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Dependent of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 605(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Part I A numal Report Identification Information an eight employer plan and ending 12912(2017) and ending 12912(2017) A This return/report is to:			This form is required to be filed	1065 of the Employee Re	tirement	2017					
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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. 09/26/2018 GREGG NEVOLA SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	e Number of participants who terminated employment during the plan year with accrued benefits that were less					5e	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. 09/26/2018 GREGG NEVOLA Signature of plan administrator Date Enter name of individual signing as plan administrator	than Caution: A	100% vested	r incomplete filing of this return	/report will be assessed	unless reasonable cau		hlished				
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SIGN HERE Filed with authorized/valid electronic signature. 09/26/2018 GREGG NEVOLA Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Date Enter name of individual signing as plan administrator				s well as the electronic ver	sion of this return/report,	and to the	e best of my knowledge and				
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE				09/26/2018	GREGG NEVOLA						
HERE	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al 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 individu	f individual signing as employer or plan spor					

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

Form 5500-SF (2017) v.170203

6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	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.									
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No I Not determined										
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	rt III Financial Information									
7	7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a Total plan assets		7a	3664197	4426234						
b Total plan liabilities		7b								
C Net plan assets (subtract line 7b from line 7a)		7c	3664197	4426234						
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	96933							

	Plan Assets and Liabilities		(a) Beginning (of fear			(b) End of Year
а	Total plan assets	7a	36	64197			4426234
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	36	64197			4426234
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а		8a(1)		06033			
	 (1) Employers (2) Participants 	8a(2)		96933 106276			
	(2) Tantopants	8a(3)					
b	Other income (loss)	8b	5	71392			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					774601
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12236			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		328			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12564
i	Net income (loss) (subtract line 8h from line 8c)	8i					762037
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acteris	tic Coo	des in the instructions:
Par	t V Compliance Questions				-	•	
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		x	
b		? (Do not	include transactions	10b		x	
C	Was the plan covered by a fidelity bond?			10c	Х		367000
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х		10989
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?						[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	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.)	ו(s) י	to					
1	3c(1) Ւ	Bc(1) Name of plan(s): 13c(2) E						PN(s)	