## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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  |  | t identification information   |                          |  |  |  |                           |                                      |  |  |  |
|---|--|--|--------------------------|--|--|--|---------------------------|--------------------------------------|--|--|--|
| For calenda   | ar plan year 2018 or t   | fiscal plan year beginning 10/01/2   | 2018                     |  | and ending 09  | 9/30/2019  |                           |                                      |  |  |  |
| A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions. |  |  |                          |  |  |  |                           |                                      |  |  |  |
|   |  | a one-participant plan   | af                       | oreign plan                                |  |  |                           |                                      |  |  |  |
| <b>B</b> This retu  | urn/report is  |  |                          |  |  |  |                           |                                      |  |  |  |
|   | an amended return/report a short plan year return/report (less than 12 months) |  |                          |  |  |  |                           |                                      |  |  |  |
| C Check I   | box if filing under:   | X Form 5558  | au                       | tomatic extension                          |  | DFVC p   | rogram                    |                                      |  |  |  |
|   |  | special extension (enter descri  | ription)                 |  |  |  |                           |                                      |  |  |  |
| Part II   | Basic Plan Info  | ormation—enter all requested in  | formatio                 | on   |  |  |                           |                                      |  |  |  |
| 1a Name<br>GENERAL H  | of plan<br>HOTEL & RESTAURA  |  | <b>1b</b> Thre plan (PN) | number                                     | 002  |  |                           |                                      |  |  |  |
|   |  |  |                          |  |  | 1c Effect  | tive date o               | f plan<br>1/1984                     |  |  |  |
|   |  | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C  | ) Bass                   |  |  | •  | ,                         | fication Number                      |  |  |  |
|   |  | ce, country, and ZIP or foreign post   |                          | (if foreign, see instru                    | uctions)   | (EIN)  |                           | 746569                               |  |  |  |
| GENERAL H   | IOTEL & RESTAURA   | NT SUPPLY CORPORATION  |                          |  |  | 20 Spor  | 305-885                   | hone number<br>5-8651                |  |  |  |
|   |  |  |                          |  |  | 2d Busin   | ness code (               | see instructions)                    |  |  |  |
| 13900 NW 82<br>MIAMI LAKE   | 2ND AVENUE<br>S, FL 33016  |  |                          |  |  |  | 4239                      | 90                                   |  |  |  |
|   |  |  |                          |  |  |  |                           |                                      |  |  |  |
| 3a Plan a   | dministrator's name a  | and address 🛛 Same as Plan Spoi  | nsor.                    |  |  | <b>3b</b> Admi                                   | inistrator's              | EIN                                  |  |  |  |
|   |  |  |                          |  |  | <b>3c</b> Administrator's telephone number       |                           |                                      |  |  |  |
|   |  |  |                          |  |  |  |                           |                                      |  |  |  |
|   |  |  |                          |  |  |  |                           |                                      |  |  |  |
| 4 If the r  | name and/or EIN of th  | ne plan sponsor or the plan name ha  | as chan                  | ged since the last re                      | turn/report filed for                                | <b>4b</b> EIN                                    |                           |                                      |  |  |  |
| this pl   | an, enter the plan sp  | onsor's name, EIN, the plan name a   |                          |  |  |  |                           |                                      |  |  |  |
| a Spons<br>C Plan N   | or's name<br>lame  |  |                          |  |  | 4d PN  |                           |                                      |  |  |  |
|   |  |  |                          |  |  |  |                           |                                      |  |  |  |
| <b>5a</b> Total r   | number of participant  | s at the beginning of the plan year  |                          |  |  | . <b>5a</b> 84                                   |                           |                                      |  |  |  |
|   |  | s at the end of the plan year  |                          |  |  | 5b   |                           | 75                                   |  |  |  |
|   |  | account balances as of the end of  |                          |  | ·  | 5c   |                           | 68                                   |  |  |  |
| <b>d(1)</b> Tota  | al number of active pa   | articipants at the beginning of the pl   | lan year                 | ·  |  | 5d(1)  |                           | 65                                   |  |  |  |
|   |  | articipants at the end of the plan ye  |                          |  |  | 5d(2)  |                           | 68                                   |  |  |  |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested   |  |  |                          |  |  | 5e   |                           | 0                                    |  |  |  |
|   |  | or incomplete filing of this return  |                          |  |  |  |                           |                                      |  |  |  |
| SB or Sche  | alties of perjury and c<br>edule MB completed a<br>true, correct, and con      | other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con | ctions, I<br>as well a   | declare that I have as the electronic vers | examined this return/re<br>sion of this return/repor | port, includi<br>t, and to the                   | ng, if applice best of my | cable, a Schedule<br>y knowledge and |  |  |  |
| SIGN  | Filed with authorized  | d/valid electronic signature.  |                          | 06/15/2020                                 | JOHN ORTS  |  |                           |                                      |  |  |  |
| HERE  | Signature of plan  | administrator  |                          | Date                                       | Enter name of individ                                | of individual signing as plan administrator      |                           |                                      |  |  |  |
| SIGN  |  |  |                          |  |  |  |                           |                                      |  |  |  |
| HERE  | Signature of empl  | oyer/plan sponsor  |                          | Date                                       | Enter name of individ                                | f individual signing as employer or plan sponsor |                           |                                      |  |  |  |

Form 5500-SF (2018) Page **2** 

| 6a       | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  |  |                         |         |         |         |  |             |  |  |  |
|----------|--|--|-------------------------|---------|---------|---------|--|-------------|--|--|--|
| 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.)   |  |                         |         |         |         |  |             |  |  |  |
| С        | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined  |  |                         |         |         |         |  |             |  |  |  |
|          |  |  |                         |         |         |         |  |             |  |  |  |
| Pa       | rt III   Financial Information   |  |                         |         |         |         |  |             |  |  |  |
| 7        | Plan Assets and Liabilities  |  | (a) Beginning           | of Year |         |         | (b) End  | d of Year   |  |  |  |
| а        | Total plan assets  | 7a   |                         | 51480   |         |         |  | 6812934     |  |  |  |
| b        | Total plan liabilities   | 7b   |                         |         |         |         |  |             |  |  |  |
| С        | Net plan assets (subtract line 7b from line 7a)  | 7с   | 67                      | 751480  |         |         |  | 6812934     |  |  |  |
| 8        | Income, Expenses, and Transfers for this Plan Year   |  | (a) Amoun               | nt      |         |         | (b) End of Year 6812934  6812934  (b) Total  286465  225011 61454  Codes in the instructions: Codes in the instructions: |             |  |  |  |
| <u>а</u> | Contributions received or receivable from: (1) Employers   | 8a(1)  |                         | 10000   |         |         |  |             |  |  |  |
|          | (2) Participants   | 8a(2)  | 1                       | 51946   |         | 286465  |  |             |  |  |  |
|          | (3) Others (including rollovers)   | 8a(3)  |                         |         |         |         |  |             |  |  |  |
| <u>b</u> | Other income (loss)  | 8b   | 1:                      | 24519   |         |         |  |             |  |  |  |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c   |                         |         |         |         |  | 286465      |  |  |  |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d   | 2:                      | 225011  |         |         |  |             |  |  |  |
| е        | Certain deemed and/or corrective distributions (see instructions)  | 8e   |                         |         |         |         |  |             |  |  |  |
| f        | Administrative service providers (salaries, fees, commissions)   | dministrative service providers (salaries, fees, commissions) 8f |                         |         |         |         |  |             |  |  |  |
| g        | Other expenses   | her expenses   |                         |         |         |         |  |             |  |  |  |
| h        | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h   |                         |         |         |         |  | 225011      |  |  |  |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8c) <b>8i</b>  |                         |         |         |         |  | 61454       |  |  |  |
| j        | 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 2F 2G 2J 2S 2T 3D   | feature co   | des 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   | es from the List of Pla | n Chara | cteris  | tic Cod | des in the inst  | ructions:   |  |  |  |
| Par      | t V Compliance Questions   |  |                         |         |         |         |  |             |  |  |  |
| 10       | During the plan year:  |  |                         |         | Yes     | No      |  | Amount      |  |  |  |
| a        | 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.)  | ? (Do not  | include transactions    | 10b     |         | X       |  |             |  |  |  |
|          |  |  |                         | 10c     | X       |         |  | 500000      |  |  |  |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |  |                         |         |         | X       |  | 30000       |  |  |  |
| е        | 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.) |  |                         |         |         |         |  | 23904       |  |  |  |
| f        | Has the plan failed to provide any benefit when due under the pla  |  | 10f                     |         | Χ       |         |  |             |  |  |  |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  |  |                         |         |         | Х       |  |             |  |  |  |
| h        | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  |  |                         |         |         | X       |  |             |  |  |  |
| i        | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  | •  |                         | 10i     |         |         |  |             |  |  |  |
|          |  |  |                         |         |         |         |  |             |  |  |  |

| Form 5500-SF (2018)      | Page <b>3</b> - 1 |
|--------------------------|-------------------|
| 1 3.111 3333 3.1 (23.13) | i ago 🗸 📑         |

| Part  | VI Pension Funding Compliance   |        |          |        |         |  |  |  |  |  |
|---|---|--------|----------|--------|---------|--|--|--|--|--|
| 11  | 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)                                 |        |          |        |         |  |  |  |  |  |
| 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.)   |        |          |        |         |  |  |  |  |  |
| <b>a</b> 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?   |        | 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.) | to     |          |        |         |  |  |  |  |  |
| 1   | <b>3c(1)</b> 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

Part I Annual Report Identification Information

## 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** 

| For calendar plan year 2018 or fiscal  | l plan year beginning                                 | 10/01/2018                                | and ending   | 09/30/2                | 2019  |  |  |  |  |
|--|---|---|--|------------------------|---|--|--|--|--|
| A This return/report is for:   | a single-employer plan                                | a multiple-employer                       | plan (not multiemployer)   | (Filers checking t     | his box must attach a                         |  |  |  |  |
|  | a one-participant plan                                | a foreign plan                            | ccordance with th  | ne form instructions.) |   |  |  |  |  |
| B This return/report is  | the first return/report                               | the final return/repor                    | t  |                        |   |  |  |  |  |
|  | an amended return/report                              | a short plan year ret                     | urn/report (less than 12 n   | nonths)                |   |  |  |  |  |
| C Check box if filing under:   |   | automatic extension                       | 1  | DFVC progra            | m   |  |  |  |  |
|  | special extension (enter desc                         |   |  |                        |   |  |  |  |  |
| Part II Basic Plan Inform  | ation—enter all requested in                          | formation                                 |  |                        |   |  |  |  |  |
| 1a Name of plan<br>GENERAL HOTEL & RES   | TAURANT SUPPLY COR                                    | RPORATION 401(K)                          | PLAN   | 1b Three-digiplan numb | 002   |  |  |  |  |
| 20 0   |   |   |  | 1c Effective of 10/01/ |   |  |  |  |  |
| 2a Plan sponsor's name (employer,<br>Mailing address (include room, a  | pt., suite no, and street or P C                      | D. Box)                                   | 10000  | 2b Employer            | dentification Number                          |  |  |  |  |
| City or town, state or province, co  | ountry, and ZIP or foreign post<br>TAURANT SUPPLY COR | tal code (if foreign, see ins<br>PORATION | structions)  | 2c Sponsor's           | EIN) 59-0746569<br>Sponsor's telephone number |  |  |  |  |
| 13900 NW 82ND AVENUE   | E   |   |  |                        | 5-8651<br>code (see instructions)             |  |  |  |  |
| MIAMI LAKES  | FL 3301   | 16  |  |                        |   |  |  |  |  |
| 3a Plan administrator's name and ac  |   |   |  | 423990                 |   |  |  |  |  |
| ou i lan administrator s name and ac   | Juless X Same as Plan Spor                            | nsor.                                     |  | 3b Administra          | tor's EIN                                     |  |  |  |  |
| 4 If the name and/or EIN of the plan   | n sponsor or the plan name by                         |   |  |                        | tor's telephone number                        |  |  |  |  |
| triis plan, enter the plan sponsor   | 's name, EIN, the plan name a                         | nd the plan number from                   | the last return/report.  | 4b EIN                 |   |  |  |  |  |
| a Sponsor's name C Plan Name   |   |   |  | 4d PN                  |   |  |  |  |  |
| 5a Total number of participants at the   | e beginning of the plan year                          |   |  | <b>5a</b> 84           |   |  |  |  |  |
| b Total number of participants at the  | e end of the plan year                                |   | CONSIDER PROFITE CONTROL OF CONTROL PROFITE CO | 5b                     | 75  |  |  |  |  |
| C Number of participants with account complete this item)  | unt balances as of the end of t                       | he plan year (only defined                | contribution plane   | 5c                     | 68  |  |  |  |  |
| d(1) Total number of active participa  | ants at the beginning of the pla                      | an year                                   |  | 5d(1)                  | 65  |  |  |  |  |
| d(2) Total number of active participa  | ants at the end of the plan yea                       | r   |  | 5d(2)                  | 68  |  |  |  |  |
| than 100% vested   | 5e  | 0   |  |                        |   |  |  |  |  |
| Caution: A penalty for the late or inc   | complete filing of this return.                       | report will be accessed                   | unlana usas su abla  | se is established      | d   |  |  |  |  |
| Under penalties of perjury and other pe<br>SB or Schedule MB completed and sig<br>belief, it is true, correct, and complete. | aned by an enrolled actuary as                        | tions I declare that I have               | avancia - d this t   |                        |   |  |  |  |  |
| SIGN HERF  | John lest   | 6/16/2020                                 | JOHN ORTS  |                        |   |  |  |  |  |
| Signature of plan admin  | istrator  | Date                                      | Enter name of individu   | al signing as plan     | administrator                                 |  |  |  |  |
| HERE   | I - Produce to the same                               |   | <b>_</b>   |                        |   |  |  |  |  |
| Signature of employer/p  | the Instructions for Form 5500-                       | Date SF.                                  | Enter name of individu   | al signing as emp      | loyer or plan sponsor                         |  |  |  |  |

Form 5500-SF (2018) Page **2** 

|     | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  |            |                             |          |          |          |                 |            |  |  |
|-----|--|------------|-----------------------------|----------|----------|----------|-----------------|------------|--|--|
| 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.)   |            |                             |          |          |          |                 |            |  |  |
|     | 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 insurance program (see ERISA section 4021)? Yes No Not determined |            |                             |          |          |          |                 |            |  |  |
| С   | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year                           |            |                             |          |          |          |                 |            |  |  |
| Pa  | rt III Financial Information   |            |                             |          |          |          |                 |            |  |  |
| 7   | Plan Assets and Liabilities  |            | (a) Beginning (             | of Year  |          |          | (b) End         | of Year    |  |  |
| а   | Total plan assets  | 7a         |                             | 751,     |          |          | •               | 6,812,934  |  |  |
| b   | Total plan liabilities   | 7b         |                             |          |          |          |                 |            |  |  |
| С   | Net plan assets (subtract line 7b from line 7a)  | 7c         | 6,                          | 751,     | 480      | 0 6,81   |                 |            |  |  |
| 8   | Income, Expenses, and Transfers for this Plan Year   |            | (a) Amoun                   | ıt       |          |          | (b) ·           | Total      |  |  |
| а   | Contributions received or receivable from: (1) Employers   | 8a(1)      | , ,                         | 10,      | 000      |          | , ,             |            |  |  |
|     | (2) Participants   | 8a(2)      |                             | 151,     | 946      |          |                 |            |  |  |
|     | (3) Others (including rollovers)   | 8a(3)      |                             |          |          |          |                 |            |  |  |
| b   | Other income (loss)  | 8b         |                             | 124,     | 519      |          |                 |            |  |  |
| С   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c         |                             |          |          |          |                 | 286,465    |  |  |
| d   | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d         |                             | 225,     | 011      |          |                 |            |  |  |
| е   | Certain deemed and/or corrective distributions (see instructions)  |            |                             |          |          |          |                 |            |  |  |
| f   | Administrative service providers (salaries, fees, commissions)   |            |                             |          |          |          |                 |            |  |  |
| g   | Other expenses   | 8g         |                             |          |          |          |                 |            |  |  |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h         |                             |          |          |          |                 | 225,011    |  |  |
| i   |  |            |                             |          |          |          |                 | 61,454     |  |  |
| j   | Transfers to (from) the plan (see instructions)  | 8j         |                             |          |          |          |                 |            |  |  |
| Pai | rt IV Plan Characteristics   |            |                             |          |          |          |                 |            |  |  |
| 9a  | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2S 2T 3D   | feature co | odes from the List of Plant | an Cha   | racteri  | stic Cod | des in the ins  | tructions: |  |  |
| b   | If the plan provides welfare benefits, enter the applicable welfare for  | eature cod | des from the List of Pla    | n Chara  | acterist | ic Code  | es in the insti | 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   | oluntary F | iduciary Correction         |          |          | Х        |                 |            |  |  |
|     | Program)  Were there any nonexempt transactions with any party-in-interest   |            |                             | 10a      |          |          |                 |            |  |  |
|     | reported on line 10a.)   |            |                             | 10b      |          | Х        |                 |            |  |  |
| C   | Was the plan covered by a fidelity bond?   |            |                             | 10c      | Х        |          |                 | 500,000    |  |  |
| d   | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |            |                             |          |          | Х        |                 |            |  |  |
| е   | 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.)                                 |            |                             |          |          |          |                 | 23,904     |  |  |
| f   | Has the plan failed to provide any benefit when due under the pla  |            | 10f                         | <u> </u> | Х        |          |                 |            |  |  |
| g   | Did the plan have any participant loans? (If "Yes," enter amount a   | 10g        |                             | Х        |          |          |                 |            |  |  |
| _ h | If this is an individual account plan, was there a blackout period? 2520.101-3.)   |            |                             | 10h      |          | Х        |                 |            |  |  |
| 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      |          |          |                 |            |  |  |
|     |  |            |                             |          |          |          | -               |            |  |  |

|      | Fo        | orm 5500-SF (2018)   | Page 3-            |                    |          |     |                      |         |
|------|-----------|--|--------------------|--------------------|----------|-----|----------------------|---------|
|      |           |  |                    |                    |          |     |                      |         |
| Part | VI P      | ension Funding Compliance  |                    |                    |          |     |                      |         |
| 11   |           | a defined benefit plan subject to minimum funding requirements? (If "Yes," se 5500) and line 11a below)                    |                    | d complete Sch     | edule S  | В   | _ Y                  | es 🗌 No |
| 11a  | Enter th  | he unpaid minimum required contributions for all years from Schedule SB (Fo  | orm 5500) line 40  |                    | 11a      |     |                      |         |
| 12   | ERISA?    | a defined contribution plan subject to the minimum funding requirements of services.                                       |                    |                    | n 302 of |     | Y                    | es 🛛 No |
|      |           | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |                    |                    |          |     |                      |         |
| a    |           | ver of the minimum funding standard for a prior year is being amortized in this<br>g the waiver.                           |                    |                    |          |     | the letter<br>Year _ | ruling  |
| lf   | you com   | npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)   | , and skip to lir  | ie 13.             |          |     |                      |         |
| b    | Enter the | e minimum required contribution for this plan year   |                    |                    | 12b      |     |                      |         |
| С    | Enter the | e amount contributed by the employer to the plan for this plan year  |                    |                    | 12c      |     |                      |         |
| d    |           | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a mount)                                    |                    |                    | 12d      |     |                      |         |
| е    | Will the  | minimum funding amount reported on line 12d be met by the funding deadling   | ne?                |                    |          | Yes | No                   | N/A     |
| Part | VII P     | Ian Terminations and Transfers of Assets   |                    |                    |          |     |                      |         |
| 13a  | Has a re  | esolution 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    |           | all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?                           |                    |                    |          |     | Yes X                | No      |
| С    |           | ng this plan year, any assets or liabilities were transferred from this plan to an assets or liabilities were transferred. | other plan(s), ide | entify the plan(s) | to       |     |                      |         |

**13c(2)** EIN(s)

**13c(3)** PN(s)

13c(1) Name of plan(s):