Descent boxis Descent vide 2018 Descent vide This form is required to be filed under sections 114 and 4965 of the Employee Referencem This Form is Open to Public Instructions to the Form 5506 SF. Part II Annual Report Identification Information Instructions to the Form 5506 SF. This form is Open to Public Instructions to the Form 5506 SF. Part II A miser and/or Env of the form 1500 SF. In a single-employer plan In a non-open to public on myole information in accordance with the form instructions.) In a single-employer plan In a non-open to public on myole information in accordance with the form instructions.) B This return/report is In the first seturn/report In the seturn/report In the first seturn/report In the firs		m 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee OMB Nos. 1210. Benefit Plan						
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Prescri A complete all entries in accordance with the instructions to the Form 3500 SF Part I A multi Report lettification information and ending 120312011 For allowed plan year 2016 or fiscal plan year beginning 01/002018 and ending 120312011 A This return/eport is in: Is a single-employer plan In multiple employer information in accordance with the form instructions.) and ending 120312011 B This return/report is in: In the first eturn/report Is a single-employer plan In the first eturn/report In th						Internal				
For calendar plan year 2018 of titked plan year beginning 01012018 and ending 12012018 A This return/report is for:	Pension Be	nefit Guaranty Corporation	Complete all entries in a	structions to the Form 55	500-SF.	Public Inspection				
A This return/report is for: a single-employer plan a trigin plan b This return/report a one-participant plan b This return/report c C Check box if filing under: c Stability of this return/report a an amedia return/report a short plan year return/report c Stability of this return/report c Stabiling this return/report c Stabiling										
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. 08/05/2019 SCOTT SHEFFIELD				08/05/2019	SCOTT SHEFFIELD	_D				
SIGN HERE Filed with authorized/valid electronic signature. 08/05/2019 SCOTT SHEFFIELD										
HERE	SIGN	· ·								
Signature of employer/plan sponsor Date Enter name of individual signing as employer of plan sponsor		Signature of employ		Date		of individual signing as employer or plan spon				

۶, 5500 Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)		🗙 Yes 🗌 No			
b		ing a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	rm 5500-SF and must instead us	e 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								
	, , , , , , , , , , , , , , , , , , ,							
Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			
- 770047					CO4455			

b				of Year			(b) End of Year	
	Total plan assets	7a	77	78617			694155	
	Total plan liabilities	7b		0			0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)		77	78617			694155	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers		2	25676				
	(2) Participants		6	64083				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	-17	73799				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-84040	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
e	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		422				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					422	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-84462	
j	Transfers to (from) the plan (see instructions)	8j		0				
Ра	rt IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2H 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
b		eature coc	es from the List of Plar	n Chara	acterist	ic Codes	in the instructions:	
		eature coc	les from the List of Plar	n Chara	acterist	ic Codes	in the instructions:	
Pa 10	If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for the Compliance Questions During the plan year:			n Chara	acterist Yes	ic Codes	in the instructions: Amount	
Pa 10	If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for the second seco	itions withi /oluntary F	n the time period iduciary Correction	n Chara				
Pa 10	If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	itions withi /oluntary F	n the time period iduciary Correction include transactions			No		
Pa 10 6	If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	itions withi /oluntary F 	n the time period iduciary Correction include transactions	10a		No X		
Pa 10 2	If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	itions withi /oluntary F 	n the time period iduciary Correction include transactions nd, that was caused	10a 10b	Yes	No X	Amount	
Pa 10 2 10 2 2 10 2 2 2 2 2 2 2 2 2 2 2 2	If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions withi /oluntary F //oluntary F //olunt	n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c	Yes	No X	Amount	
Pa 10 2 10 2 2 10 2 2 2 2 2 2 2 2 2 2 2 2	If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions withi /oluntary F t? (Do not fidelity bo her person he or all of	n the time period riduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X X	Amount	
Pa 10 2 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	tions withi /oluntary F ////////////////////////////////////	n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X X X	Amount	
Pa 10 2 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions withi /oluntary F fidelity bo her person he or all of as of year-o (See instru	n the time period riduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.)	10a 10b 10c 10d	Yes	No X X X X X X X X X	Amount 1000000	

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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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					[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 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				
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	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	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					13	c(3) PN	۱(s)