Department of is financy treatment leaves         Description         Description           Description         This form is required to be field under sections 104 and 4065 of the Employee Retirement Networe Section 2014 (ERISA), and sections 605/(b) and 6065 of the Employee Retirement Review Code (ite: Code).         This Form is required to be field under sections 104 and 4065 of the Employee Retirement Review Code (ite: Code).         This Form is open to Public Instructions           Part I         A Thus Report Identification Information         and ending         1/2/1/2/16           A This return/report is in a one-participant plan         a single-employee plan is of participant plan         a mode participant plan         a mode participant plan           B This return/report is in the first return/report is participant plan         a short plan year return/report is a namended return/report is a namended return/report is participant plan         DFVC program           Part II         Basic Plan Information—enter all requested information         DFVC program           R This return/report is in the first return/report         a namended return/report is a hare of plan code plan         DFVC program           C Check box if fling under:         psecial exertise of the description)         DFVC program           Part II         Basic Plan Information—enter all requested information         DFVC program           IA Name of plan         Comparticipant plan         Ib Three-digit if the number           C Abso fif the anglo	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089					
Encomposition         Environment         This Form is Open to Parking Section 1           Parkin bref& dama (Computer)         1 Complete all entrifies in accordance with the instructions to the Form 5500-SF.         This return instructions to the Form 5500-SF.           Part I         Annual Report Identification Information         and ending         1/2011/2018           A This return/report is for:         a single-employee plan         a foreign plan         a foreign plan           B This return/report is         a one-participant plan         a foreign plan         a foreign plan           B This return/report is         a one-participant plan         a foreign plan         a foreign plan           B This return/report is         a one-participant plan         a foreign plan         a foreign plan           B This return/report is         a one-participant plan         a foreign plan         D FVC program           Special axtinsion (what description)         EVC program         ispecial axtinsion (what description)           Part II         Basic Plan Information—enter all requested information         1           B Administrator's name (entropyce, if for a single-employer plan)         a diffect program issocial direct on 0 bool mode of plan or add street on 0 bool mode of plan or add street on 0 bool mode of plan or add street on 0 bool mode of plan or add street on 0 bool mode of plan or add street on 0 bool mode of plan or add street on 0 bool mode of plan or add street on 0 bool m						etirement	2018					
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4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4d       PN         c       Plan Name       5a       119         b       Total number of participants at the beginning of the plan year       5a       119         b       Total number of participants at the end of the plan year       5b       121         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       111         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       113         d(2)       Total number of active participants at the end of the plan year       5d(2)       108         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 filling 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	<b>3a</b> Plan a	dministrator's name and	l address 🗙 Same as Plan Spon	sor.		<b>3b</b> Administrator's EIN						
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       5a         c Plan Name       5a         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the end of the plan year       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         d(1) Total number of active participants at the beginning of the plan year       5d(1)       113         d(2) Total number of active participants at the end of the plan year       5d(2)       108         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.       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					-	<b>3c</b> Administrator's telephone number						
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complete this item)       JC       III         d(1) Total number of active participants at the beginning of the plan year       5d(1)       113         d(2) Total number of active participants at the end of the plan year       5d(2)       108         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.       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							121					
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belief, it is true, correct, and complete.	SB or Sche	edule MB completed and	d signed by an enrolled actuary, as									
SIGN         Filed with authorized/valid electronic signature.         07/22/2019         DAN W. CAMPBELL				07/22/2019	DAN W. CAMPBELL							
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	/idual signing 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 individu	ual signing	as employer or plan sponsor					

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

Form 5500-SF (2018) v.171027

<ul><li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li><li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li></ul>								
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)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			
а	Total plan assets	7a	4986535		4678060			
b	Total plan liabilities	7b						

c Net plan ass	ets (subtract line 7b from line 7a)	. 7c	4986535	4678060
Income, Exp	enses, and Transfers for this Plan Year		(a) Amount	(b) Total
	s received or receivable from:	. 8a(1)	114930	
(2) Participa	ants	. 8a(2)	301581	
(3) Others (i	ncluding rollovers)	. 8a(3)		
<b>b</b> Other income	e (loss)	. 8b	-233208	
<b>c</b> Total income	e (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		183303
	I (including direct rollovers and insurance premiums enefits)	. 8d	467970	
e Certain deen	ned and/or corrective distributions (see instructions)	. 8e	5555	
f Administrativ	e service providers (salaries, fees, commissions)	. 8f	18253	
g Other expens	ses	. 8g		
h Total expens	es (add lines 8d, 8e, 8f, and 8g)	. 8h		491778
i Net income (	loss) (subtract line 8h from line 8c)	. 8i		-308475
Transfers to	(from) the plan (see instructions)	. 8i		
Part IV Plan	Characteristics	· · ·		

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	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)	10a		Х			
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		500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       1	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		2564		
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		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 CFR 2520.101-3	10i					

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				
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 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 th control of the PBGC?					Yes	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)