Department Revenue Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 2018 Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Department of Labor Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part 1 Annual Report Identification Information and ending 12/31/2018 This return/report is for: a single-employer plan a single-employer plan a foreign plan a foreign plan B This return/report is the first return/report a short plan year return/report DFVC program g a special extension (enter description) DFVC program DFVC program Part 11 Basic Plan Information—enter all requested information DFVC program It c Effective date of plan 1b Three-digit plan number 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) Maing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number (EIN) 26-1706856 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's talenchone pumber	-	m 5500-SF	Short Form Annual Return/Report of Small Employee										
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				06/04/2019	ROB STONBELY								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator		Signature of plan ad	ministrator	Date	Enter name of individua	al signina :	as plan administrator						
SIGN	SIGN												
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of employ	er/plan sponsor	Date	Enter name of individua	ndividual signing as employer or plan spor							

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

Form 5500-SF (2018) v.171027

b	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	48658	65603					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	48658	65603					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	7443						
	(2) Participants	8a(2)	14395						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-4893						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		16945					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	g Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					
i	Net income (loss) (subtract line 8h from line 8c)	8i		16945					
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 2T 3D	feature co	des from the List of Plan Characterist	ic 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: b

Part	V	Compliance Questions				
10	During the plan year:				No	Amount
а	des	s there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х	
b			10b		X	
С			10c	Х		5000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused and or dishonesty?	10d		Х	
e	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance ier, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e		X	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х	
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)							Y	es	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12							🗌 Yes 🗙			No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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 t granting the waiver								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	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)									
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		Nc)	
	lf "۱	es," 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?					[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	5)