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HERE Signature of plan administrator												
	HERE	Signature of plan ad	ministrator	Date	ate Enter name of individual signing as p				s plan administrator			
SIGN	SIGN											
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of employ	er/plan sponsor	Date	E	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	ba Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes 🗌 No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public				· ·	,	X Yes 🗌 No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)		
De								. ,		
	rt III Financial Information						<i>(</i>) =			
7	Plan Assets and Liabilities	7.	(a) Beginning o				d of Year 0			
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		3697370 173				0		
-	•		360	3697197				0		
8	Net plan assets (subtract line 7b from line 7a)	7c								
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun		-+		Total			
	(1) Employers	8a(1)	:	24017						
	(2) Participants	8a(2)	6	61328						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	40	68401						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						553746		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	422	4223510						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	27433							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4250943		
i Net income (loss) (subtract line 8h from line 8c)								-3697197		
j	j Transfers to (from) the plan (see instructions)									
Ра	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Pa	Part V Compliance Questions									
10	10 During the plan year:				Yes	No		Amount		
a	a 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)					×				
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х				
	C Was the plan covered by a fidelity bond?				Х			400000		
C	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				

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10e

10f

10g

10h

10i

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.)....

Has the plan failed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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Page 3- 1

Part	VI Pension Fu	iding Compliance					
11	Is this a defined ben (Form 5500) and line	dule S	В	<u> </u>	'es 🗌 No		
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined con ERISA? (If "Yes," complete I	302 of	f 	<u> </u>	′es X No		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date granting the waiver							
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum re	uired contribution for this plan year	12b				
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c				
d	Subtract the amount negative amount)	12d					
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part '	VII Plan Termii	ations and Transfers of Assets					
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0	
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan as control of the PBGC		X Yes No				
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to				
13c(1) Name of plan(s): 13c(2) H					13c(3) PN(s)		