Determine the Team     Instruction to and disks of the Employee Reterement     The form is required to be filed under second to 36 and 405 of the Employee Reterement     Thome Security Active     The Complete all emfers in accordance with the instructions to the Form 5508-SF.     Part I Annual Report Identification Information     The combet of part of them part	Form 5500-SF		Short Form Annual Return/Report of Small Emplo				OMB Nos. 1210-0110 1210-0089			
Desember of Last         Description 4 Last (and a second) x 4 cm (4 27 LERESA), and sections 605(16) and 005(26) of the Internal Revenue Code (the Code).         This Form is Open to Public Inspection           Perter         A number of part I. Annual Report Identification Information For celendar plan year 2017 or fincal plan year beginning of the Internation in accordance with the instructions to the Form 5500 SF.         This Form is 0 pen to Public Inspection           A This return/eport is for: a a one-participant plan being on plan to the first eturn/eport a one-participant plan being on p			Benefit Plan			atirament	2017			
Part I Annual Report Headmain I - Complex all entries in accordance with the instructions to the Form S500 SF. Part I Annual Report Headmain I accordance with the instructions of the form S500 SF. For extender plan year 2017 of fixed plan year beginning U10/2017 and ending I 12/31/2017 A This return/report is on a one-participant plan a methode-employer information a one-participant plan a methode-employer form form underripolyer (Files checking this box must attach a list of participating employer files checking this box must attach a list of participating employer fultomation in accordance with the form instructions.) B This return/report i a one-participant plan b file final return/report b and method return/report b and return/repo			Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the				This Form is Open to			
For calledar plan year 2017 or fiscal plan year beginning       0.01/01/2017       and ending       120/07/1         A This return/report is for:       a single-employer plan       is if of participating employer information in accordance with the form instructions.)       a one-participant plan       b find return/report         B This return/report is       a one-participant plan       b find return/report       a short plan year 2017 or fiscal plan year         Part II       Basic Plan Informationerrer all requisited information       D FVC program         Part II       Basic Plan Informationerrer all requisited information       Ib Three-digit plan number (PN * 0.01)         Part II       Basic Plan Informationerrer all requisited information       10 Three-digit plan number (PN * 0.01)         Part II       Basic Plan Informationerrer all requisited information       10 Three-digit plan number (PN * 0.01)         Part II       Basic Plan Informationerrer all requisited information       10 Three-digit plan number (PN * 0.01)         Part II       Basic Plan Informationerrer all requisited information       10 Three-digit plan number (PN * 0.01)         Part II       Basic Plan Information - errer all requisited information       10 Three-digit plan number (PN * 0.01)         Part II       Basic Plan Information - errer all requisited information       10 Three-digit plan number (PN * 0.01)         Part II       Basic Plan Information - ere	Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	structions to the Form 55	500-SF.	Public Inspection			
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4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         a Sponsor's name       4d       PN         c Plan Name       5a       3         5a       Total number of participants at the beginning of the plan year       5a       3         b Total number of participants at the end of the plan year       5b       0         c Number of participants with account balances as of the end of the plan year       5c       0         d(1) Total number of active participants at the beginning of the plan year       5d(1)       3         d(2) Total number of active participants at the end of the plan year       5d(2)       0         c Number of participants with account balances as of the end ny ear       5d(2)       0         d(2) Total number of active participants at the end of the plan year       5d(2)       0         c 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.       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 BS or Schedule BS completed and signed by an enrolled	3a Plan a	dministrator's name an	d address 🗙 Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d       PN         a Sponsor's name       5a       3         c Plan Name       5a       3         b Total number of participants at the beginning of the plan year       5a       3         c Number of participants at the end of the plan year       5b       0         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       0         d(1) Total number of active participants at the beginning of the plan year       5d(1)       3         d(2) Total number of active participants at the end of the plan year       5d(2)       0         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.       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.       07/31/2018       ROBERT HEALY         HERE       Signa						<b>3c</b> Administrator's telephone number				
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C       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       3         b       Total number of participants at the end of the plan year       5b       0         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       0         d(1)       Total number of active participants at the beginning of the plan year.       5d(1)       3         d(2)       Total number of active participants at the end of the plan year.       5d(2)       0         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.       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.       07/31/2018       ROBERT HEALY         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         NUMER       Filed with au										
5a       Total number of participants at the beginning of the plan year						<b>4d</b> PN				
b       Total number of participants at the end of the plan year	C Plan N	C Plan Name								
b       Total number of participants at the end of the plan year	5a Totalı	number of participants	at the beginning of the plan year			5a	3			
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						5b	0			
d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with a	account balances as of the end of t	he plan year (only define	ed contribution plans	5c	0			
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than 100% vested       Image: 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.       07/31/2018       ROBERT HEALY         SIGN HERE       Filed with authorized/valid electronic signature.       07/31/2018       ROBERT HEALY	e Number of participants who terminated employment during the plan year with accrued benefits that were less						0			
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HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN         Filed with authorized/valid electronic signature.         07/31/2018         ROBERT HEALY				07/31/2018	ROBERT HEALY					
SIGN Filed with authorized/valid electronic signature. 07/31/2018 ROBERT HEALY				Date	Enter name of individu	ual signing	as plan administrator			
HERE	SIGN									
		Signature of employ	yer/plan sponsor	Date	Enter name of individu	er name of individual signing as employer or plan sponso				

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

Form 5500-SF (2017) v.170203

6a b c							
Pa	Part III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	1590501	0			
b	Total plan liabilities	7b	1590501				
С	Net plan assets (subtract line 7b from line 7a)	7c	0	0			
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)	0				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	0				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					

8f

8g

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:

0

0

0

## Part V Compliance Questions

g Other expenses.....

Part IV Plan Characteristics

Administrative service providers (salaries, fees, commissions) .....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

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

Transfers to (from) the plan (see instructions) .....

f

j

9a

b

2E

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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		140000
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	
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	
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			

r

Г

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule	SB		Yes X 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 sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 (	of		Yes X 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			of the lette			
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?		× Yes	1	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				X Yes No			
С		uring 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	13c(1) Name of plan(s): 13c(2)		) EIN(s	)	<b>13c(3)</b> PN(s)			