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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing	as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized/v	valid electronic signature.	07/11/2019	MARK QUERRY	RKQUERRY					
					Enter name of individ	ual signing a					

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 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be added as the pl	an independ and conditio ot use Form	ent qualified public accountant (IQP/ ns.) n 5500-SF and must instead use Fe	A) [Yes [] No orm 5500
C 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 th			
Part III Financial Information			
7 Plan Assets and Liabilities		(a) Paginning of Vaar	(b) End of Year
a Total plan assets	7a	(a) Beginning of Year 277883	(b) End of Year 557876
b Total plan liabilities	76 7b	0	
C Net plan assets (subtract line 7b from line 7a)	7c	277883	557876
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)	346118	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-34927	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		311191
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	31078	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	120	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		31198
i Net income (loss) (subtract line 8h from line 8c)	8i		279993
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 3D 2G 2J 2K 2F 2T 3H	feature code	es from the List of Plan Characteristic	c Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature codes	s from the List of Plan Characteristic	Codes in the instructions:

10	During the plan year:				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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	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 Sc (Form 5500) and line 11a below)						Yes	X No
11a	Ent	er 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 secti ERISA?					f 	[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 ruling granting the waiver							ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				🗌 Yes 🛛 No			
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) E			EIN(s)	IN(s) 13c(3) PN(s)			۱(s)