| Description         Description         2018           Image: Control of an approximation of the approximation  | Form 5500-SF  |                                       | Short Form Annual Return/Report of Small Emplo<br>Benefit Plan               |  |                        |                                     | OMB Nos. 1210-0110<br>1210-0089 |  |  |  |  |
|--|---|---------------------------------------|--|--|------------------------|-------------------------------------|---------------------------------|--|--|--|--|
| Dependent of Labor         Income Security Act of 1974 (ERISA), and sections 6057(b) and 505(b) of the Internal<br>Revenue Code (the Code).         This Form is Open to<br>Public Inspection           Part I         Annual Report Identification Information         a mediator plan, year 2016 of fitcal plan year beginning<br>of the internal information         and ending<br>1221/2018         1221/2018           A This return/report is to:<br>B This return/report is to:<br>B This return/report is the fit is return/report<br>an amended return/report<br>is a single-employer plan<br>be fit is return/report<br>an amended return/report<br>is a single-employer plan<br>be fit is return/report<br>is a non-reder return/report<br>is an amended return/report<br>is a non-reder return/report<br>is non-reder return/report is non-reder<br>if non-reder return/report is non-reder<br>if non-reder return/report is non-reder<br>if non-reder return/report is non-reder return | Department of the Treasury<br>Internal Revenue Service  |                                       | This form is required to be filed  |  |                        |                                     | 2018                            |  |  |  |  |
| Part   Annual Report Head Triffaction Information For calendar plan year 2018 of filed plan year beginning ULY2018 A This return/report is on a one-participant plan a single-employer plan bits return/report is on a one-participant plan a single-employer plan bits return/report is on a one-participant plan bits return/report bits retu                          |   |                                       | Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the |  |                        |                                     |                                 |  |  |  |  |
| For callendar plan year 2018 or fiscal plan year beginning       Imultiple-employee plan for multimoly employee (Filen checking this box must atch a ist of participant) gen (plan checking this box must atch a ist of participant) gen (plan checking this box must atch a ist of participant) gen (plan checking this box must atch a ist of participant) generative periods in accordance with the form instructions.)         B This return/report is       g a single-employer plan       g to reign plan       g to reign plan         B This return/report is       g to e-participant plan       g to e-participant/spatt       g to e-participant/spatt         C Check box if filing under:       g to e-participant plan       g stort plan year 2018 or fiscal plan year       g stort plan year 2018 or fiscal plan year         Part II       Basic Plan Informationenter at requested information       Ib       Three-digit plan number (PN * 0.01         Part II       Basic Plan Informationenter at requested information       Ib       Three-digit plan number (PN * 0.01         Part II       Basic Plan Informationenter at requested information       Ib       Three-digit plan number (PN * 0.01         Part II       Basic Plan Informationenter at requested information       Ib       Three-digit plan number (PN * 0.01         Part II       Basic Plan Informationenter at requested information       Ib       Three-digit plan number (PI * 0.01         Part II       Basic Plan Informationenter at requested information       Ib  | Pension Be  | enefit Guaranty Corporation           | Public Inspection  |  |                        |                                     |                                 |  |  |  |  |
| A       This return/report is for: <ul> <li>a single-employer plan</li> <li>is of participating employer information in accordance with the form instructions.)</li> <li>a one-participant plan</li> <li>b foreign plan</li> <li>b first return/report</li> <li>a namendod return/report</li> <li>b first return/report</li> <li>c first return/re</li></ul>   |   |                                       |  |  |                        |                                     |                                 |  |  |  |  |
| A This return/report is for:   | For calend  | ar plan year 2018 or fisc             | al plan year beginning 01/01/20  | —  | 6                      |                                     |                                 |  |  |  |  |
| B This return/report is       the first return/report       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       prox 558       automatic extension       DFVC program         Special extension (enter description)       prox 11       Basic Plan Information—enter all requested information       1b Three-digit         Part II       Basic Plan Information—enter all requested information       1b Three-digit       001         12 A Plan sponsor's name (employer, if for a single-employer plan)       months       001       1c Entervie date of plan         PAUL P SANFORD & ASSOCIATES PA 401(k) PLAN       1b Three-digit       001       1c Entervie date of plan         PAUL P SANFORD & ASSOCIATES PA       2b Employer Identification Number       (EIN) 100/12004         City of town, apt, suite no: and street, or P.O. Rox)       2b Employer Identification Number       2c Sponsor's telephone number         PAUL P SANFORD & ASSOCIATES PA       2c Sponsor's telephone number       2c Sponsor's telephone number         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number         4 If the name and/or EIN of the plan sponsor's or the plan name and the plan number from the last return/report       4d PN         5a Total number of participants at the ebginning of the plan year       5a 2       2         5a Tota   | A This ret  | turn/report is for:                   |  | list of participating em   |                        |                                     |                                 |  |  |  |  |
| Image: Instructure point       Image: Instructure point       Image: Instructure point       Image: Instructure point         Image: Instructure point       Image: Instructure point       Image: Instructure point       Image: Instructure point         Image: Instructure point       Image: Instructure point       Image: Instructure point       Image: Instructure point         Image: Instructure point       Image: Instructure point       Image: Instructure point       Image: Instructure point         Image: Instructure point       Image: Instructure point       Image: Instructure point       Image: Im  | B This rot  | um/roport is                          | a one-participant plan   |  |                        |                                     |                                 |  |  |  |  |
| C       Check box if tiling under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       The mane dipin         PAUL P SANFORD & ASSOCIATES PA 401(K) PLAN       (P) b       001         22       Plan sponsor's name (employer, if for a single-employer plan)       (P) b       001         Mailing address (incluée non, agt, suite no. and street, or P.O. Box)       (E) b       2b       Employer Identification Number         (EN)       > 001       1c       Effective date of plan       001       2b       Employer Identification Number         (EN)       > 007       (PA) b       001       1c       Effective date of plan       001       2b       Employer Identification Number         (EN)       > 0373784       UP oscillation of participants       3b       Socielation Number       2c       Sponsor's telephone number         065       SMONROE ST       32001-1530       541110       3c       Administrator's telephone number         3a       Plan administrator's name and dotress       Same as Plan Sponsor.       3b       Administrator's telephone number         54       If the name and/or EIN of the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for<br>tis plan, senter the plan sponsor's name, EIN, the plan  |   |                                       | the first return/report  | the final return/report  | ı/report               |                                     |                                 |  |  |  |  |
| <pre></pre>  |   | l                                     | an amended return/report   | an amended return/report a short plan year return/report (less than 12 months) |                        |                                     |                                 |  |  |  |  |
| Part II       Basic Plan Information —enter all requested information         1a Name of plan       PAUL P SANFORD & ASSOCIATES PA 401(K) PLAN       1b       Three-digit plan number (PN) > 001         2a Plan sponsor's name (employer, if for a single-employer plan)       1c       Effective date of plan 0101/2004         2a Plan sponsor's name (employer, if for a single-employer plan)       0101/2004       2b       Employer ideate of plan 0101/2004         2b Support Induction on, acta very store, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer ideation         PAUL P SANFORD & ASSOCIATES PA       2b       Sponsor's lelephone number (EIN)       541110         3a Plan administrator's name and address in Same as Plan Sponsor.       3b       Administrator's telephone number 800/2227/200         3a Plan administrator's name and address in Same as Plan Sponsor.       3b       Administrator's telephone number 600/2000         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 filed for this plan.       4b       EIN         5a Total number of participants at the end of the plan year       5a       2       5b       2         c Number of participants at the end of the plan year       5d(1)       2       5c       2       5c       2       5c  | C Check   | box if filing under:                  | Form 5558  | automatic extension  | [                      | DFVC p                              | rogram                          |  |  |  |  |
| 1a Name of plan       1b Three-digit plan number       001         PAUL P SANFORD & ASSOCIATES PA 401(K) PLAN       1c Effective date of plan of the plan sponsor's name (employer, if for a single-employer plan)       001         Mailing address (include room, apt, suite no. and street, or P.O. Box)       1c Effective date of plan       001         C PAUL P SANFORD & ASSOCIATES PA       2b Employer Identification Number (EIN)       2c Sponsor's telephone number         800-0222-7200       2d Business code (see instructions)       2d Business code (see instructions)         10 S MONROE ST TALLHASSEE, FL 32301-1530       3d Administrator's name and address       Same as Plan Sponsor.         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c C Administrator's telephone number       5a       2         c Plan Name       5a       2         5a Total number of participants at the beginning of the plan year.       5a       2         5a Total number of participants at the end of the plan year.       5c       2         c Number of participants with account balances as of the end of the plan year.       5c       2         c Number of participants at the end of the plan year.       5c       2       2         d(2) Total number of active participants at the end of the plan year.       5c       2       2         c Num  |   | special extension (enter description) |  |  |                        |                                     |                                 |  |  |  |  |
| PAUL P SANFORD & ASSOCIATES PA 401(K) PLAN       plan number<br>(PN)       01         2a Plan sponsor's name (employer, if for a single-employer plan)<br>Maling address (include room, apt., suite no. and street, of P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number<br>(EIN)       2b Employer Identification Number<br>(EIN)         PAUL P SANFORD & ASSOCIATES PA       2b Employer Identification Number<br>(EIN)       2b Employer Identification Number<br>(EIN)       2b Employer Identification Number<br>(EIN)         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number<br>850-2227:200         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for<br>this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for<br>this plan, sonsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a       2         c Number of participants at the beginning of the plan year       5d(1)       2         c Number of addreiphan shat be end of the plan year       5d(2)       2         c Number of addreiphants at the beginning of the plan year       5d(2)       2         c Number of addreiphants with account balances as of the end of the plan year       5d(2) <td>Part II</td> <td>Basic Plan Infor</td> <td>mation—enter all requested info</td> <td>rmation</td> <td></td> <td></td> <td></td>  | Part II   | Basic Plan Infor                      | mation—enter all requested info  | rmation  |                        |                                     |                                 |  |  |  |  |
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| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Maling address (include room, apt., suite no. and street, or P.O. Box)<br>City or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer identification Number<br>(EIN) 59-3737894         PAUL P SANFORD & ASSOCIATES PA       2c Sponsor's telephone number<br>850-222-7200         2d Business code (see instructions)       2d Business code (see instructions)         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       4b EIN         4 a gonsor's name.       4d PN         5a Total number of participants at the beginning of the plan year       5a 2         c Number of participants at the end of the plan year       5b 2         c Number of participants at the end of the plan year       5c 2         c Number of participants at the end of the plan year       5c 2         c Number of participants with account balances as of the end of the plan year       5d (2) 2         c Number of participants with account balances as of the end of the plan year       5d (2) 2         c Number of participants with account balances as of the end of the plan year       5d (2) 2         c Number of participants with accou  | PAUL P SAI  | NFURD & ASSUCIATES                    | 5 PA 401(K) PLAN   |  |                        |                                     |                                 |  |  |  |  |
| 2a       Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt, suite no. and street, or P.O. Box)<br>City or fown; state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer Identification Number<br>(EIN) 58-3/37894         PAUL P SANFORD & ASSOCIATES PA       2c       Sponsor's telephone number<br>850-222-7200         106 S MONROE ST<br>TALLAHASSEE, FL 32301-1530       3b       Administrator's EIN         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's EIN         3c       Administrator's name, EIN, the plan name has changed since the last return/report filed for<br>this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for<br>this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for<br>this plan, untry of participants at the beginning of the plan year       5a       2         5a       Total number of participants at the end of the plan year       5b       2         c       Number of participants at the end of the plan year       5d(1)       2         d(1) Total number of active participants at the end of the plan year       5c       2       5d(1)       2         d(2) Total number of active participants at the end of the plan year       5c       2       5d(1)       2         c       Number of participants with account balances as of the end n   |   |                                       |  |  |                        |                                     |                                 |  |  |  |  |
| Mailing address (include room, apt., suite no. and street, or P.O. Box)       (EIN) 56-3737894         City or tow, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C         PAUL P SANFORD & ASSOCIATES PA       2d         TALLAHASSEE, FL 32301-1530       2d         Base 222-7200       2d         Business code (see instructions)       541110         Sa Plan administrator's name and address Same as Plan Sponsor.       3b         Administrator's telephone number       3c         Administrator's telephone number       3c         Administrator's name and address Same as Plan Sponsor.       3b         Administrator's telephone number       3c  | <b>2a</b> Plan s  | nonsor's name (employe                | er if for a single-employer plan)  |  |                        |                                     |                                 |  |  |  |  |
| PAUL P SANFORD & ASSOCIATES PA       22       Sponsor's telephone number 850-22-7200         2d       Business code (see instructions) 541110         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's EIN         3c       Administrator's name and/address       Same as Plan Sponsor.       3b       Administrator's telephone number         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         5a       Call number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5c       2         c(1)       Total number of participants at the end of the plan year       5d(1)       2         d(2)       Total number of participants at the end of the plan year       5d(2)       2         c       Number of participants at the end of the plan year       5d(2)       2         d(1)       Total number of active participants at the end of the plan year       5d(2)       2         e       Number of active participants at the end of the plan year       5d(2)       2         e       Number of active participants at the end of the plan year </td <td>Mailing</td> <td>g address (include room</td> <td>, apt., suite no. and street, or P.O.</td> <td></td> <td></td> <td colspan="5"></td>  | Mailing   | g address (include room               | , apt., suite no. and street, or P.O.  |  |                        |                                     |                                 |  |  |  |  |
| 106 S MONROE ST<br>TALLAHASSEE, FL 32301-1530       541110         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.<br>this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.<br>a Sponsor's name       5a       2         5a Total number of participants at the beginning of the plan year       5a       2         c Number of participants at the edginning of the plan year       5c       2         c Number of participants at the beginning of the plan year       5d(1)       2         c Number of participants at the beginning of the plan year       5d(2)       2         d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         e Number of participants at the end of the plan year       5e       0         caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of pertyon and other penalties set forth in the instructions, I declare that I have examined this return/report, and tothe best of my knowledge and bielef. It is true, correct, and com   | ,   |                                       |  |  |                        |                                     |                                 |  |  |  |  |
| TALLAHASSEE, FL 32301-1530       3b Administrator's EIN         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         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         4 Sponsor's name       4d PN         5a Total number of participants at the beginning of the plan year       5a 2         b Total number of participants at the end of the plan year       5b 2         c Number of participants at the beginning of the plan year       5d(1) 2         c Number of active participants at the beginning of the plan year       5d(2) 2         d(1) Total number of active participants at the beginning of the plan year       5d(2) 2         d(2) Total number of active participants at the end of the plan year       5d(2) 2         d(2) Total number of active participants at the end of the plan year       5d(2) 2         d(2) Total number of active participants at the end of the plan year       5d(2) 2         d(2) Total number of active participants at the end of the plan year       5d(2) 2         d(2) Total number of active participants at the end of the plan year       5d(2) 2         d(2) Total number of active participants who terminated employment during  |   |                                       |  |  |                        | 2d Business code (see instructions) |                                 |  |  |  |  |
| 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         4       If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         4       Description of participants at the beginning of the plan year       5a       2         5       Total number of participants at the end of the plan year       5b       2         5       Total number of participants at the end of the plan year       5c       2         6       Number of participants with account balances as of the end of the plan year       5d(1)       2         6       Number of active participants at the end of the plan year       5d(2)       2         d(1)       Total number of active participants at the end of the plan year       5d(2)       2         d(2)       Total number of active participants at the end of the plan year       5e       0         d(2)       Total number of active participants at the end of the plan year       5c       2         d(2)       Total number of active participants at the end of the plan year       5e       0         d(2)       Total number of active participants who terminated employment during the plan year with accrued benefits that were les  |   |                                       |  |  |                        | 541110                              |                                 |  |  |  |  |
| 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         4       If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         4       Description of participants at the beginning of the plan year       5a       2         5       Total number of participants at the end of the plan year       5b       2         5       Total number of participants at the end of the plan year       5c       2         6       Number of participants with account balances as of the end of the plan year       5d(1)       2         6       Number of active participants at the end of the plan year       5d(2)       2         d(1)       Total number of active participants at the end of the plan year       5d(2)       2         d(2)       Total number of active participants at the end of the plan year       5e       0         d(2)       Total number of active participants at the end of the plan year       5c       2         d(2)       Total number of active participants at the end of the plan year       5e       0         d(2)       Total number of active participants who terminated employment during the plan year with accrued benefits that were les  |   |                                       |  |  |                        |                                     |                                 |  |  |  |  |
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| 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       2         c Plan Name       5a       2         b Total number of participants at the beginning of the plan year       5a       2         c Number of participants at the end of the plan year       5b       2         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       2         d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         d(2) Total number of active participants at the end of the plan year       5d(2)       2         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.       05/09/2019       PAUL SANFORD         SIGN       Filed with authorized/valid electronic signature.       05/09/2019       PAUL SANFORD  |   |                                       |  |  | -                      | 3c Administrator's telephone number |                                 |  |  |  |  |
| 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       2         c Plan Name       5a       2         b Total number of participants at the beginning of the plan year       5a       2         c Number of participants at the end of the plan year       5b       2         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       2         d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         d(2) Total number of active participants at the end of the plan year       5d(2)       2         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.       05/09/2019       PAUL SANFORD         SIGN       Filed with authorized/valid electronic signature.       05/09/2019       PAUL SANFORD  |   |                                       |  |  |                        |                                     |                                 |  |  |  |  |
| a Sponsor's name       4d PN         c Plan Name       5a Total number of participants at the beginning of the plan year   |   |                                       |  |  |                        |                                     | 4b EIN                          |  |  |  |  |
| 5a       Total number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       2         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       2         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       2         d(2)       Total number of active participants at the end of the plan year       5d(2)       2         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.       Signature of plan administrator         SIGN       Filed with authorized/valid electronic signature.       05/09/2019       PAUL SANFORD         HERE       Signature of plan administrator <td< td=""><td colspan="6"></td><td colspan="5"><b>4d</b> PN</td></td<>  |   |                                       |  |  |                        |                                     | <b>4d</b> PN                    |  |  |  |  |
| b       Total number of participants at the end of the plan year   | C Plan N  | C Plan Name                           |  |  |                        |                                     |                                 |  |  |  |  |
| C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       2         d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         d(2) Total number of active participants at the end of the plan year       5d(2)       2         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.       05/09/2019       PAUL SANFORD         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator   | 5a Total number of participants at the beginning of the plan year   |                                       |  |  |                        |                                     | 2                               |  |  |  |  |
| complete this item)       JC       2         d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         d(2) Total number of active participants at the end of the plan year       5d(2)       2         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.       05/09/2019       PAUL SANFORD         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator   |   |                                       |  |  |                        | 5b                                  | 2                               |  |  |  |  |
| d(2) Total number of active participants at the end of the plan year   |   |                                       |  |  |                        |                                     | 2                               |  |  |  |  |
| 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.       05/09/2019       PAUL SANFORD         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  |                                       |  |  |                        |                                     | 2                               |  |  |  |  |
| than 100% vested       Jee       o         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Output         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.       05/09/2019       PAUL SANFORD         Signature of plan administrator       Date       Enter name of individual signing as plan administrator  |   |                                       |  |  |                        |                                     | 2                               |  |  |  |  |
| 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.       05/09/2019       PAUL SANFORD         SIGN       Filed mith authorized/valid electronic signature.       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Inter name of individual signing as plan administrator       Inter name of individual signing as plan administrator   |   |                                       |  |  |                        |                                     | 5e 0                            |  |  |  |  |
| 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.       05/09/2019       PAUL SANFORD         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Image: Signature of plan administrator       Image: Signature of plan administrator   | Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.                         |                                       |  |  |                        |                                     |                                 |  |  |  |  |
| SIGN<br>HERE       Filed with authorized/valid electronic signature.       05/09/2019       PAUL SANFORD         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN<br>HERE       Image: Signature of plan administrator       Date       Image: Signature of plan administrator   | 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 |                                       |  |  |                        |                                     |                                 |  |  |  |  |
| Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN<br>HERE   |   |                                       |  | 05/09/2019   | PAUL SANFORD           |                                     |                                 |  |  |  |  |
| SIGN<br>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  |                                       |  |  |                        | <u> </u>                            |                                 |  |  |  |  |
|  | HERE  | Signature of employ                   | er/plan sponsor  | an sponsor Date Enter name of individ  |                        |                                     |                                 |  |  |  |  |

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

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 20 CEP 2520 104 462 (See instructions on waiver clicibility)   |              |                         |               |          |         |                | X Yes 🗌 No          |  |  |
|     | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)<br>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   | <b>C</b> 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.) |  |  |
|     |  |              | 5 1                     | ,             |          |         |                | _ (,                |  |  |
| Pa  | rt III Financial Information   |              |                         |               |          |         |                |                     |  |  |
| 7   | Plan Assets and Liabilities  |              | (a) Beginning (         | of Year (b    |          |         | (b) End        | (b) End of Year     |  |  |
| а   | Total plan assets  | 7a           | 34                      | 349743        |          |         |                | 320346              |  |  |
|     | Total plan liabilities   | 7b           |                         |               |          |         |                |                     |  |  |
| С   | Net plan assets (subtract line 7b from line 7a)  | 7c           | 349743                  |               |          | 320346  |                |                     |  |  |
| 8   | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount              |               |          |         | Total          |                     |  |  |
| а   | Contributions received or receivable from:<br>(1) Employers  | 8a(1)        |                         | 0240          |          |         |                |                     |  |  |
|     | (1) Employers  | 8a(2)        |                         | 9319<br>22200 |          |         |                |                     |  |  |
|     | (2) Others (including rollovers)   | 8a(3)        |                         |               |          |         |                |                     |  |  |
|     | Other income (loss)  | 8b           |                         | -43124        |          |         |                |                     |  |  |
|     | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |                         |               |          | -11605  |                |                     |  |  |
|     | Benefits paid (including direct rollovers and insurance premiums   | 00           |                         |               |          |         |                | 11000               |  |  |
|     | to provide benefits)   | 8d           |                         | 16250         |          |         |                |                     |  |  |
| е   | Certain deemed and/or corrective distributions (see instructions) 8e   |              |                         |               |          |         |                |                     |  |  |
| f   | Administrative service providers (salaries, fees, commissions)   |              |                         | 1542          |          |         |                |                     |  |  |
| g   | Other expenses   | 8g           |                         |               |          |         |                |                     |  |  |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |                         |               |          |         |                | 17792               |  |  |
| i   | Net income (loss) (subtract line 8h from line 8c)  | 8i           |                         |               |          |         | -29397         |                     |  |  |
| 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 2E $2F$ $2G$ $2J$ $3D$   | feature co   | des from the List of Pl | an Cha        | racteris | stic Co | des in the ins | structions:         |  |  |
| b   | If the plan provides welfare benefits, enter the applicable welfare for  | eature cod   | es from the List of Pla | n Chara       | acterist | ic Cod  | es in the inst | ructions:           |  |  |
| Par | t V Compliance Questions   |              |                         |               |          |         |                |                     |  |  |
| 10  | During the plan year:  |              |                         |               | Yes      | No      |                | Amount              |  |  |
|     | Was there a failure to transmit to the plan any participant contribu   | itions withi | n the time period       |               |          |         |                |                     |  |  |
|     | described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction<br>Program)   |              |                         | 10a           |          | x       |                |                     |  |  |
| b   | <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)   |              |                         | 10b           |          | x       |                |                     |  |  |
| С   | C Was the plan covered by a fidelity bond?   |              |                         | 10c           | Х        |         |                | 25000               |  |  |
| d   | <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |              |                         | 10d           |          | Х       |                | 20000               |  |  |
| e   | <ul> <li>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.)</li> </ul> |              |                         | 10e           |          | х       |                |                     |  |  |
| f   | ${f f}$ Has the plan failed to provide any benefit when due under the plan?  |              |                         | 10f           |          | Х       |                |                     |  |  |
| g   | <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)   |              |                         | 10g           |          | Х       |                |                     |  |  |
| h   | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  |              |                         | 10h           |          | х       |                |                     |  |  |

10i

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

i

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 Sc (Form 5500) and line 11a below)                           |  |                  |     |            |     | Yes                 | No   |  |
| 11a  | Ent   | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  |                  | 11a |            |     |                     |      |  |
| 12   | 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  |  |                  |     |            | [   | Yes                 | X No |  |
| а    | 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 of the letter rugranting the waiver |  |                  |     |            |     |                     | ing  |  |
| lf   | you d   | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line   | 13.              |     | -          |     |                     |      |  |
| b    | <b>b</b> Enter the minimum required contribution for this plan year   |  |                  |     |            |     |                     |      |  |
| 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   | Has a resolution to terminate the plan been adopted in any plan year?  |                  |     | Ye         | s X | No                  |      |  |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer this year   |  |                  |     |            |     |                     |      |  |
| 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 |     |                     | 0    |  |
| С    |   | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident<br>ch assets or liabilities were transferred. (See instructions.) | tify the plan(s) | to  |            |     |                     |      |  |
| 1    | 3c(1  | <b>3c(1)</b> Name of plan(s): 13c(2) E   |                  |     |            | 130 | <b>13c(3)</b> PN(s) |      |  |
|      |   |  |                  |     |            |     |                     |      |  |