_	m 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089
Interr	tment of the Treasury nal Revenue Service partment of Labor enefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			
	nefit Guaranty Corporation	─ ► Complete all entries in a	, , , , , , , , , , , , , , , , , , ,	,	500-SF	This Form is Open to Public Inspection
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018	
A This ret	urn/report is for:	X a single-employer plan	list of participating e			king this box must attach a ith the form instructions.)
<b>B</b> This retu	rn/report is	a one-participant plan	a foreign plan			
		the first return/report an amended return/report	the final return/report	t urn/report (less than 12 m	(anthe)	
C Check h	box if filing under:				_	
• Oneok i		Form 5558	iption)		DFVC p	rogram
Part II	Basic Plan Info	prmation—enter all requested in	formation			
1a Name					1b Three	e-digit
ORTHOPED	IC & SPORTS PHYSI	CAL THERAPY 401(K) PLAN			plan (PN)	number 001
					. ,	tive date of plan 07/01/2014
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Empl (EIN)	oyer Identification Number
	town, state or provinc	e, country, and ZIP or foreign post CAL THERAPY, LLC	al code (if foreign, see ins	structions)	. ,	nsor's telephone number 859-264-0512
					2d Busir	ness code (see instructions)
1868 PLAUD LEXINGTON	IT PLACE, SUITE B , KY 40509					621340
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name h			4b EIN	
this pla <b>a</b> Sponso		nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	<b>4d</b> PN	
<b>c</b> Plan N						
5a Total r	number of participants	at the beginning of the plan year.			. 5a	57
		at the end of the plan year account balances as of the end of			. 5b	0
compl	ete this item)				5c	0
		rticipants at the beginning of the pl			5d(1)	0
• •		rticipants at the end of the plan ye terminated employment during the			5d(2)	0
than 1	100% vested				5e	
Under pena SB or Sche	alties of perjury and ot dule MB completed a	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	eport, includi	ng, if applicable, a Schedule
belief, it is t	rue, correct, and com Filed with authorized	plete. /valid electronic signature.	03/27/2019	JAMES J. ROTHBAU	ER	
HERE	Signature of plan a	5	Date	Enter name of individ		as plan administrator
SIGN		/valid electronic signature.	03/27/2019	JAMES J. ROTHBAU		·
HERE For Paperwo	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500	Date D-SF.	Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2018)

v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a	•			•	,	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,				
c	If the plan is a defined benefit plan, is it covered under the PBGC in						
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from the						
		01 D00 pi	ormann ming for the pr	an you			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a	31	6601			0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	31	6601			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	-1	9188			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-19188
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	29	5448	_		
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		1965			
g	Other expenses	8g			_		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					297413
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-316601
	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Pla	an Char	acteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan	n Chara	cterist	ic Cod	es in the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	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 Fi	iduciary Correction	10a		х	

Х

Х

Х

Х

Х

Х

Х

10b

10c

10d

10e

10f

10g

10h

10i

b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions

C Was the plan covered by a fidelity bond?.....

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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.).....

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

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

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

2520.101-3.<u>)</u>\_\_\_\_\_

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 .....

е

i

by fraud or dishonesty?.....

reported on line 10a.)....

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 rm 5500) and line 11a below)			SB			Y	es	K 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 se SA?			of			Y	es	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No	)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	s	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(	s)

Form 5500-S		nual Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be	filed under sections 104 and	4065 of the Employee Retirement	2018
Department of Labor Employee Benefits Security Adminis	Income Security Act of 19	974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internal	This Form is Open to
Pension Benefit Guaranty Corpor	ration			Public Inspection
Part I Annual Rei	port Identification Information	on	tructions to the Form 5500-SF.	
	8 or fiscal plan year beginning 01/01/	2018	and ending 12/31/2018	
	X a single-employer plan	a multiple-employer p	lan (not multiemployer) (Filers che	king this box must attach a
A This return/report is for:	a one-participant plan	list of participating er	mployer information in accordance	with the form instructions.)
B This return/report is	the first return/report			
	the first return/report	x the final return/report		
	an amended return/report	a short plan year retui	rn/report (less than 12 months)	
C Check box if filing under	Form 5558	automatic extension		program
	special extension (enter de	escription)		
Part II Basic Plan	Information-enter all requested	d information		
1a Name of plan			1b Thr	ee-diait
	HYSICAL THERAPY 401(K) PLAN			number 001
			(PN	) •
				ctive date of plan 01/2014
	employer, if for a single-employer plan e room, apt., suite no, and street, or l		2b Emp	loyer Identification Number
City or town, state or pr	ructions)	) 27-2904171		
Orthopedic & Sports Physical	Therapy, LLC		2c Spo	nsor's telephone number (859) 264-0512
			2d Bus	ness code (see instructions)
1868 Plaudit Place, Suite B				
rooo r haddit r hace, oune b			6213	340
			6213	340
Lexington, KY 40509	me and address 🛛 Same as Plan S	ponsor.		inistrator's EIN
Lexington, KY 40509	me and address 🛛 Same as Plan S	ponsor.	3b Adm	inistrator's EIN
Lexington, KY 40509	ne and address 🛛 Same as Plan S	ponsor.	3b Adm	
Lexington, KY 40509 3a Plan administrator's nar			3b Adm 3c Adm	inistrator's EIN
A If the name and/or EIN	of the plan sponsor or the plan name	e has changed since the last r	3b Adm 3c Adm eturn/report filed for 4b EIN	inistrator's EIN
A If the name and/or EIN		e has changed since the last r	3b Adm 3c Adm eturn/report filed for 4b EIN	inistrator's EIN
Lexington, KY 40509 <b>3a</b> Plan administrator's nar <b>4</b> If the name and/or EIN this plan, enter the plar	of the plan sponsor or the plan name	e has changed since the last r	eturn/report filed for he last return/report.	inistrator's EIN
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan</li> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>	of the plan sponsor or the plan name n sponsor's name, EIN, the plan nam	e has changed since the last r e and the plan number from t	eturn/report filed for he last return/report. 4b EIN 4d PN	inistrator's EIN inistrator's telephone number
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> </ul>	of the plan sponsor or the plan name n sponsor's name, EIN, the plan nam pants at the beginning of the plan yea	e has changed since the last r e and the plan number from t	eturn/report filed for he last return/report. 4d PN 5a	inistrator's EIN inistrator's telephone number
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> </ul>	of the plan sponsor or the plan name n sponsor's name, EIN, the plan nam pants at the beginning of the plan year pants at the end of the plan year	e has changed since the last r e and the plan number from t	eturn/report filed for he last return/report. 4d PN 5a 5b	inistrator's EIN inistrator's telephone number
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan a Sponsor's name c Plan Name</li> <li>5a Total number of particip b Total number of particip c Number of participants complete this item)</li> </ul>	of the plan sponsor or the plan name a sponsor's name, EIN, the plan nam pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end	e has changed since the last r e and the plan number from t ar of the plan year (only defined	3b       Adm         3c       Adm         3c       Adm         3c       Adm         4b       EIN         4d       PN         5a       5b         1 contribution plans       5c	inistrator's EIN inistrator's telephone number
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan a Sponsor's name c Plan Name</li> <li>5a Total number of particip b Total number of particip c Number of participants complete this item)</li> </ul>	of the plan sponsor or the plan name a sponsor's name, EIN, the plan nam pants at the beginning of the plan year bants at the end of the plan year with account balances as of the end	e has changed since the last r e and the plan number from t ar of the plan year (only defined	3b       Adm         3c       Adm         3c       Adm         3c       Adm         4b       EIN         4d       PN         5a       5b         1 contribution plans       5c	inistrator's EIN inistrator's telephone number 57 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of participants complete this item)</li> <li>d(1) Total number of activity</li> </ul>	of the plan sponsor or the plan name a sponsor's name, EIN, the plan nam pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year	eturn/report filed for he last return/report. 4d PN 5a 5b 1 contribution plans 5c 5d(1)	inistrator's EIN inistrator's telephone number 57 0 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of participants complete this item)</li> <li>d(1) Total number of active</li> <li>e Number of participants</li> </ul>	of the plan sponsor or the plan name a sponsor's name, EIN, the plan name pants at the beginning of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan who terminated employment during	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year year the plan year with accrued be	eturn/report filed for he last return/report. 4d PN 5a 5b 1 contribution plans 5c 5d(1) 5d(2) enefits that were less	inistrator's EIN inistrator's telephone number 57 0 0 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plar a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of participants complete this item)</li> <li>d(1) Total number of activ</li> <li>e Number of participants than 100% vested</li> </ul>	of the plan sponsor or the plan name a sponsor's name, EIN, the plan name pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end re participants at the beginning of the re participants at the end of the plan who terminated employment during	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year year the plan year with accrued be	eturn/report filed for he last return/report. 4d PN 5a 5b contribution plans 5c 5d(1) 5d(2) enefits that were less 5e	inistrator's EIN inistrator's telephone number 57 0 0 0 0 0 0 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plar a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of participants complete this item)</li> <li>d(1) Total number of active d(2) Total number of active than 100% vested</li> <li>Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complete the complete the complete the complete the complete than 100% vested</li> </ul>	of the plan sponsor or the plan name is sponsor's name, EIN, the plan name pants at the beginning of the plan year spants at the end of the plan year with account balances as of the end re participants at the beginning of the re participants at the end of the plan who terminated employment during <b>late or incomplete filing of this ret</b> and other penalties set forth in the inst ed and signed by an enrolled actoan	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year year the plan year with accrued be <u>urn/report will be assessed</u>	3b       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         4d       PN         4d       PN         5a       5b         5b       5c         5d(1)       5d(2)         enefits that were less       5e         unless reasonable cause is estate       setate	inistrator's EIN inistrator's telephone number 57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plar a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of participants complete this item)</li> <li>d(1) Total number of activ d(2) Total number of activ than 100% vested</li> <li>Caution: A penalty for the Under penalties of periury ar</li> </ul>	of the plan sponsor or the plan name is sponsor's name, EIN, the plan name pants at the beginning of the plan year spants at the end of the plan year with account balances as of the end re participants at the beginning of the re participants at the end of the plan who terminated employment during <b>late or incomplete filing of this ret</b> and other penalties set forth in the inst ed and signed by an enrolled actoar	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year	3b       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         4d       PN         4d       PN         5a       5b         5b       5c         5d(1)       5d(2)         enefits that were less       5e         unless reasonable cause is estate       setate	inistrator's EIN inistrator's telephone number 57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> <li>c Number of participants complete this item)</li> <li>d(1) Total number of active</li> <li>d(2) Total number of active</li> <li>e Number of participants than 100% vested</li> <li>Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complete belief, it is true, correct, and SIGN</li> </ul>	of the plan sponsor or the plan name in sponsor's name, EIN, the plan name bants at the beginning of the plan year wants at the end of the plan year with account balances as of the end re participants at the beginning of the re participants at the end of the plan who terminated employment during <b>late or incomplete filing of this ret</b> and other penalties set forth in the inst ed and signed by an enrolled actoor complete.	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year year the plan year with accrued be <u>urn/report will be assessed</u> tructions, I declare that I have y, as well as the electronic ver	3b       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         4d       PN         4d       PN         5a       5b         5b       5c         5d(1)       5d(2)         enefits that were less       5e         unless reasonable cause is estate examined this return/report, includersion of this return/report, and to the provident of this return/report, and the provident of this return/report, and the provident of the provident	inistrator's EIN inistrator's telephone number 57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of participants complete this item)</li> <li>d(1) Total number of active d(2) Total number of active d(2) Total number of active than 100% vested</li> <li>Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complete belief, it is true, correct, and SIGN HERE</li> </ul>	of the plan sponsor or the plan name is sponsor's name, EIN, the plan name pants at the beginning of the plan year spants at the end of the plan year with account balances as of the end re participants at the beginning of the re participants at the end of the plan who terminated employment during <b>late or incomplete filing of this ret</b> and other penalties set forth in the inst ed and signed by an enrolled actoar	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year	3b Adm         3c Adm         3c Adm         3c Adm         3c Adm         3c Adm         4b EIN         4d PN         5a         5b         1 contribution plans         5c         5d(1)         5d(2)         enefits that were less         5e         unless reasonable cause is estate         examined this return/report, include         rsion of this return/report, and to the	inistrator's EIN inistrator's telephone number 57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
<ul> <li>Lexington, KY 40509</li> <li>3a Plan administrator's nar</li> <li>4 If the name and/or EIN this plan, enter the plan a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> <li>c Number of participants complete this item)</li> <li>d(1) Total number of active</li> <li>d(2) Total number of active</li> <li>e Number of participants than 100% vested</li> <li>Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complete belief, it is true, correct, and SIGN HERE</li> </ul>	of the plan sponsor or the plan name in sponsor's name, EIN, the plan name bants at the beginning of the plan year wants at the end of the plan year with account balances as of the end re participants at the beginning of the re participants at the end of the plan who terminated employment during <b>late or incomplete filing of this ret</b> and other penalties set forth in the inst ed and signed by an enrolled actoor complete.	e has changed since the last r e and the plan number from t ar of the plan year (only defined e plan year year the plan year with accrued be <u>urn/report will be assessed</u> tructions, I declare that I have y, as well as the electronic ver	3b       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         3c       Adm         4d       PN         4d       PN         5a       5b         5b       5c         5d(1)       5d(2)         enefits that were less       5e         unless reasonable cause is estate examined this return/report, includersion of this return/report, and to the provident of this return/report, and the provident of this return/report, and the provident of the provident	inistrator's EIN inistrator's telephone number 57 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Form 5500-SF (2018)

Ρ	а	g	e	2

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public a	account	tant (IC	(PA)		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	not use For	m 5500-SF and mus	t inste	ad use	Form 5	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC pr	emium filing for this p	lan yea	ır	-		. (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Voar	. 1		(b) End	of Year
a	Total plan assets	7a	(a) Deginning (	31660			(0) End	0
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		31660	01			0
8	Income, Expenses, and Transfers for this Plan Year	State!	(a) Amoun	t			(b)	Total
a	Contributions received or receivable from:						1	
	(1) Employers	8a(1)		-	0		and the second	
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)		1011	0		-	
	Other income (loss)	8b		-1918	38			10100
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			100	ALC: NO.	Contraction of the	-19188
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		29544	18			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		(Service)	n in star
f	Administrative service providers (salaries, fees, commissions)	8f		196	65	193.2		
g	Other expenses	8g			6	1064		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	PE ALCONTON					297413
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		1421	2211			-316601
j	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2F 2G 3D	feature cod	les from the List of Pla	an Cha	racteris	stic Code	es in the inst	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	e from the List of Pla	Chars	actoriet	ic Code	e in the instr	uctions:
~	in the plan provides wentile benefits, enter the applicable wentile to	eature coue	is norm the cist of Fia	Tonard	acterist	ic coue:	s in the mst	ucuons.
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		x		
С	Was the plan covered by a fidelity bond?			10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х		
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 th	he benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-er	nd.)	10g		х		
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 th exceptions to providing the notice applied under 29 CFR 2520.101			10i		. Stan		

Form 5500-SF (2018)

Page 3- 1

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule \$	SB		Yes	X 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?	n 302 d			Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	l enter Da		of the le Yea		ing
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	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)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		] Yes [	No		N/A
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		. E	Yes		0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
	3c(1) Name of plan(s): 13c(2)	EIN(e)		130	(3) PN	l(s)