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| 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 HERE Filed with authorized/valid electronic signature. 07/09/2019 CHUCK GRABER Signature of plan administrator Date Enter name of individual signing as plan administrator | | | | • | F | | | | | | | |
| than 100% vested Jee Jee 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. 07/09/2019 CHUCK GRABER Signature of plan administrator Date Enter name of individual signing as plan administrator | • • | | | | | . , | 17 | | | | | |
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| SIGN HERE Filed with authorized/valid electronic signature. 07/09/2019 CHUCK GRABER Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Date Image: Signature of plan administrator | SB or Sche | edule MB completed and | d signed by an enrolled actuary, as | | | | | | | | | |
| Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | | | | 07/09/2019 | CHUCK GRABER | | | | | | | |
| SIGN HERE | HERE | Signature of plan ad | ministrator | Date | Enter name of individu | al signing | as plan administrator | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SIGN | | | | | | | | | | | |
| | HERE | Signature of employ | er/plan sponsor | Date | Enter name of individu | al signing a | as employer or plan sponsor | | | | | |

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

Form 5500-SF (2018) v.171027

| 6a b | | | | | | | | | | |
|---------|---|----------|----------------------------------|---------------------|--|--|--|--|--|--|
| D | 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. | | | | | | | | | |
| С | c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | | | | | | | | | |
| | If "Yes" is checked, enter the My PAA confirmation number from th | e PBGC p | remium filing for this plan year | (See instructions.) | | | | | | |
| Da | rt III Financial Information | | | | | | | | | |
| Га | | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | | |
| а | Total plan assets | 7a | 697881 | 733116 | | | | | | |
| b | Total plan liabilities | 7b | | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 697881 | 733116 | | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | | |
| а | Contributions received or receivable from: | | | | | | | | | |
| | (1) Employers | 8a(1) | 14451 | | | | | | | |
| | (2) Participants | 8a(2) | 62557 | | | | | | | |
| | (3) Others (including rollovers) | 82(2) | | | | | | | | |

| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
|----|---|-------|--------|-------|--|--|--|--|--|
| b | Other income (loss) | 8b | -38857 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 38151 | | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 2916 | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 2916 | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 35235 | | | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | Part IV Plan Characteristics | | | | | | | | |
| 9a | a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | |

| a | If the | pian | provide | es p | ension | benefits | , enter the | e applicable | pension re | eature code | s from the | ELIST OF P | lan Cr | aracteristic | Codes | in the in | structions: |
|---|--------|------|---------|------|--------|----------|-------------|--------------|------------|-------------|------------|------------|--------|--------------|-------|-----------|-------------|
| | 2E | 2F | 2G | 2J | 2K | 2T 3 | D | | • | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

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: | Yes | No | Amount |
| а | 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) 10 | a | x | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | b | x | |
| С | Was the plan covered by a fidelity bond? | c X | | 70000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10 | d | x | |
| 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.) 10 | e | x | |
| f | Has the plan failed to provide any benefit when due under the plan? |)f | Х | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | g | Х | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | h X | | |
| i | 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 X | | |

Page **3-** 1

| Part | VI | Pension Funding Compliance | | | | | | |
|------|-------|---|------------------|-----------------|-------|-------------|---------|------|
| 11 | | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below) | | B | | Yes | 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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | n 302 o | f | [| Yes | X No |
| а | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver. | | l enter _ Da | | e of the le | | ing |
| lf | you d | 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 ative amount) | | 12d | | | | |
| e | 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 X | No | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC? | ght under the | | | Yes | × N | 0 |
| С | | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.) | tify the plan(s) | to | | | | |
| 1 | 3c(1 |) Name of plan(s): | 13c(2) | EIN(s) | | 130 | :(3) PN | l(s) |
| | | | | | | | | |