Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	identification information	<u>n</u>						
For calend	dar plan year 2018 or f	iscal plan year beginning 05/01/2	/2018		and ending 04	4/30/2019			
A This re	eturn/report is for:	X a single-employer plan			n (not multiemployer) (ployer information in ac		-		
	•	a one-participant plan		eign plan	•			,	
B This ret	turn/report is	the first return/report	the fi	nal return/report					
		an amended return/report	a sho	ort plan year return	/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	auto	matic extension		DFVC pro	ogram		
		special extension (enter descri	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name		·				1b Three-plan n	umber		
						(PN) 1c Effection		plan	
							08/01	•	
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b Employ (EIN)		ication Number 92877	
		ce, country, and ZIP or foreign post		f foreian, see instru	uctions)	, ,			
-	RTING GOODS, INC.	, , , , , , , , , , , , , , , , , , ,	(3 ,	,	2c Spons	or's teleph 425-259	none number -5515	
						2d Busine	ss code (see instructions)	
3102 SMITH EVERETT, \							45111	10	
LVLKLII, (WA 90201								
3a Plan a	administrator's name a	ind address X Same as Plan Spoi	onsor.			3b Admin	istrator's E	EIN	
						3c Admin	istrator's te	elephone number	
		ne plan sponsor or the plan name had no plan sponsor's name, EIN, the plan name a				4b EIN			
	sor's name	moor o name, Ent, the plan name t	and the pic		e last retain/report.	4d PN			
C Plan N	Name								
						5a		10	
_		s at the beginning of the plan years at the end of the plan year				5a 5b		19 16	
		account balances as of the end of				5c		11	
	,								
	·	articipants at the beginning of the pl	•			5d(1) 5d(2)		13	
` '	•	articipants at the end of the plan year terminated employment during the				, ,		8	
than	100% vested					5e		0	
		or incomplete filing of this return							
SB or Sch	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	d/valid electronic signature.	11	1/21/2019	MIKE L. RUCKER				
HERE	Signature of plan a	administrator	[Date	Enter name of individ	ual signing as	s plan adm	ninistrator	
SIGN									
HERE	Signature of emplo	oyer/plan sponsor		Date	Enter name of individ	ual signing as	s employe	r or plan sponsor	

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
	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	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information		T					
7	Plan Assets and Liabilities		(a) Beginning o				(b) End	of Year
<u>a</u>	Total plan assets	7a	52	21596				516946
<u>b</u>	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	52	21596				516946
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ·	Total
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)	2	25839				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	3	31331				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						57170
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	6	61820				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							61820
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-4650
	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Chai	acteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	cteris	tic Cod	es in the instr	uctions:
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.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			52160
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		X		
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.)	ne or all of	the benefits under	10e		X		
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 a	s of year-	end.)	10g		Χ		
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	Ye	s No		
11a							
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	a 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						
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?		X Yes	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)	PN(s)		

Form 5500-SF

Department of the Treesury Internal Revenue Sentos

Department of Labor Employee Benefits Socurity 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).

2018

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110 1210-0089

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

Part Annual Repo	ort Identification Information	Diddings with the MSt.	uctions to the Form 550	70-SF.			
For calendar plan year 2018 o		5/01/2018	and ending	04/30/20	019		
A This return/report is for.	a single-employer plan	a multiple-employer plants of participating em	an (not multiemployer) (Fi nployer information in acc	ilers checking thi	s box must attach a		
n	a one-participant plan		,		Tom Moderation 19		
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year retur	n/report (less than 12 mor	nths)			
C Check box if filling under:	Form 5558	automatic extension	Γ	DFVC program	1		
	special extension (enter descripti						
Part II Basic Plan in	nformation—enter all requested inform	nation					
18 Name of plan	GOODS, INC. 401(K) PLAN			1b Three-digit plan number (PN) ▶	002		
20 Dia-			1c Effective date of plan 08/01/2000				
2a Plan sponsor's name (employer, if for a single-employer plan) 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)					dentification Number 0792877		
H & L SPORTING	H & L SPORTING GOODS, INC.						
3102 SMITH AVE.		425-259 2d Business of	ode (see Instructions)				
EVERETT	WA 98201						
3a Plan administrator's name and address X Same as Plan Sponsor.				451110 3b Administrat			
M calle as Fian Spoisor.					ors EIN		
				3c Administrat	or's telephone number		
4 If the name and/or EIN of this plan, enter the plan s	the plan sponsor or the plan name has o ponsor's name, EIN, the plan name and	hanged since the last re	eturn/report filed for	4b EIN			
a Spousors name	, , , , , , , , , , , , , , , , , , , ,	are pier named none		4d PN	***************************************		
C Plan Name							
5a Total number of participan	nts at the beginning of the plan year	***************************************		5a	19		
 D Total number of participant 	its at the end of the plan year	***********		5b	16		
complete this item)	in account balances as of the end of the	plan year (only defined	contribution plans	5c	11		
d(1) Total number of active	participants at the beginning of the plan	/ear	*****************	5d(1)	13		
d(2) Total number of active p	participants at the end of the plan year	[abvetaggbe]		5d(2)	8		
URBH 10076 VESTER	ho terminated employment during the pla			5e	0		
AMMINIOUS OF MAINING FOR 1140 305	a of the strikens with the companies of the contraction of the contrac		**************************************	se is establishe	<u> </u>		
belief, it is true, correct, and co	other penalties set forth in the instruction and signed by an enrolled actuary, as w molete.	18, I declare that I have reli as the electronic ver	examined this return/reprision of this return/report,	ort, including, if a , and to the best	applicable, a Schedule of my knowledge and		
94		11/21/2019	Mike L. Rucker				
Signature of plan	administrator	Date	Enter name of Individu	al eigning as pla	n administrator		
For Paperwork Reduction Act No.	loyer/plan sponsor tice, see the instructions for Form 5500-SF	Date	Enter name of individu	ial signing as em	ployer or plan sponsor		

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Page 2

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 supplementar 29 CER 2520 104 482 (See leaf and a supplementar 29 CER 2520 104 (See leaf and	an Indepe	ndent qualified public ac	counta	nt (IQF	PA)		1	es No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cann	and condi	Uons.)				1400000	X Y	es No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA sec	tion 40	21)?			_	letermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	premium filing for this pla	in year	·		 ,	(See in:	structions.)
7	rt制 Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year		_	(b) End	of Year	
a	Total plan assets	7a	Ţ	521,5	96				516,946
<u>b</u>	Total plan llabilities	7b			Т				
С	Net plan assets (subtract line 7b from line 7a)	7c		521,5	96			* 1 /2	516,946
8	Income, Expenses, and Transfers for this Plan Year	111 - 121 - 121	(a) Amount				(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)				a ·	N		
	(2) Parlicipants	8a(2)		25,8	339				
·	(3) Others (including rollovers)	8a(3)						•	
b	Other income (loss)	8b		31,3	331	. j			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- 1: - :					57,170
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		61,8	320	\$6.	in the second		
0	Certain deemed and/or corrective distributions (see instructions)	80							
f_	Administrative service providers (salaries, fees, commissions)	8f						16. 1	
g	Other expenses	80							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		24 A				***************************************	61,820
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							-4,650
	Transfers to (from) the plan (see instructions)	81					· · · · · · · · · · · · · · · · · · ·		···
Pa	RIV Plan Characteristics								·····
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature c	odes from the List of Pk	an Cha	racteris	stic Codes	in the inst	Iructions	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Plan	n Chara	cterisi	ic Codes I	n the instr	uctions:	
Pal									
10	During the plan year:				Yes	No		Amount	
8	Was there a fallure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See Instructions and DOL's New Program)	Voluntary	Fiduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do no	t include transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х				52,160
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		х		***********	
6	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ther persone	ns by an insurance of the benefits under	10e		х	· · · · · · · · · · · · · · · · · · ·		
f				10f	<u>† </u>	х	········		
9				10g	 	Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See inst	ructions and 29 CFR	10h		х			
i	if 10h was answered "Yes," check the box if you either provided in exceptions to providing the notice applied under 29 CFR 2520.10	the requir	ed notice or one of the	101					
						·	***************************************	··· 	

Form 5500-SF (2018)	Page 3-	1				
Part VI Pension Funding Compliance			•			
11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," (Form 5500) and line 11a below)	see instructions ar	nd complete Sch	edule S	В	Y	s No
11a Enter the unpaid minimum required contributions for all years from Schedule SB	(Form 5500) line 4	n	14-	*************	<u></u>	
12 Is this a defined contribution plan subject to the minimum funding requirements of ERISA?	of section 412 of the	a Code or earther	207		Y	oN 🔀 ee
a If a walver of the minimum funding standard for a prior year is being amortized in granting the walver.	this plan year, see	Month	enter i		f the letter Year	ruling
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5)	00), and skip to il	ne 13.			1041	
b Enter the minimum required contribution for this plan year			12b		···	
C Enter the amount contributed by the employer to the plan for this plan year	*******************		12c			· · · · · · · · · · · · · · · · · · ·
Subtract the amount in line 12c from the amount in line 12b. Enter the result (ent	er a minus sign to t	he left of a	12d		·····	
 Will the minimum funding amount reported on line 12d be met by the funding decrease. 	dline?			Yes	No	N/A
Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?	*************************	***************************************		X Yes	П №)
if "Yes," enter the amount of any plan assets that reverted to the employer this ye	9ar	*************	13a	<u> </u>		
b Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?	anathar plan as k		L		Yes 🔯	
C If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred.	enother plan(s), id	entify the plan(s) to	4		
13c(1) Name of plan(s):		13c(2)			13c(3) PN(s)	

Form 5500-SF

Department of the Treesury Internal Revenue Sentos

Department of Labor Employee Benefits Socurity Administration Pension Benefit Guaranty Corporation

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n	a one-participant plan		,		Tom Moderation 19		
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year retur	n/report (less than 12 mor	nths)			
C Check box if filling under:	Form 5558	automatic extension	Γ	DFVC program	1		
	special extension (enter descripti						
Part II Basic Plan in	nformation—enter all requested inform	nation					
18 Name of plan	GOODS, INC. 401(K) PLAN			1b Three-digit plan number (PN) ▶	002		
20 Dia-			1c Effective date of plan 08/01/2000				
2a Plan sponsor's name (employer, if for a single-employer plan) 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)					dentification Number 0792877		
H & L SPORTING	H & L SPORTING GOODS, INC.						
3102 SMITH AVE.		425-259 2d Business of	ode (see Instructions)				
EVERETT	WA 98201						
3a Plan administrator's name and address X Same as Plan Sponsor.				451110 3b Administrat			
M calle as Fian Spoisor.					ors EIN		
				3c Administrat	or's telephone number		
4 If the name and/or EIN of this plan, enter the plan s	the plan sponsor or the plan name has o ponsor's name, EIN, the plan name and	hanged since the last re	eturn/report filed for	4b EIN			
a Sponsors name	, , , , , , , , , , , , , , , , , , , ,	are pier named none		4d PN	***************************************		
C Plan Name							
5a Total number of participan	nts at the beginning of the plan year	***************************************		5a	19		
 D Total number of participant 	its at the end of the plan year	***********		5b	16		
complete this item)	in account balances as of the end of the	plan year (only defined	contribution plans	5c	11		
d(1) Total number of active	participants at the beginning of the plan	/ear	*****************	5d(1)	13		
d(2) Total number of active p	participants at the end of the plan year	[abvetaggbe]		5d(2)	8		
URBH 10076 VESTER	ho terminated employment during the pla			5e	0		
AMMINIOUS OF MAINING FOR 1140 305	a of the strikens with the companies of the contraction of the contrac		**************************************	se is establishe	<u> </u>		
belief, it is true, correct, and co	other penalties set forth in the instruction and signed by an enrolled actuary, as w molete.	18, I declare that I have reli as the electronic ver	examined this return/reprision of this return/report,	ort, including, if a , and to the best	applicable, a Schedule of my knowledge and		
94		11/21/2019	Mike L. Rucker				
Signature of plan	administrator	Date	Enter name of Individu	al eigning as pla	n administrator		
For Paperwork Reduction Act No.	loyer/plan sponsor tice, see the instructions for Form 5500-SF	Date	Enter name of individu	ial signing as em	ployer or plan sponsor		

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Page 2

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 supplementar 29 CER 2520 104 482 (See leaf and a supplementar 29 CER 2520 104 (See leaf and	an Indepe	ndent qualified public ac	counta	nt (IQF	PA)		1	es No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cann	and condi	Uons.)				1400000	X Y	es No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA sec	tion 40	21)?			_	letermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	premium filing for this pla	in year	·		 ,	(See in:	structions.)
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7	Plan Assets and Liabilities		(a) Beginning o	f Year		_	(b) End	of Year	
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<u>b</u>	Total plan llabilities	7b			Т				
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	(2) Parlicipants	8a(2)		25,8	339				
·	(3) Others (including rollovers)	8a(3)						•	
b	Other income (loss)	8b		31,3	331	. j			
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- 1: - :					57,170
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		61,8	320	\$6.	in the second		
0	Certain deemed and/or corrective distributions (see instructions)	80							
f_	Administrative service providers (salaries, fees, commissions)	8f						16. 1	
g	Other expenses	80							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		24 A				***************************************	61,820
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							-4,650
	Transfers to (from) the plan (see instructions)	81					· · · · · · · · · · · · · · · · · · ·		···
Pa	RIV Plan Characteristics								·····
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature c	odes from the List of Pk	an Cha	racteris	stic Codes	in the inst	Iructions	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Plan	n Chara	cterisi	ic Codes I	n the instr	uctions:	
Pal									
10	During the plan year:				Yes	No		Amount	
8	Was there a fallure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See Instructions and DOL's New Program)	Voluntary	Fiduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do no	t include transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х				52,160
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity b	ond, that was caused	10d		х		***********	
6	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ther persone	ns by an insurance of the benefits under	10e		х	· · · · · · · · · · · · · · · · · · ·		
f				10f	<u>† </u>	х	········		
9				10g	 	Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See inst	ructions and 29 CFR	10h		х			
i	if 10h was answered "Yes," check the box if you either provided in exceptions to providing the notice applied under 29 CFR 2520.10	the requir	ed notice or one of the	101					
						·	***************************************	··· 	

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		J				
Part VI Pension Funding Compliance						····
11 is this a defined benefit plan subject to minimum funding requirements? (if "Yes," (Form 5500) and line 11a below)	see instructions a	nd complete Sch	edule S	В	Y	es 🗌 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB	(Form 5500) line 4	n	14-	***************************************		
12 Is this a defined contribution plan subject to the minimum funding requirements of ERISA?	of section 412 of th	a Cada	- 000	f 	_ Y	es X No
8 If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan year, see	Month	enter t		f the letter Year	ruling
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to il	ne 13.			1041	
b Enter the minimum required contribution for this plan year	*******************	. 1 . 7 . 7 . 9 . 9 . 9 . 9 . 9 . 9 . 9 . 9	12b			·
C 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 negative amount)	ar a minue elan ta t	ha laft of a	12d		·····	
Will the minimum funding amount reported on line 12d be met by the funding deal	dline?			Yes	No	N/A
Plan Terminations and Transfers of Assets			·····			
13a Has a resolution to terminate the plan been adopted in any plan year?				X Yes	Пи	0
If "Yes," enter the amount of any plan assets that reverted to the employer this ye	oar		13a	<u> </u>		-
b Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?	anathar plan as h			 	Yes X	No
c If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred.	enother plan(s), lo	entify the plan(s) to	1		<u></u>
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
		<u> </u>	***************************************			