)	See instru	clions and 29 CFR	10g		×		En. 1	77 37	
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	e required	nolice or one of the	101			17 18 19		400-	

	Form 5500-SF (2018) Page 3	- 1						
Part	VI Pension Funding Compliance				-71-			
11	is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see Instru (Form 5500) and line 11a below)	ctions ar	d complete Sc	hedule S	3B	T	Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 550)	0) line 40)	112	-			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 4 ERISA?	12 of the	Code or sectle	on 302 c	of		Yes [X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.		Month	nd enter Da		of the le		ıg
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	klp to lir	ıe 13,					
b	Enter the minimum required contribution for this plan year	,,,,,,,,,,,,,,,,		12b				
	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 negative amount)	sian to th	ne left of a					
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	Пи	/A
art	VII Plan Terminations and Transfers of Assets	Augusta		-17				
13a	Has a resolution to terminate the plan been adopted in any plan year?				☐ Ye	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				h		Yes	Ĭ No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.)	an(s), Ide	entify the plan(s	s) to				
1	3c(1) Name of plan(s):		13c(2) EIN(s)		13c(3) PN(s)		
							3.110-	
			1					