Internal Revenue Service 2018 Department of Labor This form is required to be filed under sections 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). This Form is Open to Public Inspection Pension 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 and ending 12/31/2018 For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 A This return/report is for: a single-employer plan a foreign plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) DFVC program C C Check box if filing under: Form 5558 automatic extension DFVC program Is a Name of plan NORMAN KING/MILES CONSTRUCTION MANAGERS 401(K) RETIREMENT PLAN 1b Three-digit plan number (PN) ▶ 001 IC Effective date of plan of 01/01/1998 22 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) (Cit or tow, state or province, country, and ZIP or foreign postal cod	Form 5500-SF		Short Form Annual Return/Report of Small Employee							
Dependent of Labor Income Security Act of 1974 (ERLSA), and sections BDS7(b) and BDS(b) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Part I Annual Report Identification Information and ending 1231/2018 1231/2018 A This return/report is to: a single-employer plan is of participant plan (the form ison participant plan is of participant plan administrator is of participant is the beginnin			This form is required to be file	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement						
Part Annual Report Heading Calumbian For calendary language For a single-amployer plan For calendary language For a single-amployer plan A This return/report is a angle-amployer plan a angle-amployer plan a angle-amployer plan b to for plan For a single-amployer plan C C Check box # filing under: Form 5566 C C Check box # filing under: Form 5566 C C Check box # filing under: Form 5566 C C Check box # filing under: Form 5566 C Check box # filing under: Form 556 C Check box # filing under:			Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the			This Form is Open to				
For callediar plan year 2018 or fiscal plan year beginning 0.01/01/01 and ending 120/016 A This return/report is for: a single-employer plan Imultiple-employer information/per (Files checking this box must ratch a sist of participating employer information in accordance with the form instructions.) B This return/report is Imultiple-employer information in accordance with the form instructions.) C Check box if filing under: Imultiple-employer information DFVC program Part II Basic Plan Information - eners in requested information Imultiple-employer information DFVC program In NoreMAN KING/MILES CONSTRUCTION MANAGERS 401(K) RETIREMENT PLAN Ib Three-digit plan number (PN) 001 IC Effective date of plan Order and street, or P.O. Box) Context besit if filing under: 001 IC Effective date of plan Order and street, or P.O. Box) Zo Spansor's topphone number (PN) 20 Context because it with the plan and address [n Same as Plan Sponsor. 3b Administrator's telephone number (PN) 2382(10 349 APARK DR Zo Spansor's name (employer) with plan name has changed since the last return/report filed for this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for file	Pension Benefit Guaran	Public Inspection Public Inspection								
A This return/report is for: a single-employer plan immultiple employer plan norm multimytoyen (Files checking this box must attach a loreign plan B This return/report is a one-participant plan a foreign plan B This return/report is in a namendad return/report a short plan your return/report (less than 12 months) C Check box if fling under: Form 5558 G submatic extension DFVC program 3 a position special actionation (inter description) DFVC program g plan number Part II Basic Plan Informationmeter all requested information 1 The re-digit plan number 14 Name of plan NORMAN KINGMLES CONSTRUCTION MANAGERS 401(K) RETREMENT PLAN 1D Three-digit plan number Via transponsor's name (employer, If for a single-employer plan) Mailing advects, submatic as atteck, or P.O. Box) 2D Employer identification Number 240 Plan sponsor's name (employer, If for a single-employer plan) Submatic extension 2D Employer identification Number 250 Septions's tatephone number 22D Business code (scie instructions) 23820 240 Business code (scie instructions) 3C Administrator's talephone number 340 Altrinistrator's name and address Sam as Plan sponsor's name 5										
A This return/report is for:	For calendar plan ye	ar 2018 or fisc								
B This return/report is the first return/report the first return/report the first return/report C Check box if filing under: postal extension (enter description) DFVC program Part II Basic Plan Information—enter all requested information DFVC program 10 Dimmed to plan DFVC program NORMAN KINGMILES CONSTRUCTION MANAGERS 401 (K) RETIREMENT PLAN Ib Three-digit (PN) 001 1c Effective date of plan NORMAN KINGMILES CONSTRUCTION MANAGERS 401 (K) RETIREMENT PLAN Ib Three-digit (PN) 011 CE Incluive date of plan NORMAN KINGMILES CONSTRUCTION MANAGERS 401 (K) RETIREMENT PLAN Ib Encluive date of plan 011 CE Incluive date of plan 001 12 Plan sponsor's name (amplayer, if for a single-emplayer plan) 001 Maing address (include room, apt, suite no. and street, or P.O. Box) CP or postal code (see instructions) 20 Sponsor's telephone number 20 Sponsor's name and address [) Same as Plan Sponsor. 3a Plan administrator's name and address [] Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for the plan spaticipants with ecounubalon name and the plan number form the las	A This return/report	t is for:	-	list of participating e		-				
Image: Instructure of the plan redurn report Image: I	B This return/report	is _	a one-participant plan							
C Check box if tiling under:										
 a procision detection (enter description) a procision a Name dipain in C Enterview and the process of th		Ĺ	an amended return/report	a short plan year retu	rn/report (less than 12 months)					
Part II Basic Plan Information—enter all requested information 1a Name of plan 001 2a Plan sponsor's name (employer, if for a single-employer plan) 010 Mailing address (include norm, apt, suite no, and street, or P.O. Box) 2b Employer Identification Number (EIN) City or fow, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 004 ARPARK DR OWENSBORO, KY 42301-7724 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 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 filed for this plan, number 4b EIN 5a Total number of participants at the end of the plan year 5a 4d PN 5a Total number of participants at the end of the plan year 5d(1) 42 6(1) Total number of participa	C Check box if filing	g under:	Form 5558	X automatic extension	DFV	C program				
1a Name et plan NORMAN KINGAILLES CONSTRUCTION MANAGERS 401(K) RETIREMENT PLAN 1b Three-digit plan number (PN) • 001 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) NORMAN KING ELECTRIC INC 2b Employer Identification Number (EIN) 61-1133754 3450 AIRPARK DR OWENSBORO, KY 42301-77724 270-684-1860 2d Business code (see instructions) 2360 AIRPARK OR OWENSBORO, KY 42301-77724 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 270-684-1860 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 4d PN 5a Total number of participants at the beginning of the plan year										
NORMAN KINGMILES CONSTRUCTION MANAGERS 401(K) RETIREMENT PLAN plan number 2a Plan sponsor's name (employer, if for a single-employer plan) Maling 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) NORMAN KING ELECTRIC INC 2b Employer Identification Number (EIN) 3460 AIRPARK DR OWENSBORO, KY 42301-7724 2b Employer Identification Number (ZIN of two, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2d Business code (see instructions) 3460 AIRPARK DR OWENSBORO, KY 42301-7724 2d Business code (see instructions) 238210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report, filed with authorized state and of the plan year 5a 44 5 Total number of participants at the beginning of the plan year 5a 44 9N 6 Number of participants with account		Plan Infor	mation—enter all requested inf	formation						
2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt., sule 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) 6 - 11133754 NORMAN KING ELECTRC INC 2b Employer Identification Number (EIN) 6 - 11133754 2c Sponsor's telephone number 270-684-1886 3460 AIRPARK DR OWENSBORO, KY 42301-7724 3b Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 270-684-1886 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. A sponsor's name 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. A sponsor's name 4b EIN 4d PN 5a Total number of participants at the beginning of the plan year 5a 4 44 5b 45 5c 37 4d (1) Total number of participants at the beginning of the plan year 5a 4 44 5b 45 5c 37 4d (1) Total number of active participants at the end of the plan year 5a 4 44 5b 45 5c 37 4d (1) Total number of active participants at the end of the plan year 5a 2 5c 2 7c 2 4d (2) 4d 1 4d PN Caution: A ponsitive of participants at the end of the plan year 5a 2 7c 4d (1) Total number of active participants at the end of the plan year 5a 2 7c 2 4d (2) 4d 1 4d PN Caution: A ponality for the late or incomplete filing of the plan year 5a 2 7c 2 7c 4d (2) 7c 4d 1 4d 7c 7c 1 7c 4d (2) 7c 4d 1 4d 7c 7c 1 7c 7c 4d 7c 7c 7c 4d 7c						-				
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) NORMAN KING ELECTRIC INC 2C Sponsor's telephone number 270-684-1886 3460 AIRPARK DR OWENSBORO, KY 42301-7724 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name, end address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year 5a 44 b Total number of participants at the end of the plan year 5b 45 c Number of participants with account balances as of the end of the plan year 5d(1) 42 c Number of participants with account balances as of the end of the plan year 5d(2) 41	INORMAIN KING/MILE	SCONSTRUC	TION MANAGERS 401(K) KETI							
22 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 fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) NORMAN KING ELECTRIC INC 270-684-1886 2c Sponsor's telephone number 270-684-1886 3450 AIRPARK DR OVENSBORO, KY 42301-7724 238210 238210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name, EIN, 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 5a Total number of participants at the beginning of the plan year 5a 44 b Total number of participants at the end of the plan year 5b 45 c Number of participants at the end of the plan year 5d(1) 42 (2) Total number of active participants at the end of the plan year 5d(2) 41 e Number or participants at the beginning of the plan year 5d(2) 41 e Number of participants at the end of the plan year 5d(2) 41 (1) Total n					1c E	•				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 270-684-1886 NORMAN KING ELECTRIC INC 2d Business code (see instructions) 238210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 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 4 D Total number of participants at the beginning of the plan year 5a 44 b Total number of participants at the end of the plan year 5d 5c 37 complete this item). 5d(1) 42 44 44 44 P Number of participants at the end of the plan year 5d 5c 37 5d(1) 42 complete this item). 5c 37 5d(2) 41 41 41 41 41 42 44 42 5e 2 42 42 42 42 42 42 5d(1)	Mailing address	(include room,	, apt., suite no. and street, or P.C		(E					
3450 AIRPARK OR OWENSBORO, KY 42301-7724 238210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 John Name 5a 144 5a Total number of participants at the beginning of the plan year 5a 144 b Total number of participants at the edginning of the plan year 5b 455 c Number of participants at the edginning of the plan year 5d(1) 42 d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 e Number of participants at the end of the plan year 5d(2) 411 e Number of active participants at the end of the plan year 5d(2) 411 e Number of active participants at the end of the plan year 5g 2 caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of pertypenalty or the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of pertypenalty or the late or incomplete filling of this return/report will be assessed unless reason			country, and ZIP or foreign post	al code (if foreign, see ins	tructions) 2c S	2c Sponsor's telephone number				
OWENSBORO, KY 42301-7724 230210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 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 4 Sponsor's name 4d PN 5a Total number of participants at the beginning of the plan year 5a 44 b Total number of participants at the end of the plan year 5b 45 c Number of participants with account balances as of the end of the plan year 5d(1) 42 d(2) Total number of active participants at the beginning of the plan year 5d(2) 41 e Number of participants with account balances as of the end of the plan year 5d(2) 41 e Number of participants with the count bulances as of the end of the plan year 5d(2) 41 e Number of participants with the of the plan year 5d(2) 41 e Number of participants with earticipants at the end of the plan year 5d(2) 41 e Number of participants with earticipants with earticipant with accound empleter filling of this return/report wil					2d B	usiness code (see instructions)				
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 3c Administrator's telephone number 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 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. 4d PN 5a Total number of participants at the beginning of the plan year 5a 444 b Total number of participants at the beginning of the plan year (only defined contribution plans scomplete this item). 5c 37 c Number of participants at the beginning of the plan year. 5d(1) 42 d(1) Total number of active participants at the end of the plan year. 5d(2) 41 e Number of participants at the end of the plan year. 5d(2) 41 e Number of participants at the end of the plan year. 5d(2) 41 e Number of participants at the end of the plan year with accrued benefits that were less 5e 2 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 fort in the instructions, I declare that I have examined this r	3450 AIRPARK DR OWENSBORO KY 42	301-7724				238210				
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 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5 Sponsor's name 4d PN 5 Total number of participants at the beginning of the plan year 5a 44 5 Total number of participants at the end of the plan year 5b 45 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 37 d(1) Total number of active participants at the end of the plan year 5d(1) 42 d(2) Total number of active participants at the end of the plan year 5d(2) 41 e Number of active participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e 2 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, and to the best of my knowledge and belief, it is the. correct, and complete. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
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 44 b Total number of participants at the beginning of the plan year 5a 44 b Total number of participants at the end of the plan year 5b 45 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 37 d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 d(2) Total number of active participants at the end of the plan year 5d(2) 41 e Number of participants with account balances as of the end year with accrued benefits that were less than 100% vested 5e 2 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, 1 declare that 1 have examined this return/report, including, if applicable, a Schedule BS or Schedule BMS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule BMS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if ap	3a Plan administrat	or's name and	address 🛛 Same as Plan Spor	nsor.	3b Ad	ministrator'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 44 c Plan Name 5a 44 b Total number of participants at the beginning of the plan year 5a 45 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 37 d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 d(2) Total number of active participants at the end of the plan year 5d(2) 41 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 2 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. 08/06/2019 DORETHA KING SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING					3c Ad	ministrator's telephone number				
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 44 c Plan Name 5a 44 b Total number of participants at the beginning of the plan year 5a 45 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 37 d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 d(2) Total number of active participants at the end of the plan year 5d(2) 41 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 2 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. 08/06/2019 DORETHA KING SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING										
a Sponsor's name 4d PN c Plan Name 5a Total number of participants at the beginning of the plan year 5a 44 b Total number of participants at the end of the plan year 5b 45 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 37 d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 d(2) Total number of active participants at the beginning of the plan year 5d(2) 41 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 2 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING						N				
C Plan Name 5a Total number of participants at the beginning of the plan year 5a 44 b Total number of participants at the end of the plan year 5b 45 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 37 d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 d(2) Total number of active participants at the end of the plan year 5d(2) 41 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 2 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING HERE Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING <td colspan="4"></td> <td></td> <td colspan="4"></td>										
b Total number of participants at the end of the plan year	•					•				
b Total number of participants at the end of the plan year	52 Total number of	norticipante a	52	A.A.						
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 37 d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 d(2) Total number of active participants at the end of the plan year 5d(2) 41 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 2 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING										
d(1) Total number of active participants at the beginning of the plan year 5d(1) 42 d(2) Total number of active participants at the end of the plan year 5d(2) 41 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 2 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 10 42 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING HERE Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING	C Number of participants with account balances as of the end of the plan year (only defined contribution plans									
e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 2 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING Signature of plan administrator Date Enter name of individual signing as plan administrator Signature. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING						42				
than 100% vested Jee Z Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Junder 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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING						41				
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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING	e Number of participants who terminated employment during the plan year with accrued benefits that were less					2				
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 SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING						tablished.				
SIGN HERE Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING	Under penalties of pe SB or Schedule MB	erjury and othe completed and	er penalties set forth in the instruct I signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/report, incl	uding, if applicable, a Schedule				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING				08/06/2019	DORETHA KING					
SIGN HERE Filed with authorized/valid electronic signature. 08/06/2019 DORETHA KING	HERE		Ŭ			ng as plan administrator				
HERE										
	HERE		Ŭ	_		ng as employer or plan sponsor				

۶, 5500 Form 5500-SF (2018) v.171027

					X Yes No					
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	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.).									
	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	If the plan is a defined benefit plan, is it covered under the PBGC in	a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)										
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year					
-			4000500		4.4704.00					

1	Plan Assets and Liabilities		(a) Beginning of	t rear			(b) End of Year			
а	Total plan assets	7a	139	6589		1470166				
b	Total plan liabilities	7b		0			0			
-	Net plan assets (subtract line 7b from line 7a)	7c	139	6589		1470166				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	14	9877						
	(2) Participants	8a(2)	55	53445						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	-11	2926						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				90396				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7435						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		9384						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				16819				
i	Net income (loss) (subtract line 8h from line 8c)	8i				73577				
j	Transfers to (from) the plan (see instructions)	8j		0						
b		eature coo	des from the List of Plan	Chara	cteris	ic Code	s in the instructions:			
	rt V Compliance Questions				Vac	No	• .			
 During the plan year: 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) 			Fiduciary Correction	10a	Yes	No	Amount 473			
	b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	0			
	C Was the plan covered by a fidelity bond?				Х		100000			
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x				
	by hadd of dishonesty?			10d		^				
	 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.). 	her person ne or all of	is by an insurance the benefits under	10d 10e	Х	^	3653			
	e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	her person ne or all of	is by an insurance the benefits under		x	×	3653			
	e 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.)	her person ne or all of an?	is by an insurance the benefits under	10e	X		3653			

Page **3-** 1

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							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					
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)	EIN(s)		130	:(3) PN	l(s)	