Department of Researce 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). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part II Annual Report Identification Information a one-participant plan a single-employer plan a foreign plan B This return/report is for: a one-participant plan a foreign plan before the final return/report In a multiple-employer file return/report Its of participating employer information in accordance with the form instructions.) B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program PS USA 401K PLAN 1b Three-digit plan number (PN) b 001 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or porvince, country, and 2IP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 20 conservation </th <th colspan="2" rowspan="2">Form 5500-SF Department of the Treasury Internal Revenue Service</th> <th colspan="4" rowspan="2">Short Form Annual Return/Report of Small Empl Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R</th> <th colspan="3">OMB Nos. 1210-0110 1210-008</th>	Form 5500-SF Department of the Treasury Internal Revenue Service		Short Form Annual Return/Report of Small Empl Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R				OMB Nos. 1210-0110 1210-008				
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b Total number of participants at the end of the plan year			t the beginning of the plan year								
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number Preparer's telephone number Image: telephone number Image: telephone number Image: telephone number	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator				
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.											
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	For Panor	ork Paduction Act Nation	see the Instructions for Form FEOD	сг.			Form 5500 SE (2046)				

	 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) inder 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a		12781				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	0	12781				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)						
		a (a)	11/71					

a	Total plan assets	/a							1210	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)			0				12781		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		11471						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1310						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12781	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(
i	Net income (loss) (subtract line 8h from line 8c)	8i							12781	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in t	he instruc	ctions:	
Par	t V Compliance Questions						1			
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х				
С	Was the plan covered by a fidelity bond?			10c	Х					1000
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				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x				
f	Has the plan failed to provide any benefit when due under the plan?					Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									

Part	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No	
11a	Ente	r 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						YAS Y				
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••				
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling		
	gran	ting the waiver	onth _	-	_ Day		Year_			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.							
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱	
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo		
		es," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No		
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to					
		Name of plan(s):		13c(2)	EIN(s)		13c(3	B) PN(s))	
	. ,			. ,	. /			, ()		
Part	VIII	Trust Information								
14a	Name	of trust			14b ⊺	Frust's E	EIN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No			
			ign-based "Prior year" AE harbor test				Ρ			
				"Curre ADP t	ent year est		N/A			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage Average N/A benefit test N/A					
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le		-			-			of	
	letter		ter the	e date	of the m	ost rece	ent determ	ination		
18	18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?					s [No			