Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I		: Identification Information						
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018			
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in ac		_		
		a one-participant plan	a foreign plan					
B This reti	urn/report is	the first return/report	the final return/repo					
		an amended return/report	a short plan year ref	turn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC prog	gram		
	· · · · · ·	special extension (enter desc	. ,					
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name CHAMPION	•	IREMENT PLAN & TRUST			1b Three-orplan nu (PN)	ımber		
					1c Effectiv	re date of plan 01/01/2007		
		oyer, if for a single-employer plan)			2b Employ	er Identification Number		
,	,	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	84-1495959		
•	ENTERPRISES INC.	, , , , , , , , , , , , , , , , , , ,		,	2c Sponso	or's telephone number 303-260-7550		
					2d Busines	ss code (see instructions)		
5025 E. 56TI COMMERCE	H AVENUE E CITY, CO 80022					423300		
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Adminis	strator's EIN		
					3c Adminis	strator's telephone number		
		e plan sponsor or the plan name h			4b EIN			
	lan, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number fron	n the last return/report.	4d PN			
C Plan N								
		s at the beginning of the plan year.			. 5a	7		
		s at the end of the plan year			. 5b	6		
		account balances as of the end of		•	. 5c	3		
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	7		
		articipants at the end of the plan ye			5d(2) 6			
		o terminated employment during the			5e			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca				
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.						
SIGN		d/valid electronic signature.	07/01/2019	BRYAN JAMISON				
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as	plan administrator		
SIGN	Filed with authorized	d/valid electronic signature.	07/01/2019	BRYAN JAMISON				
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as	employer or plan sponsor		

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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. 								X Yes X Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
a	Total plan assets	7a	54	49533				536781	
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	54	49533				536781	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	,	10810					
	(2) Participants	8a(2)	2	26600					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-4	45347					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-7937	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		4815					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4815	
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-12752	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	cterist	ic Cod	les in the instr	uctions:	
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	iduciary Correction	10a	X			143	23
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X		0	
С	Was the plan covered by a fidelity bond?			10c	Χ			500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	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	X			21	75
f	Has the plan failed to provide any benefit when due under the pla	n?	<u></u>	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
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	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou 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		
С	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 '	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No
	If "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 control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	art I Annual Repor	rt Identification Informatio	accordance with the in	structions to the Form 55	00-SF.					
or	calendar plan year 2018 or t	fiscal plan year beginning	01/01/201	and ending	12/31/20	10				
Ą	This return/report is for:	x a single-employer plan	a multiple-employ	er plan (not multiemployer) ng employer information in	(Filers checking t	his hov must attach				
3	This return/report is:	the first return/report	a foreign plan the final return/rep	ort eturn/report (less than 12 n	2					
			a criori pian year i	etum/report (less than 12 h	nontns)					
•	Check box if filing under:	Form 5558 special extension (enter desi	automatic extension automatic extension)	on	DFVC p	orogram				
Pa	art II Basic Plan Inf	formation enter all requeste	d information							
а	Name of plan	SES RETIREMENT PLAN & T			1b Three-digition plan number (PN) ▶					
_					1c Effective of 01/01/2					
а	City or town, state or provin	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P nce, country, and ZIP or foreign po	O Paul	nstructions)	2b Employer	Identification Number				
	CHAMPION ENTERPRIS	ES INC.			2c Sponsor's (303) 2	telephone number				
	5025 E. 56th Avenu		2d Business code (see instructions) 423300							
	US Commerce City CO 800	and address X Same as Plan Sp								
	If the name and/or EIN of th	ne plan sponsor or the plan name h	nas changed since the las	t return/report filed for	4b EIN	tor's telephone number				
•	triis plan, enter the plan spo	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.						
	Sponsor's name Plan Name				4d PN					
a	Total number of participants	s at the beginning of the plan year			5a	7				
,	lotal number of participants	s at the end of the plan year	***************************************		5b	6				
	complete this item)	account balances as of the end of		ed contribution plans	5c	3				
		rticipants at the beginning of the pl			5d(1)	7				
1(2	Number of participants who	rticipants at the end of the plan yea terminated employment during the	ar plan year with accrued I	penefits that were	5d(2)	6				
aı	less triair 100% vested	•••••••••••••••••••••••••••••••••••••••			5e					
nc B	der penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, applete.	ictions I declare that I ha	ve examined this set up /	and including it					
	GN Buyan	Janin	7/01/2019	BRYAN JAMISON	- American de la companya del companya del companya de la companya					
-	Signature of plan adn	Ministrator	Date	Enter name of individua	al signing as plan a	administrator				
	SIGNATURE OF EMPLOYE	r/plan sponsor	7[1]19	BRYAN JAMISON	1 - Farmer Language Andrews Andrews Company					
	- G. C. C. Dioye		Date	Enter name of individua	al signing as emplo	yer or plan sponsor				

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Form	5500	CE	201	10

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b. Any our claiming a valeer of the annual examination and report of an independent qualified public accountant (IOPA) If you answered "Nor let 2021 101-49" (See instructions on walver eligibility and conditions.) If you answered "Nor letter line & or rine 6b, we plan cannot use Form \$500-58" and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions)		-				
the plan is a defined benefit plan, is it covered under the PBGC insertance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of a	n independer	nt qualified public acco	untor	+ /10	141			X Yes No
If the plan is a defined benefit plan, is it overed under the PSGC insurance program (see ERISA section 4021)?		If you answered "No" to either line 6a or line 6b, the plan cappe	nd conditions	5.)			********	••••••	•••••	X Yes No
Part III Financial Information Part III	C	If the plan is a defined benefit plan, is it covered under the PBGC ins	Surance prod	ram (see EDICA and	stead	use F	orm !	5500.		73 - 12
7 Plan Assets and Liabilities 7 Representations 8 Representations		The sis checked, enter the My PAA confirmation number from the	PBGC prem	ium filing for this year	on 402	21)?	•••••	∐ Yes	(S	
To total plan labilities	Pa	art III Financial Information		-10 20 70 70 70						
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning (of Yea	ır	T		(b) End of	Voor
Description of the plan picture of the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Total characteristic Codes in the instructions and Value plan provides welfare feature codes from the List of Plan Characteristic Codes in the instructions:	a	Total plan assets	7a						(b) Lilu oi	
8 Income, Expenses, and Transfers for this Plan Year 4 Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Escape (45,347) (5) Total income (60s) (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits) (7,937) (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits) (8) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) (45,347) (7) Plan Characteristic service providers (salaries, fees, commissions) (8) Other expenses (add lines 8a, 8a, 8b, 8f, and 8g) (9) Other expenses (add lines 8a, 8a, 8b, 8f, and 8g) (12,752) (1) Transfers to (from) the plan (see instructions) (1) Net income (loss) (subtract line 8h from line 8c) (1) Net income (loss) (subtract line 8h from line 8c) (1) Transfers to (from) the plan (see instructions) (1) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Plan Characteristics Part V Comptiance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a), which is a plan have a loss, whether or not reimbursed by the plans feditiy bond, that was caused by fraud or dishonesty? C Was the plan have a loss, whether or not reimbursed by the plans feditiy bond, that was caused by fraud or dishonesty? B Did the plan have a loss, whether or not reimbursed by the plans feditiy bond, that was caused by fraud or dishonesty? G Did the plan have a los	<u>b</u>		7b							330,781
General Contributions received or receivable from: (1) Employers		Net plan assets (subtract line 7b from line 7a)	7c	5	49.5	33				536 701
(1) Employers		Income, Expenses, and Transfers for this Plan Year							(b) To	
(2) Participants	a	(1) Employers	0-(4)					1000	(2) 10	
(3) Others (including rollovers) Ba(3) Bb (45,347) C Total income (add lines 8q1), 8a(2), 8a(3), and 8b) C Total income (add lines 8q1), 8a(2), 8a(3), and 8b) Be c (7,937) Be c (7,937) Be appendix paid (including direct rollovers and insurance premiums to provide benefits). Be c Certain deemed and/or corrective distributions (see instructions) 8e C Certain deemed and/or corrective distributions (see instructions) 8e C Certain deemed and/or corrective distributions (see instructions) 8e G Certain deemed and/or corrective distributions (see instructions) 8e G Certain deemed and/or corrective distributions (see instructions) 8e G Certain deemed and/or corrective distributions (see instructions) 8e G Certain deemed and/or corrective distributions (see instructions) 8e G Certain deemed and/or corrective distributions (see instructions) 8e G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain deemed and/or corrective distributions (see instructions) 8g G Certain de										
b Other income (loss)		(3) Others (including rollovors)			26,6	00				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	Other income (loss)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). be Certain deemed and/or corrective distributions (see instructions)	C		-	(4	5,34	7)				
Experimental content of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions		Benefits paid (including direct rollovers and insurance premiums	8C		1					(7,937)
e Certain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 8f g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h I Net income (loss) (subtract line 8h from line 8c) 8i I Net income (loss) (subtract line 8h from line 8c) 8i I Net income (loss) (subtract line 8h from line 8c) 8j Part IV	_	to provide benefits)	8d							
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g 4,815 h Total expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e							
Golder expenses Seg							-	-		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g		8a		4.8	15				
Net income (loss) (subtract line 8h from line 8c)										4 015
Part IV Plan Characteristics							-	- 10-11-1		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? 10b X 10c X 50.000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 9 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.) 10 Jid the plan have any participant loans? (If "Yes," enter amount as of year end.) 10 Jid the plan have any participant loans? (If "Yes," enter amount as of year end.) 10 Jid the plan have any participant loans? (If "Yes," enter amount as of year end.) 10 Jid the plan have any participant loans, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	j									(12, /52)
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	Pa		-		-	-			manus de la companya del companya de la companya del companya de la companya de l	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 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.) 10h X 10h X 10c X 50.000	9a		ature codes f	rom the List of Dian Cl			0 1			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		2E 2F 2G 2J 2K 2T 3D	ature codes i	Tom the List of Flam Ci	naraci	eristic	Code	es in the i	instruction	S:
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fro	om the List of Plan Cha	aracte	ristic	Codes	in the in	structions	
During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) B Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) That she plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Pa	rt V Compliance Questions	The Market Control							
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	10					Vac	No	N/A	Α.	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	а	Was there a failure to transmit to the plan any participant contribution	ons within the	e time period	T	165	NO	IN/A	Al	nount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) That she plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the		described in 29 CFR 2510.3-102? (See instructions and DOL's Volv	untary Fiduci	ary Correction						
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Program)			10a	x				14.323
C Was the plan covered by a fidelity bond?		Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inclu	ide transactions			х			-1,020
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 2,175 Has the plan failed to provide any benefit when due under the plan? 10f X Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	С	Was the plan covered by a fidelity bond?			10c	x		- 1	- Contract of the Contract of	50,000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e	d	by Iraud or dishonesty?			10d		x			30,000
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	r persons by	an insurance benefits under		x				2 175
Did the plan have any participant loans? (If "Yes," enter amount as of year end.) Howard of the plan have any participant loans? (If "Yes," enter amount as of year end.) Howard of the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan?	?				x			2,115
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g									
If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	If this is an individual account plan, was there a blackout period? (S	ee instruction	ns and 20 CER						
	i	If 10h was answered "Yes," check the box if you either provided the	required not	ice or one of the			^			

	For	m 5500-SF 2018 Page 3 -					
Par	t VI	Pension Funding Compliance					
11	Is this (Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc 5500 and line 11a below)	hedule	SB		Yes	X No
118	Enter t			······			
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sections; complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	11a on 302	of		Yes	X No
а	If a wa grantin	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, at g the waiver					uling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	D	ay	Y	ear	
b	Enter t	ne minimum required contribution for this plan year.	12b				
С		ne amount contributed by the employer to the plan for the plan year	12c				
d	Subtra	et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No		N/A
Par	VII	Plan Terminations and Transfers of Assets					1474
13a	Has a r	esolution to terminate the plan been adopted in any plan year?	Г	Yes	X	l No	
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year	13a	168		INO	
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?)		Yes	X	lo
С	If, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ssets or liabilities were transferred. (See instructions.)) to				

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):