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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 individu | nter name of individual signing as plan administrator | | | | |
| Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SIGN | i | | | | | | | | |
| | HERE | | | | Enter name of individu | al signing | | | | |

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

Form 5500-SF (2018) v.171027

| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | |
|---|---|----|------------------------------|-----------|--|--|--|
| Pa | Part III Financial Information | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year (b) En | d of Year | | | |
| а | Total plan assets | 7a | 66045 | 78994 | | | |
| b | Total plan liabilities | 7b | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 66045 | 78994 | | | |

| С | Net plan assets (subtract line 7b from line 7a) | | 66045 | 78994 |
|--|--|------------|---|----------------------------|
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 13071 | |
| | (2) Participants | 8a(2) | 14174 | |
| | (3) Others (including rollovers) | 8a(3) | 0 | |
| b | Other income (loss) | 8b | -5097 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 22148 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 8649 | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | | | 550 | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 9199 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 12949 |
| j | Transfers to (from) the plan (see instructions) | 8j | | |
| Ра | rt IV Plan Characteristics | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D | feature co | des from the List of Plan Characteristic | Codes in the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Characteristic C | 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) 10a | | х | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | х | |
| С | Was the plan covered by a fidelity bond? 100 | X | | 50000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | х | |
| 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.) | | 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 | | 4565 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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 | | 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 | X No |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA? | | | | | | 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 | | | | | | | |
| 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 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) | | 13 | c(3) PN | ۱(s) |
| | | | | | | | | |