Definition of an addition of the addition o	Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089				
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b Total number of participants at the end of the plan year	C Plan N	ame									
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C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	-				E Contra	5b	3				
d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with a	ccount balances as of the end of t	he plan year (only defined	contribution plans	5c	3				
d(2) Total number of active participants at the end of the plan year 5d(2) 3 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 02/26/2018 J. DEAN LOVELL HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	•	,			F	5d(1)	3				
e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 02/26/2018 J. DEAN LOVELL Signature of plan administrator Date Enter name of individual signing as plan administrator				-		5d(2)	3				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 02/26/2018 J. DEAN LOVELL SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	e Numb	per of participants who te	nefits that were less	5 e 0							
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SIGN HERE Filed with authorized/valid electronic signature. 02/26/2018 J. DEAN LOVELL Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Date Image: Signature of plan administrator											
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE				02/26/2018	J. DEAN LOVELL						
SIGN HERE	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator				
HERE	SIGN										
	HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indepen and conditio ot use For isurance pr	dent qualified public accountant (IQF ons.) m 5500-SF and must instead use I ogram (see ERISA section 4021)?	PA) Yes ☐ No Form 5500. ☐ Yes ☐ No ☐ Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1081250	1284336
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1081250	1284336
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	6667	
	(2) Participants	8a(2)	15797	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	180622	

	od(3)							
b Other income (loss)	8b	180622						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		203086					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					
i Net income (loss) (subtract line 8h from line 8c)	8i		203086					
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Characte	ristic Codes in the instructions:					

эа	n uie	plain	JIOVIU	es pe	115101	i benefits, enter the applicable pension reature codes from the List of Flan Characteristic Codes in the instruc
	2E	2G	2J	2K	2T	3D

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions
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Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
C	Was the plan covered by a fidelity bond?	10c	Х		125000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	X		48
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			

Page 3- 1

Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	ו(s) י	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)