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a Sponsor's name 4d PN								
C Plan Name								
C Plan Name								
5a Total number of participants at the beginning of the plan year								
b Total number of participants at the end of the plan year								
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)								
d(1) Total number of active participants at the beginning of the plan year								
d(2) Total number of active participants at the end of the plan year								
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested								
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. 09/19/2019 KATHERINE M WEAVER								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator								
SIGN Filed with authorized/valid electronic signature. 09/19/2019 KATHERINE M WEAVER								
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)								

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Part

6a	Were all of the plan's assets during the plan year invested in eligib		,							
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	ons.)	Yes No							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (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									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	1420823	1383971						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1420823	1383971						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	47564							
	(2) Participants	8a(2)	18960							
	(3) Others (including rollovers)	8a(3)								
b		8b	-101440							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-34916						
d	Benefits paid (including direct rollovers and insurance premiums									

b	Other income (loss)	8b	-101440	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-34916
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	1936	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1936
i	Net income (loss) (subtract line 8h from line 8c)	8i		-36852
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			

9a	If the	plan	provid	es pe	ension	benefits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E							

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.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		150000
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		X	
е	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	
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		X	
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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
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):	EIN(s)		130	:(3) PN	l(s)	