Department of a Revenue Section 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). 2018 Presion Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) A This return/report is for: a ane-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report before the first return/report B This return/report is Form 5558 a utomatic extension DFVC program Part II Basic Plan Information—enter all requested information Ib Three-digit plan number (PN) > 001 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer identification Number (EIN)	Form 5500-SF		Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089					
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF. Form 5500-SF (2018)												
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF. Form 5500-SF (2018)		Signature of plan a	administrator	Date	Enter name of individua	al signing a	as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)	SIGN					- 391						
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)		Signature of emply	over/nlan sponsor	Date	Enter name of individua	al signing (as employer or plan sponsor					
	For Paperw					a signing a	Form 5500-SF (2018)					

Pa	rt III Financial Information	
•		(See instructions.)
С	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 you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
b	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.)	X Yes 🗌 No
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No

7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
а	a Total plan assets		318	83531						
b				0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	318	83531			2910946			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	18203							
	(2) Participants	8a(2)	11	14176						
	(3) Others (including rollovers)	8a(3)	14	43340						
b	Other income (loss)	8b	-19	95052						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					80667			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33	330908						
е	Certain deemed and/or corrective distributions (see instructions)	8e		2421						
f	Administrative service providers (salaries, fees, commissions)	8f		19923						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				353252				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-272585				
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ $2G$ $2J$ $2K$ $2T$ $3B$ $3D$	feature co	odes from the List of Pla	an Chai	racteri	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
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) 			10a		x				
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
C	C Was the plan covered by a fidelity bond?			10c	Х		250000			
C	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		х				
e	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		Х				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	g 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				
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 CER 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	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	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 rulir 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	
	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 th 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)	EIN(s)		130	:(3) PN	l(s)