Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.

OMB Nos. 1210-0110 1210-0089

2018

	Administration			***				
Pensio	n Benefit Guaranty Corporation				This Form is Open to Pเ Inspection	ıblic		
Part I	Annual Report Ide	ntification Information						
For caler	ndar plan year 2018 or fiscal	plan year beginning 01/01/20	18	and ending 12/3	31/2018			
A This r	return/report is for:	a multiemployer plan		loyer plan (Filers checking the modern information in according the modern information in according the modern in	nis box must attach a list of dance with the form instructio	ns.)		
		🛚 a single-employer plan	a DFE (specify)				
B This r	return/report is:	the first return/report	the final return	report/				
	·	an amended return/report	a short plan ye	ar return/report (less than 12	2 months)			
C If the	plan is a collectively-bargain	ned plan, check here						
D Chec	k box if filing under:	Form 5558	automatic exten	sion	the DFVC program			
	Ī	special extension (enter description)	<u> </u>		_			
Part II	Basic Plan Informa	ation—enter all requested informatio	n					
	ne of plan	an requested memorials			1b Three-digit plan			
	-	LTH PLAN FOR ST. OLAF (COLLEGE		number (PN) ▶	513		
					1c Effective date of pl 01/01/2006	1c Effective date of plan 01/01/2006		
		if for a single-employer plan)			2b Employer Identification			
		apt., suite no. and street, or P.O. Box) ountry, and ZIP or foreign postal code	(if foreign see instr	uctions)	Number (EIN) 41-0693979			
-	OLAF COLLEGE	of foreign postar code	(ii foreign, see instit	ouons)		2c Plan Sponsor's telephone		
ът.	. OHAP COHHEGE				number			
					507-786-3022	507-786-3022		
152	20 ST OLAF AVENUE				2d Business code (see			
					instructions) 611000			
NOF	RTHFIELD	MN 55057						
Caution	A penalty for the late or in	ncomplete filing of this return/repor	t will be assessed u	unless reasonable cause is	established.			
		penalties set forth in the instructions, I as the electronic version of this return						
SIGN			08/27/2019	NATHAN ENGLE				
HERE	Signature of plan adminis	strator	Date	Enter name of individual signing as plan administrator				
SIGN HERE								
HEIKE	Signature of employer/pla	an sponsor	Date	Enter name of individual si	gning as employer or plan sp	onsor		
SIGN HERE								
TIERE	Signature of DFE		Date	Enter name of individual si	signing as DFE			

Form 5500 (2018) Page **2**

3a	Plan administrator's name and address 🗵 Same as Plan Sponsor				3b Administrator's EIN			
			ninistrator's telephone nber					
4	If the name and/or EIN of the plan sponsor or the plan name has changed senter the plan sponsor's name, EIN, the plan name and the plan number from				4b EIN	V		
a c	Sponsor's name Plan Name				4d PN			
5	Total number of participants at the beginning of the plan year				5	968		
6	Number of participants as of the end of the plan year unless otherwise state 6a(2) , 6b , 6c , and 6d).	ed (welfare plans	s compl	ete only lines 6a(1),				
a(1) Total number of active participants at the beginning of the plan year				6a(1)	623		
a(2) Total number of active participants at the end of the plan year				6a(2)	616		
b	Retired or separated participants receiving benefits				6b	380		
С	Other retired or separated participants entitled to future benefits				6c	0		
d	Subtotal. Add lines 6a(2) , 6b , and 6c				6d	996		
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits			6e			
f	Total. Add lines 6d and 6e.				6f			
g	Number of participants with account balances as of the end of the plan year complete this item)				6g			
h	Number of participants who terminated employment during the plan year wiless than 100% vested				6h			
7	Enter the total number of employers obligated to contribute to the plan (only	/ multiemployer p	plans co	omplete this item)	7			
	If the plan provides pension benefits, enter the applicable pension feature countries of the plan provides welfare benefits, enter the applicable welfare feature countries $4A - 4D$	des from the Lis	st of Pla		s in the in			
Ju	(1) X Insurance	(1)		nsurance	ас арріу)			
	(2) Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3)	insurance	e contracts		
	(3) X Trust	(3)	н	Frust				
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are	attached and w		General assets of the sp		and (San instructions)		
					or attaci	ica. (Occ manachoris)		
а	Pension Schedules (4) P (Petirement Plan Information)	b Genera	_		nation)			
	(1) R (Retirement Plan Information)	(1)	X	H (Financial Inform	•	Small Plan)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) (3)		I (Financial Inform A (Insurance Inform		oman Fian)		
	actuary	(4)	X	C (Service Provide	er Informa	ation)		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)		D (DFE/ParticipatiG (Financial Trans	•	•		
	,,,	(0)	Ш	U manda Hans	Jackott O	onodulos		

Form 5500 (2018) Page **3**

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.) Receipt Confirmation Code
11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

		pursuant to	ERISA section 103(a)(2)			Inspection
For calendar plan year 20°	18 or fiscal pla	n year beginning 01/01/	['] 2018	and en	ding 12/31/2018	3
A Name of plan EMERITI RETIRE	EE HEALTH	PLAN FOR ST. OLAF	COLLEGE	l	e-digit number (PN)	513
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	yer Identification Number	(EIN)
ST. OLAF COLLE	EGE			41-0	0693979	
		rning Insurance Contract. Individual contracts grouped				
1 Coverage Information:						
(a) Name of insurance ca		ZOMDA NV				
AEINA LIFE IN	<u> </u>	T	(e) Approximate no	ımher of	Policy or o	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f) From	(g) To
06-6033492	60054	82036382038637	9		01/01/2018	12/31/2018
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and o	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all	persons).		
	(a) Name a	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were paid	
						_
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid		
commissions pai	d	(c) Amount		(d) Purpose		
	(a) Name a	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were paid	
(b) Amount of sales ar			ees and other commission			_
commissions pai	d	(c) Amount		(d) Purpose	9	(e) Organization code

Schedule A (Form 5500) 2018	Page 2 –	
	me and address of the agent broke	er, or other person to whom commissions or fees were paid	
(4)	3 .,	·, · · · · · · · · · · · · · · · · · ·	
		Face and other commissions paid	(0)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
(In) Assessment of a place and because		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(G) Tanzani	(E) I SIPSO	code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(In) Amount of color and boso		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
	V		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	Investment and Annuity Contract Information			
•	art	Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a u	nit for purposes of
4		this report.		4	
_		rent value of plan's interest under this contract in the general account at year			
_		rent value of plan's interest under this contract in separate accounts at year e	na	5	
0	a	tracts With Allocated Funds: State the basis of premium rates			
	а	State the basis of premium rates.			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in co		icition or	
		retention of the contract or policy, enter amount.	'	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	. ▶ □	
7		tracts With Unallocated Funds (Do not include portions of these contracts ma			
•	a	_ '	ate participation guarar	·	
	u			NGC .	
		(3) guaranteed investment (4) other	•		
	L			71.	
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	• • • • • • • • • • • • • • • • • • • •		
		(2) Dividends and credits	7c(2) 7c(3)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(3) Other (specify below)	10(3)		
		•			
				= (0)	
		(6)Total additions		_`-	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
	е	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3) 7e(4)		
		(4) Other (specify below)	/ 6(4)		
		•			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	111	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	group of employees of the ting purposes if such cont	racts are expe	erience-rated as a unit	. Where co	ontracts cover individual	
8	Ber	efit a	nd contract type (check all applicable boxes)	1					
	а	He	ealth (other than dental or vision)	b X Dental	c 🗌	Vision		d Life insurance	
	е	= Te	emporary disability (accident and sickness)	f Long-term disabili	ty \mathbf{g}	Supplemental unemp	oloyment	h Prescription drug	
	i İ	⊒ ∃ St	op loss (large deductible)	j HMO contract	• • =	PPO contract	•	I Indemnity contract	
	m		ther (specify)		□	11 0 communic			
		Цσ	ther (specify)						
9	Fxp	erien	ce-rated contracts:						
•	•		niums: (1) Amount received		9a(1)				
	-		ncrease (decrease) in amount due but unpai		· · ·				
			ncrease (decrease) in unearned premium res						
			Earned ((1) + (2) - (3))				9a(4)		0
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) I	ncrease (decrease) in claim reserves		9b(2)				
			ncurred claims (add (1) and (2))				9b(3)		0
		(4) (Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)					
			(A) Commissions		9c(1)(A)				
			(B) Administrative service or other fees						
			(C) Other specific acquisition costs						
			(D) Other expenses						
			(E) Taxes					_	
			(F) Charges for risks or other contingencies.		0-(4)(0)				
			(G) Other retention charges				0-/4\/!!	1	0
			(H) Total retention	_	_		9c(1)(H	1)	
			Dividends or retroactive rate refunds. (These	ш .		•			
	a		tus of policyholder reserves at end of year: (1	•					
		` '	Claim reserves				9d(2)		
	_	` '	Other reserves				9d(3)		
10	e N		dends or retroactive rate refunds due. (Do nerience-rated contracts:	ot include amount entered	in line 9c(2).)	9e		
10	a		al premiums or subscription charges paid to o	carrier			10a	5,9	954
			, , ,				100	37.	
	b Sne	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep				10b		
	Spe	еспу г	nature of costs.						
Р	art	IV	Provision of Information						
11	Di	d the	insurance company fail to provide any inforn	nation necessary to comp	ete Schedule	А?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat					<u> </u>	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

		paoua	=:	<i>/</i> ·			mspection
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/	2018	and en	ding 12/31	/2018	
A Name of plan EMERITI RETIREE HEALTH PLAN FOR ST. OLAF COLLEGE					e-digit number (PN)	•	513
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	yer Identification	Number (EIN)
				41 0	0693979		
ST. OLAF COLLI		rning Insurance Contrac	ot Coverage Fees			vida infar	matian for each contract
		Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
AETNA LIFE IN	SURANCE (COMPANY					
a > =	(c) NAIC	(d) Contract or	(e) Approximate n		P	olicy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	า	(g) To
06-6033492	60054	820363	17		01/01/2	018	12/31/2018
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, broke	ers, and ot	her persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to who	m commissi	ions or fees were	paid	
(b) Amount of sales ar	nd base		ees and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Nama (and address of the agent, broke	r or other person to who	m commissi	ione or food word	noid	
	(a) Name a	and address of the agent, broke	i, or other person to who	III COIIIIIISSI	ions or rees were	paiu	
(b) Amount of sales ar	nd base	Ę	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 –	
	me and address of the agent broke	er, or other person to whom commissions or fees were paid	
(4)	3 .,	·, · · · · · · · · · · · · · · · · · ·	
		Face and other commissions paid	(0)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
(In) Assessment of a place and because		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(G) Tanzani	(E) I SIPSO	code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(In) Amount of color and boso		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
	V		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	Investment and Annuity Contract Information			
•	art	Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a u	nit for purposes of
4		this report.		4	
_		rent value of plan's interest under this contract in the general account at year			
_		rent value of plan's interest under this contract in separate accounts at year e	na	5	
0	a	tracts With Allocated Funds: State the basis of premium rates			
	а	State the basis of premium rates.			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in co		icition or	
		retention of the contract or policy, enter amount.	'	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	. ▶ □	
7		tracts With Unallocated Funds (Do not include portions of these contracts ma			
•	a	_ '	ate participation guarar	·	
	u			NGC .	
		(3) guaranteed investment (4) other	•		
	L			71.	
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	• • • • • • • • • • • • • • • • • • • •		
		(2) Dividends and credits	7c(2) 7c(3)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(3) Other (specify below)	10(3)		
		•			
				= (0)	
		(6)Total additions		_`-	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
	е	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3) 7e(4)		
		(4) Other (specify below)	/ 6(4)		
		•			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pá	art l	III Welfare Benefit Contract Informat	tion				
		If more than one contract covers the same gi	ng purposes if such contr	acts are expe	erience-rated as a	unit. Where co	ontracts cover individual
		employees, the entire group of such individua	ai contracts with each ca	imer may be	treated as a unit to	r purposes or t	nis report.
ŏ	Bene	nefit and contract type (check all applicable boxes)	. 🗆	_	1		
	a	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д П	Supplemental un	employment	h X Prescription drug
	i	Stop loss (large deductible)	j HMO contract	kΣ	PPO contract		I Indemnity contract
	m	Other (specify)					
	_						
9	Ехрє	erience-rated contracts:					
	a i	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid.		9a(2)			
		(3) Increase (decrease) in unearned premium rese	i	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	0
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs	Ī	9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These a	amounts were 🗌 paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not	include amount entered	in line 9c(2).	.)	9е	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	rrier			10a	58,060
	b	If the carrier, service, or other organization incurre			•		
	Sna	retention of the contract or policy, other than repor	ted in Part I, line 2 above	e, report amo	ount	100	
	Spe	ecify nature of costs.					
_		Dunyinian of Information					
	art I						
11	Dic	d the insurance company fail to provide any informa	tion necessary to compl	ete Schedule	A?	Yes	X No
12	If t	the answer to line 11 is "Yes," specify the informatio	n not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

		parodantio	=:		mspection
For calendar plan year	2018 or fiscal pla	n year beginning 01/01/	2018 and er	nding 12/31/2018	•
A Name of plan EMERITI RET	IREE HEALTH	PLAN FOR ST. OLAF	COLLEGE B Three	ee-digit n number (PN)	513
C Plan sponsor's nan	ne as shown on lir	e 2a of Form 5500	D Empl	oyer Identification Number ((EIN)
ST. OLAF CO	T.T.ECE		41-	0693979	
		rning Insurance Contrac	t Coverage, Fees, and Cor	mmissions Provide info	rmation for each contract
			as a unit in Parts II and III can be re		
1 Coverage Information	on:				
(a) Name of insurance	e carrier				
HEALTHPARTN	ERS, INC.				
		(d) Contract or	(e) Approximate number of	Policy or co	ontract year
(b) EIN	(c) NAIC code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
41-1693838	95766	19946	25	01/01/2018	12/31/2018
2 Insurance fee and of descending order of		ation. Enter the total fees and to	tal commissions paid. List in line 3	the agents, brokers, and o	ther persons in
	tal amount of com	missions paid	(b) T	otal amount of fees paid	
3 Persons receiving of	commissions and t	ees. (Complete as many entries	s as needed to report all persons).		
	(a) Name	and address of the agent, broker	, or other person to whom commiss	sions or fees were paid	
(b) Amount of sale	s and base	Fe	es and other commissions paid		
commissions	paid	(c) Amount	(d) Purpos	e	(e) Organization code
	(a) Nama	and address of the agent, broker	, or other person to whom commiss	pione or food wore poid	
	(a) Name	and address of the agent, broker	, or other person to whom commiss	sions of fees were paid	
(b) Amount of sale	s and base	Fe	es and other commissions paid		
commissions		(c) Amount	(d) Purpos	e	(e) Organization code

Schedule A (Form 5500) 2018	Page 2 –	
	me and address of the agent broke	er, or other person to whom commissions or fees were paid	
(4)	3 .,	·, · · · · · · · · · · · · · · · · · ·	
		Face and other commissions paid	(0)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
(In) Assessment of a place and because		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(G) Tanzani	(E) I SIPSO	code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(In) Amount of color and boso		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
	V		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 4. Current value of plan's interest under this contract in the general account at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 6. Current value of plan's interest under this contract in separate accounts at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 6. Current value of plan's interest under this contract in separate accounts at year end. 6. Current value of plan's interest under this contract in separate accounts. 6. Current value of plan's interest under this contract in separate accounts. 7. Current value of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current value of the value of the value of the current value of the current value of the current value of the value of the current value of the current value of the va	F	Part	II Investment and Annuity Contract Information			
4 Current value of plan's interest under this contract in the general account at year end				dual contracts with each carrier	may be treated as	a unit for purposes of
5 Current value of plan's interest under this contract in separate accounts at year end	4	Curr	· · · ·	end	4	
6 Contracts With Allocated Funds: a State the basis of premium rates > b Premiums paid to carrier. c Premiums due but unpaid at the end of the year. d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs > e Type of contract: (1) individual policies (2) igroup deferred annuity (3) other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > Type of contract: (1) individual policies (2) igroup deferred annuity (3) iguaranteed investment (4) ight of these contracts maintained in separate accounts) a Type of contract: (1) ight of these contracts maintained in separate accounts) a Type of contract: (1) ight of these contracts maintained in separate accounts) b Balance at the end of the previous year (4) ight of the previous year (2) Dividends and credits (2) ight of the previous year (3) ight of the previous year (4) ight of the previous year (5) ight of the year (6) ight of the year (7) ight of the year (1) ight of the year (2) ight of the year (3) ight of the year (4) ight	_					
b Premiums paid to carrier. c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or referention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1)	_			•		
C Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year 7c(3) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(4) (5) Other (specify below) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) 7d 0 d Total of balance and additions (add lines 7b and 7c(6)) 7d 0 (6) Total of balance and additions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(3) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (6) Total of specify below) 7e(4) (7e(3) 7e(3) (7e(4) 7e(3) (7e(4) 7e(3) (7e(4) 7e(4) (7e(3) 7e(4) (7e(3) 7e(5)		а	State the basis of premium rates			
C Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year 7c(3) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(4) (5) Other (specify below) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) 7d 0 d Total of balance and additions (add lines 7b and 7c(6)) 7d 0 (6) Total of balance and additions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(3) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (6) Total of specify below) 7e(4) (7e(3) 7e(3) (7e(4) 7e(3) (7e(4) 7e(3) (7e(4) 7e(4) (7e(3) 7e(4) (7e(3) 7e(5)						
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here To contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7e(1) 7e(2) 7e(3) 7e(1) 7e(1) 7e(2) 7e(1) 7e(2) 7e(2) 7e(3) 7e(4) 7e(5) 7e(4) 7e(6) 7		b	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount. Specify nature of costs Partype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here To Contracts With Unaliocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below). (6) Total additions. (7c(4) Total of balance and additions (add lines 7b and 7c(6)). (6) Total deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below). (5) Total deductions. (6) Total deductions. 7e(5)		С			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.	nection with the acquisition or	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year 7c(1) 7c(2) 7c(2) 7c(2) 7c(3) 7c(4) 7c(5) 7c(5) 7c(5) 7c(5) 7c(5) 7c(5) 7c(6) 7c(Specify nature of costs			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions. (7c(4) (7c(5) C Additions: (1) Contributions deposited during the year. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7d) (7e) (9) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account. (4) Other (specify below) 7e(4) 7e(5) (5) Total deductions. 7e(5)		е	Type of contract: (1) individual policies (2) group deferred	l annuity		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year 7c(2) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(5) 7c(5) 7c(5) 7c(6) 7			(3) other (specify)			
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a terminate	ating plan, check here		
b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
b Balance at the end of the previous year. 7c(1) C Additions: (1) Contributions deposited during the year 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account. 7c(4) (5) Other (specify below) 7c(5) (6)Total additions. 7c(6) 7d 9c Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account. 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions. 7e(5)		а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
b Balance at the end of the previous year. 7c(1) C Additions: (1) Contributions deposited during the year 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account. 7c(4) (5) Other (specify below) 7c(5) (6)Total additions. 7c(6) 7d 9c Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account. 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions. 7e(5)			(3) quaranteed investment (4) other			
C Additions: (1) Contributions deposited during the year						
C Additions: (1) Contributions deposited during the year						
C Additions: (1) Contributions deposited during the year		b	Balance at the end of the previous year		7b	
(2) Dividends and credits (3) Interest credited during the year						
(3) Interest credited during the year						
(6)Total additions				7c(3)		
(6)Total additions			(4) Transferred from separate account	7c(4)		
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)		
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier)			
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier						
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier						
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions		7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d				0
(2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		е	Deductions:			
(2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)			(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(4) Other (specify below)						
(5) Total deductions			(3) Transferred to separate account	7e(3)		
			(4) Other (specify below)	7e(4)		
			>			
			(5) Total deductions		76(5)	0
		f				0

P	art II							
		If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ing purposes if such conf	racts are expe	erience-rated as a unit	. Where co	ontracts cover in	
8	Bene	fit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b X Dental	С	Vision		d Life insur	ance
	e 🗏	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unemp	olovment	h Prescripti	ion drua
	ř	Stop loss (large deductible)	j HMO contract	, s⊔ k□	PPO contract	,	I Indemnity	ŭ
	<u>'</u>		I I I I I I I I I I I I I I I I I I I	κ	FFO Contract			Contract
	m	Other (specify)						
_	F	de la contra del la contra del la contra del la contra de la contra de la contra del la contra de la contra del la contra de la contra de la contra del la contra						
9	•	rience-rated contracts:		00/4)			4	
		remiums: (1) Amount received(2) Increase (decrease) in amount due but unpaid		- · · · ·			┥ ,	
		(3) Increase (decrease) in amount due but unpaid					-	
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	_	Benefit charges (1) Claims paid				5 4(1)		
		(2) Increase (decrease) in claim reserves					┥	
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs					_	
		(D) Other expenses					_	
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		0 (4)(0)			4	
		(G) Other retention charges				0o/1\/LI	,	0
		(A) Divide a decreation	_	_		9c(1)(H	<u>' </u>	
		(2) Dividends or retroactive rate refunds. (These			·			
		Status of policyholder reserves at end of year: (1	•			9d(1)		
		(2) Other reserves				9d(2) 9d(3)	+	
		(3) Other reserves Dividends or retroactive rate refunds due. (Do ne				90(3) 9e	_	
10		nexperience-rated contracts:	or morade amount enteres	u III IIIIC 30(2).	<i>J</i>	30		
		Total premiums or subscription charges paid to c	arrier			10a		15,462
		If the carrier, service, or other organization incur						<u> </u>
		retention of the contract or policy, other than repo	, ,			10b		
	Spec	sify nature of costs.						
P	art I	V Provision of Information						
			ation necessary to comp	lata Schodula	Δ2 Π	Yes	X No	
		the insurance company fail to provide any inform		iete Schedule	M!	1 53	<u>πη</u> 140	
12	If th	e answer to line 11 is "Yes," specify the informati	on not provided. 🕨					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

		pursuant to	LINIOA Section 105(a)(2)				Inspection
For calendar plan year 201	l8 or fiscal pla	n year beginning 01/01/	['] 2018	and en	ding 12/31	L/2018	
A Name of plan EMERITI RETIRE	EE HEALTH	PLAN FOR ST. OLAF	COLLEGE		e-digit number (PN)	•	513
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	yer Identification	Number (EIN)
ST. OLAF COLLE	CE.			41-0	0693979		
Part I Informat	ion Conce	rning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car		C.					
<u>-</u>			(e) Approximate no	ımber of	Р	olicy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contrac	t end of	(f) Fron	·	(g) To
41-0797853	52628	19946	170		01/01/2	018	12/31/2018
2 Insurance fee and commodescending order of the		ation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, broke	ers, and ot	her persons in
(a) Total a	mount of com	missions paid		(b) To	otal amount of fee	s paid	
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were	paid	
(b) Amount of sales an	d base	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name a	and address of the agent, broke	or other person to who	m commiss	ions or fees were	naid	
	(a) Name a	and address of the agent, broke	i, or other person to who	III COIIIIIII33	ions or rees were	paid	
(b) Amount of sales an	d base	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 –	
	me and address of the agent broke	er, or other person to whom commissions or fees were paid	
(4)	3 .,	·, · · · · · · · · · · · · · · · · · ·	
		Face and other commissions paid	(0)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
(In) Assessment of a place and because		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(G) Tanzani	(E) I SIPSO	code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(In) Amount of color and boso		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
	V		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 4. Current value of plan's interest under this contract in the general account at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 6. Current value of plan's interest under this contract in separate accounts at year end. 5. Current value of plan's interest under this contract in separate accounts at year end. 6. Current value of plan's interest under this contract in separate accounts at year end. 6. Current value of plan's interest under this contract in separate accounts. 6. Current value of plan's interest under this contract in separate accounts. 7. Current value of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current or policy, enter amount. 8. Specify nature of coats. 7. Current value of the current value of the value of the value of the current value of the current value of the current value of the value of the current value of the current value of the va	F	Part	II Investment and Annuity Contract Information			
4 Current value of plan's interest under this contract in the general account at year end				dual contracts with each carrier	may be treated as	a unit for purposes of
5 Current value of plan's interest under this contract in separate accounts at year end	4	Curr	· · · ·	end	4	
6 Contracts With Allocated Funds: a State the basis of premium rates > b Premiums paid to carrier. c Premiums due but unpaid at the end of the year. d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs > e Type of contract: (1) individual policies (2) igroup deferred annuity (3) other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > Type of contract: (1) individual policies (2) igroup deferred annuity (3) iguaranteed investment (4) ight of these contracts maintained in separate accounts) a Type of contract: (1) ight of these contracts maintained in separate accounts) a Type of contract: (1) ight of these contracts maintained in separate accounts) b Balance at the end of the previous year (4) ight of the previous year (2) Dividends and credits (2) ight of the previous year (3) ight of the previous year (4) ight of the previous year (5) ight of the year (6) ight of the year (7) ight of the year (1) ight of the year (2) ight of the year (3) ight of the year (4) ight	_					
b Premiums paid to carrier. c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or referention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1)	_			•		
C Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year 7c(3) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(4) (5) Other (specify below) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) 7d 0 d Total of balance and additions (add lines 7b and 7c(6)) 7d 0 (6) Total of balance and additions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(3) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (6) Total of specify below) 7e(4) (7e(3) 7e(3) (7e(4) 7e(3) (7e(4) 7e(3) (7e(4) 7e(4) (7e(3) 7e(4) (7e(3) 7e(5)		а	State the basis of premium rates			
C Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year 7c(3) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(4) (5) Other (specify below) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) 7d 0 d Total of balance and additions (add lines 7b and 7c(6)) 7d 0 (6) Total of balance and additions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(3) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions (add lines 7b and 7c(6)) 7e(3) (6) Total of specify below) 7e(4) (7e(3) 7e(3) (7e(4) 7e(3) (7e(4) 7e(3) (7e(4) 7e(4) (7e(3) 7e(4) (7e(3) 7e(5)						
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here To contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7e(1) 7e(2) 7e(3) 7e(1) 7e(1) 7e(2) 7e(1) 7e(2) 7e(2) 7e(3) 7e(4) 7e(5) 7e(4) 7e(6) 7		b	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount. Specify nature of costs Partype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here To Contracts With Unaliocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below). (6) Total additions. (7c(4) Total of balance and additions (add lines 7b and 7c(6)). (6) Total deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below). (5) Total deductions. (6) Total deductions. 7e(5)		С			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.	nection with the acquisition or	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year 7c(1) 7c(2) 7c(2) 7c(2) 7c(3) 7c(4) 7c(5) 7c(5) 7c(5) 7c(5) 7c(5) 7c(5) 7c(6) 7c(Specify nature of costs			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions. (7c(4) (7c(5) C Additions: (1) Contributions deposited during the year. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7d) (7e) (9) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account. (4) Other (specify below) 7e(4) 7e(5) (5) Total deductions. 7e(5)		е	Type of contract: (1) individual policies (2) group deferred	l annuity		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year 7c(2) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(5) 7c(5) 7c(5) 7c(6) 7			(3) other (specify)			
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a terminate	ating plan, check here		
b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
b Balance at the end of the previous year. 7c(1) C Additions: (1) Contributions deposited during the year 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account. 7c(4) (5) Other (specify below) 7c(5) (6)Total additions. 7c(6) 7d 9c Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account. 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions. 7e(5)		а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
b Balance at the end of the previous year. 7c(1) C Additions: (1) Contributions deposited during the year 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account. 7c(4) (5) Other (specify below) 7c(5) (6)Total additions. 7c(6) 7d 9c Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account. 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions. 7e(5)			(3) quaranteed investment (4) other			
C Additions: (1) Contributions deposited during the year						
C Additions: (1) Contributions deposited during the year						
C Additions: (1) Contributions deposited during the year		b	Balance at the end of the previous year		7b	
(2) Dividends and credits (3) Interest credited during the year						
(3) Interest credited during the year						
(6)Total additions				7c(3)		
(6)Total additions			(4) Transferred from separate account	7c(4)		
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)		
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier)			
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier						
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier						
Total of balance and additions (add lines 7b and 7c(6)). Pe Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions		7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d				0
(2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		е	Deductions:			
(2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)			(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(4) Other (specify below)						
(5) Total deductions			(3) Transferred to separate account	7e(3)		
			(4) Other (specify below)	7e(4)		
			>			
			(5) Total deductions		76(5)	0
		f				0

P	art	III	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	group of employe	uch contract	s are exp	erience-rated as a u	nit. Where co	ontracts cover	
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	X He	ealth (other than dental or vision)	b Dental		С	Vision		d Life ins	surance
	е	Te	emporary disability (accident and sickness)	f Long-term	n disability	g	Supplemental une	mployment	h Prescri	iption drug
	i İ	⊒ □ St	op loss (large deductible)	j HMO cont	tract	k	PPO contract		I ndemr	nity contract
	m		ther (specify)	,		L	1		Ш	•
9	Ехр	erien	ce-rated contracts:							
	а	Prem	iums: (1) Amount received			9a(1)				
		(2) I	ncrease (decrease) in amount due but unpai	d		9a(2)				
		(3) I	ncrease (decrease) in unearned premium res	serve		9a(3)				
		(4) E	Earned ((1) + (2) - (3))					9a(4)		0
	b		efit charges (1) Claims paid			• •				
			ncrease (decrease) in claim reserves							
		(3) I	ncurred claims (add (1) and (2))					9b(3)		0
		` '	Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (n an accrual basi					_	
			(A) Commissions			(1)(A)			4	
			(B) Administrative service or other fees			(1)(B)			_	
			(C) Other specific acquisition costs		_	:(1)(C) :(1)(D)			_	
			(D) Other expenses			:(1)(E)				
			(E) Taxes(F) Charges for risks or other contingencies.			(1)(F)			-	
			(G) Other retention charges			(1)(G)			\dashv	
			(H) Total retention(H)		<u> </u>			9c(1)(H)	0
			Dividends or retroactive rate refunds. (These	_	_	_			<u>'</u>	
	d		us of policyholder reserves at end of year: (1	<u> </u>	_		•			
	u		Claim reserves	•	•			` '		
		` '	Other reserves							
	е	٠,	dends or retroactive rate refunds due. (Do n							
10			perience-rated contracts:				- /	,		
	а		al premiums or subscription charges paid to	carrier				10a		419,989
	b	If th	e carrier, service, or other organization incur ntion of the contract or policy, other than rep	red any specific co	osts in conn	ection wit	h the acquisition or			
	Spe		ntion of the contract or policy, other than rep nature of costs.	orted in Part I, line	e 2 above, ro	eport amo	ount	10b		
	art		Provision of Information				F			
11	Di	d the	insurance company fail to provide any inforn	nation necessary f	to complete	Schedule	A?	Yes	X No	
12	lf t	he a	nswer to line 11 is "Yes," specify the informat	ion not provided.	•					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

Pension Benefit Guaranty Corporation			mopeotion.
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending	12/31/2	018
A Name of plan	B Three-digit		
EMERITI RETIREE HEALTH PLAN FOR ST. OLAF COLLEGE	plan number (PN)	>	513
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification	on Number (E	in)
ST. OLAF COLLEGE	41-0693979		
Part I Service Provider Information (see instructions)			
You must complete this Part, in accordance with the instructions, to report the information re or more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received only eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of	n with services rendered to n the plan received the requ	the plan or th	e person's position with the
1 Information on Persons Receiving Only Eligible Indirect Compensat	ion		
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of the		ved only eliai	ole
indirect compensation for which the plan received the required disclosures (see instructions	•		
		•	
b If you answered line 1a "Yes," enter the name and EIN or address of each person providin received only eligible indirect compensation. Complete as many entries as needed (see ins	-	or the service	e providers who
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirec	t compensation	on
TIAA-CREF Mutual Funds-Teachers Adv 13-3760073			
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirec	t compensation	on
(b) Enter name and EIN or address of person who provided you dis	sclosures on eligible indirec	t compensation	on
(b) Inc. hamo and Inc. address of possess mile provided you are			***
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirec	t compensation	on

eation
ation
eation
eation
eation
eation
eation
eation
sation

	Schedule C (Form 550	0) 2018		Page 3 -		_
answered	l "Yes" to line 1a above	e, comp l ete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		(a) Enter name and EIN or	address (see instructions)		
Emeriti	Retiree Heal	ch Solutions		57-1194227		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	Consultant	79,786	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
					,	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes No No

Yes No

Yes No

Schedule C	/Earm	EEUU)	201	(
Scriedule C	(FOIIII	55001	20 I	C

|--|

Schedule C (Form 5500) 2018			Page 4 -							
answered	2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).									
(a) Enter name and EIN or address (see instructions)										
(b) Service Code(s)	Service Code(s) Relationship to employer, employee organization, or by the plan. If none, compensation? (sources compensation)		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?					
			Yes No	Yes No		Yes No				
		(a) Enter name and EIN or	address (see instructions)						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?				
			Yes No	Yes No		Yes No				
		(a) Enter name and EIN or	address (see instructions)						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?				
			Yes No	Yes No		Yes No				

	Schedule C (Form 5500) 2018	Page 5 -			
Part I	Service Provider Information (continued)				
or provide questions provider g	ported on line 2 receipt of indirect compensation, other than es contract administrator, consulting, custodial, investment as for (a) each source from whom the service provider receive gave you a formula used to determine the indirect compensatries as needed to report the required information for each so	advisory, investment manager ed \$1,000 or more in indirect of ation instead of an amount or	ment, bro	oker, or recordkeeping station and (b) each sou	services, answer the following rce for whom the service
	(a) Enter service provider name as it appears on line 2		١ ،	Service Codes see instructions)	(c) Enter amount of indirect compensation

(=========)					
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.					
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation				
(e) Describe the indirect compensation, including all formula used to determine the service provider's elig for or the amount of the indirect compensation.					
(b) Service Codes	(c) Enter amount of indirect compensation				
(SEE IIISHUCHOIIS)	compensation				
	(b) Service Codes (see instructions) (e) Describe the indirect of formula used to determine to for or the amount of the for or the amount of the formula used to determine to for or the amount of the formula used to determine to for or the amount of the formula used to determine to for or the amount of the formula used to determine to formula used to determine the				

D	art II Service Providers Who Fail or Refuse to	Drovido Info	mation
4			
4	this Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

Page 7	7 -
--------	-----

Pa	art III	Termination Information on Accountants and Enrolled Actuaries (see i	nstructions)			
		(complete as many entries as needed)				
a	Name:		b EIN:			
С	Position					
d	Address		e Telephone:			
Ex	planation:					
а	Name:		b EIN:			
С	Position					
d	Address	:	e Telephone:			
Ex	planation:					
а	Name:		b EIN:			
С	Position					
d	Address		e Telephone:			
Ex	planation:					
	•					
а	Name:		b EIN:			
C	Position		D LIIV.			
d	Address		e Telephone:			
u	Addicas	•	С тегерпопе.			
Fx	planation:					
а	Name:		b EIN:			
<u>a</u>	Position		₩ EIIV.			
d	Address		e Telephone:			
u	Address		с тегернопе.			
	nlanation					
ĽΧ	planation:					

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Internal Revenue Service

Department of Labor

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation						Inspection	1
For calendar plan year 2018 or fiscal pl	an year beginning	01/01/2018	and er	ding	12/31/2	2018	
A Name of plan EMERITI RETIREE HEALT	H PLAN FOR ST.	OLAF COLLEGE			e-digit number (PN)	•	513
C Plan sponsor's name as shown on l	ine 2a of Form 5500			D Employ	yer Identification	Number (E	IN)
ST. OLAF COLLEGE				41-0	693979		
Part I Asset and Liability S	Statement						
1 Current value of plan access and liabilities at the beginning and and of the plan year Combine the value of plan access held in more than one trust. Depart							

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36,660	0
(2) Participant contributions	1b(2)	1,700	0
(3) Other	1b(3)		
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	408,711	309,057
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10,456,738	10,095,204
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10,903,809	10,404,261
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	10,903,809	10,404,261

Part II Income and Expense Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	724,783	
	(B) Participants	2a(1)(B)	330,177	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1,054,960
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	613,899	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		613,899
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		_	(a) Am	ount		(b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)						
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)						
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						-1,261,353
С	Other income	2c						
d	Total income. Add all income amounts in column (b) and enter total	2d						407,506
	Expenses							
е	Benefit payment and payments to provide benefits:							
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			34	1,049		
	(2) To insurance carriers for the provision of benefits	2e(2)			48	6,219		
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	0 (4)						827,268
f		25				-		<u>`</u>
g		<u> </u>				-		
	Interest expense	01:				-		
i	Administrative expenses: (1) Professional fees	0:(4)						
•	(2) Contract administrator fees	0:(0)			7	9,786		
	• •	0:(0)				7,700		
	(3) Investment advisory and management fees	0:/4)						
	(4) Other	0:(5)						70.706
	(5) Total administrative expenses. Add lines 2i(1) through (4)	<u> </u>				-		79,786
J	Total expenses. Add all expense amounts in column (b) and enter total	2j						907,054
	Net Income and Reconciliation	2k						400 540
K	Net income (loss). Subtract line 2j from line 2d	ZN						-499,548
ı	Transfers of assets:	21/4)				Ļ		
	(1) To this plan					-		
	(2) From this plan	21(2)						
	art III Accountant's Opinion							
3	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	c accountant	is attached to	o this	Form 5	500. Com	plete line 3d	if an opinion is not
а	The attached opinion of an independent qualified public accountant for this plant account for the plant accountant for this plant accountant for the plant accountant	lan is (see ins	structions):					
	(1) Unqualified (2) Qualified (3) X Disclaimer (4) Adverse						
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	03-8 and/or 1	03-12(d)?				X Yes	No
С	Enter the name and EIN of the accountant (or accounting firm) below:					_	-	
	(1) Name: BAKER TILLY VIRCHOW KRAUSE, LLP		(2) EIN	: 39	-085	9910		
d	The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached	ecause: ached to the	nevt Form 5	500 ni	ırsııant	to 29 CF	R 2520 104-	50
Ps	art IV Compliance Questions	doned to the	noxt i onn oc	700 p	arodant	10 20 01	1 2020.104	
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do		e lines 4a, 4	e, 4f,	4g, 4h,	4k, 4m, 4	n, or 5.	
	103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not comple	ite IIIIE 41.			Voc	No	Α	mount
_	During the plan year:				Yes	NO	<u>P</u>	imount
а	Was there a failure to transmit to the plan any participant contributions with period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	y prior year fa		4a		Х		
b	Were any loans by the plan or fixed income obligations due the plan in defa	- :		a				
-	close of the plan year or classified during the year as uncollectible? Disreg secured by participant's account balance. (Attach Schedule G (Form 5500 checked.)	jard participai) Part I if "Ye:		4b		X		

	Schedule H (Form 5500) 2018	age 4 -					
				Yes	No	Amo	unt
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include tran reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		4d		X		
е	Was this plan covered by a fidelity bond?		4e	Х			500,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was fraud or dishonesty?	,	4f		Х		
g	Did the plan hold any assets whose current value was neither readily determinable on a established market nor set by an independent third party appraiser?		4g		Х		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser	?	4h		Х		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is a see instructions for format requirements.)	,	4i	Х			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		4 j		Х		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to plan, or brought under the control of the PBGC?		4k		Х		
ı	Has the plan failed to provide any benefit when due under the plan?		41		Х		
m	If this is an individual account plan, was there a blackout period? (See instructions and 2520.101-3.)		4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice the exceptions to providing the notice applied under 29 CFR 2520.101-3		4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year if "Yes," enter the amount of any plan assets that reverted to the employer this year	ar? Ye	es X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to anoth transferred. (See instructions.)	er plan(s), ide	entify t	ne plan(s) to wh	ich assets or liabi	lities were
	5b(1) Name of plan(s)					5b(2) EIN(s)	5b(3) PN(s)

5c 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___

Not determined (See instructions.)