Internal Revenue Service <sup>1</sup> 2017         Department of Labor       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         Persion Benefit Guaranty Corporation       - Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         Part I       Annual Report Identification Information       - Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         Part I       Annual Report Identification Information       - Complete all entries in accordance with the instructions in a dending 12/31/2017       and ending 12/31/2017         A       This return/report is for:       a single-employer plan       a multiple-employer information in accordance with the form instructions.)       a one-participant plan       a foreign plan         B       This return/report is       the first 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       001         1a       Name of plan       Ib       Three-digit plan number (PN) k       001       001       1C       Effective date of plan 07/01/1997         2a		rm 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Limited break base Advirture         Revenue Code (the Code).         This Point is Objective 1           Part III         Annual Report Identification Information         Complete all thres is as accordance with the instructions to the Form 5500 SF.         This Point is Objective           For calendar plan year Bigmann         Is objective 1         and ending         1201/2017         and ending         1201/2017           For calendar plan year Bigmann         Is objective 1         an enceparticipant plan         Is objective 1         Is objective 1         Is objective 1           B This return/report is for:         Is a single-employer plan         In the first faurun/report         Is objective 1         Is objective 1 <th< td=""><td colspan="2"></td><td colspan="3">This form is required to be filed under sections 104 and 4065 of the Employee Re</td><td></td><td colspan="3">2017</td></th<>			This form is required to be filed under sections 104 and 4065 of the Employee Re				2017			
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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.         05/21/2018         KAEN WALKER           Signature of plan administrator         Date         Enter name of individual signing as plan administrator	than 100% vested									
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SIGN HERE       Filed with authorized/valid electronic signature.       05/21/2018       KAEN WALKER         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	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									
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN     HERE				05/21/2018	KAEN WALKER					
HERE	HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN									
	HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
с	If the plan is a defined benefit plan, is it covered under the PBGC ir							
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
		-						
	rt III Financial Information							
_/	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
	Total plan assets	7a	1919631	2186372				
	Total plan liabilities	7b	0					
-	Net plan assets (subtract line 7b from line 7a)	7c	1919631	2186372				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)	73907					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	374432					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		448339				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	173397					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	8201					
g	Other expenses	8g						
h	<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)			181598				
i	Net income (loss) (subtract line 8h from line 8c)	8i		266741				
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a								
<u> </u>	2S 2E 3D 2G 2J 2K 2F 2T							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic	Codes in the instructions:				
Der	t V Compliance Questions							
Par	t V Compliance Questions							

10	During the plan year:			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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		200000
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	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		85793
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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	• Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes 🔀 No			
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	<b>:(3)</b> P	'N(s)