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complete this item) 3C 2 d(1) Total number of active participants at the beginning of the plan year 5d(1) 4 d(2) Total number of active participants at the end of the plan year 5d(2) 4 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 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. 07/17/2018 T R BICK HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							5b		5			
d(2) Total number of active participants at the end of the plan year					· ·							
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 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. 07/17/2018 T R BICK SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	d(1) Total number of active participants at the beginning of the plan year						4					
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SIGN HERE	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						ninistrator					
HERE							<u> </u>					
	HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individu	idual signing as employer or plan sponsor					

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

Form 5500-SF (2017) v.170203 h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

2E 2J 2K 2F 2G 3D

Transfers to (from) the plan (see instructions)

j

9a

b

2A

6a									
b	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.)								
	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	e PBGC p	remium filing for this plan year	(See instructions.)					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	2046	6174					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2046	6174					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
8 a	Contributions received or receivable from:			(b) Total					
		8a(1)	(a) Amount 1740	(b) Total					
	Contributions received or receivable from:	. 8a(1) . 8a(2)		(b) Total					
	Contributions received or receivable from: (1) Employers		1740	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2)	1740	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	1740 2080	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	1740 2080						
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	1740 2080						
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	1740 2080						

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

82

4128

Part	V Compliance Questions				
10	10 During the plan year:				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		×	
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	X		15000
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		x	
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		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	. 10h		x	
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	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	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		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.)	n(s)	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)