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**

Part I		Identification Information				
For calend	dar plan year 2018 or fi	scal plan year beginning 10/01/2	2018	and ending 0	9/30/2019	
A This re	eturn/report is for:	plan (not multiemployer) (employer information in ad				
D		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	n .	DFVC progra	am
		special extension (enter desc	' '			
Part II	Basic Plan Info	ormation—enter all requested in	formation		T	
1a Name	•	(K) PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶	
					1c Effective	date of plan 01/01/2006
		oyer, if for a single-employer plan)			2b Employer	Identification Number
	`	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	,	structions)	(EIN)	91-1923619
•	E ELECTRIC, INC.	o, southly, and Eli of foldigit pool	ar codo (ii foroign, coo iii	on donorio,		s telephone number 09-783-2679
					2d Business	code (see instructions)
	OD PLACE, STE. A K, WA 99336					238210
KLININEVVIO	K, WA 99990					
3a Plan a	administrator's name ar	nd address X Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administr	ator's telephone number
					JC Administra	ator's telepriorie number
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN	
	sor's name				4d PN	
C Plan N	Name					
5a Total	number of participants	at the beginning of the plan year.			5a	3
		at the end of the plan year			5b	3
C Numb	per of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	3
complete this item)				5d(1)		
d(2) Total number of active participants at the end of the plan year			5d(2)	3		
Number of participants who terminated employment during the plan year with accrued benefits that were less						
than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable car			5e	0		
Under pen SB or Sch	alties of perjury and ot	her penalties set forth in the instru nd signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	eport, including, if	applicable, a Schedule
SIGN		/valid electronic signature.	12/11/2019	ANDREW C. HUNT		
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pl	an administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	dual signing as er	nplover or plan sponsor

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		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.)						X Yes No X Yes No	
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined (See instructions.)
a Total plan assets	Pa	rt III Financial Information							
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a	54	48158				634797
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 67381 (2) Participants 8a(2) 3700 (3) Others (including follovers)	b	Total plan liabilities	7b		0				
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	54	48158				634797
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	otal
(3) Others (including rollovers)	<u>а</u>		8a(1)		67381				
b Other income (loss)		(2) Participants	8a(2)		3700				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d to provide benefits). 8d to provide benefits). 8d to provide benefits). 8d to provide benefits). 8e Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b		19080				
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h social service in the plan gene instructions) 8g i Net income (loss) (subtract line 8h from line 8c) 8i li Net income (loss) (subtract line 8h from line 8c) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K ZT 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 a 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan avea loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 54816 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 54816 f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2500.101-3) 10h X	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						90161
f Administrative service providers (salaries, fees, commissions)	d		8d						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		3522				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3522
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T 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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 4 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10h X	i	Net income (loss) (subtract line 8h from line 8c)	8i						86639
Second	j	Transfers to (from) the plan (see instructions)	8j						
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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	t IV Plan Characteristics							
Part V Compliance Questions 10 During the plan year: Yes No Amount a 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 54816 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 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the instr	uctions:
10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 10g X 10g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 10g X 10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the instru	ctions:
a 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)	Par	t V Compliance Questions							
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	А	mount
reported on line 10a.)	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	Х			54816
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	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		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ		
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X		
	i	·			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 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

Part I	Annual Report	t Identification Information					
For calend	dar plan year 2018 or f	fiscal plan year beginning 10/01/20	18	and ending 09/3	0/2019		
A This re	eturn/report is for:	X a single-employer plan	·	lan (not multiemployer) (f nployer information in ac			
R Thin rot	turn/report is	a one-participant plan	a foreign plan				
D msrei	turn/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:	Form 5558	automatic extension		DFVC progran	n	
D = 14 11	Design Die et de	special extension (enter desc	•				
Part II		ormation—enter all requested in	formation		4.1	1	
1a Name CHEYENNE	•	1(K) PROFIT SHARING PLAN			1b Three-digit plan numb (PN) ▶	1	
					1c Effective di 01/01/2000	•	
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer I (EIN) 91-19	dentification Number 923619	
	E ELECTRIC, INC.	ce, country, and ZIP or foreign post	tai code (if foreign, see insti	ructions)		telephone number 509) 783-2679	
^~44 101 13 ^	000 01 405 0TF 4				2d Business c 238210	ode (see instructions)	
	OOD PLACE, STE. A K, WA 99336				230210		
·		nd address 🛛 Same as Plan Spor	neor		3b Administrat	tor's EIN	
ou mana	ormination or harrie ar	nd address Micame as Flast Spot	11501.		3D Administrat	IOI S EIIV	
					3c Administrat	tor's telephone number	
4 If the r	name and/or EIN of the lan, enter the plan spo	e plan sponsor or the plan name hansor's name, EIN, the plan name a	as changed since the last re	eturn/report filed for he last return/report.	4b EIN		
	or's name	•			4d PN		
C Plan N	lame						
5a Total r	number of participants	at the beginning of the plan year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5а	3	
b Total r	number of participants	at the end of the plan year			5b	3	
		account balances as of the end of			5c	3	
d(1) Total number of active participants at the beginning of the plan year			5d(1)	3			
d(2) Total number of active participants at the end of the plan year			5d(2)	3			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable caution.			5e 0				
Under pena	t penalty for the late of	or incomplete filing of this return her penalties set forth in the instruc	n/report will be assessed	unless reasonable cau	se is establishe	ed.	
SB or Sche	dule MB completed ar rue, correct, and camp	nd sigged by an enrolled actuary, a	as well as the electronic ver	sion of this return/report	and to the best	of my knowledge and	
SIGN	-17/100	January of the state of the sta	12-11-19	Andrew Hunt	MIL		
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ial signing as pla	n administrator	
SIGN HERE	Company			Ĺ	and the second		
	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor	

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Part III Financial Information Financial Informa	b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mus	account	ant (IC	QPA) • Form 5	500.	X Yes [No No
7 Plan Assets and Liabilities 7 Polar of Year 634158 634 634 634 634 634 634 634 634 634 634	C								Not deterr . (See instruct	
a Total plan assets	Pa	rt III Financial Information						<u>.</u>		·····
a Total plan laselities. 7a 548158 634 b Total plan liabilities. 7b 0 0 C Net plan assets (subtract line 7b from line 7a). 7c 548158 634 lincome, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Embloyers. 8a(1) 67381 (2) Participants. 8a(2) 3700 (3) Others (including rollovers). 8a(3) b Other income (loss) b Other income (loss). 8b 19080 c Total income (loss) (such displayed and insurance promiums to provide benefits). 8c 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8c 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8c 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8c 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8c 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8d 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8d 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8d 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8d 90 d Benefits paid (including direct rollovers and insurance promiums to provide benefits). 8d 90 g Other expenses (add lines 8d, 8d, 8f, and 8g). 8d 90 g Other expenses 8d 91 g Transfers to (from) the plan (see instructions). 8d 91 g Transfers to (from) the plan (see instructions). 8d 91 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T b If the plan provides welfare to transmit to the plan any participant contributions within the time period described in 29 CFR 2510,3-102? (See instructions and DOL'	7	Plan Assets and Liabilities		(a) Beginning	of Year	. [(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a) 7c 548158 634 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 84(1) 67381 (2) Participants 84(2) 3700 (3) Others (including rollovers) 84(3) b Other income (loss) (3) Others (including rollovers) 84(3) 84(3) 84(3) c Total income (add lines 8d(1), 8a(2), 8a(3), and 8b) 8b 19980 c Total income (add lines 8d(1), 8a(2), 8a(3), and 8b) 8c 90 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8d e Certain deemed and/or corrective distributions (see instructions) 8d f Administrative service providers (salanes, fees, commissions) 8f 3522 g Other expenses 8f 3522 g Other expenses 8f, 8e, 8f, and 8g) 8h 3522 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 3522 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 3522 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 360 j Transfers to (from) the plan (see instructions) 8l j Transfers to (from) the plan (see instructions) 8l part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 21 2F 26 30 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 21 2F 26 30 2K 2T b Uring the plan year: a 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X C Was the plan never loss, whether or not reinbursed by the plan fidelity bond, that was caused by fraud or dishonesely? 10d A y 10d A 10d	а	Total plan assets	7a						634797	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b			0				***
a Contributions received or receivable from: (i) Employers	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		5481	58			634797	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) ⁻	Total .	
(2) Participants	а				^70/					
Sa(3) Others (including rollovers)						_				
b Other income (loss) 86/1, 8a(2), 8a(3), and 8b) 8c 90 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 90 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 90 e Cartain deemed and/or corrective distributions (see instructions) 8e 90 f Administrative service providers (salaries, fees, commissions) 8f 3522 g Other expenses 8g 9 90 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 93 i Net income (loss) (subtract line 8h from line 8c) 8i 96 f Administrative service providers (salaries, fees, commissions) 8j 90 Fart IV Plan Characteristics 9g 1fthe plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T b Uring the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T b Uring the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T b Uring the plan year: Yes No Amount 4 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flüduciary Correction Program) 10a 4 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 4 c Was the plan covered by a fidelity bond? 10c 4 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 10d 4 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization th			 		3/1	00				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	h				100	20				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)					(90)	30			00161	
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2T 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X C Was the plan covered by a fidelity bond? 10c X 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 the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d the plan failed to provide any benefit when due under the plan? (See instructions). 10b X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10d X 10d If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.01-3.) 10h K 10d If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.01-3.) 10h K 250.01-3.) 10h K 250.01-3.			80						90161	
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d							
Solution	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		352	22				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Part IV Plan Characteristics	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3522	
Part IV Plan Characteristics	<u>i</u>		8i						86639	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
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: a 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)										
Part V Compliance Questions 10 During the plan year: Yes No Amount a 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)	9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2K 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Code	es in the ins	tructions:	
10 During the plan year: a 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)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Codes	s in the instr	uctions:	
10 During the plan year: a 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)	Par	t V Compliance Questions	***************************************							
a 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)	<u> </u>					Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			Х			
reported on line 10a.)	h				10a	<u> </u>		······································		
C Was the plan covered by a fidelity bond?	Ŋ	reported on line 10a.)		include transactions	10b		Х			
by fraud or dishonesty?	С				10c	Х		***************************************		54816
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	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		Х			
f Has the plan failed to provide any benefit when due under the plan?	e	carrier, insurance service, or other organization that provides some	e or all of	the benefits under	10e		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f				10f		X			•••••
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)			×			
	h				10h		Х			
exceptions to providing the notice applied under 29 CFR 2520.101-3	i	If 10h was answered "Yes," check the box if you either provided th	ne required	d notice or one of the	10i				· · · · · · · · · · · · · · · · · · ·	

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	nedule S	8		Yes 🗍	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?	on 302 o	f		Yes 🛛	No
	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 enter Da		of the let Year		
If	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				
	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	; X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	÷		Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to				
1) EIN(s)	·	13c	(3) PN(s)	