Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

A This return/report is for: a single-employer plan a multiple-employer plan foot multiemployer) (Filers checking this box must attach a list of participant plan and return/report and single-employer plan and return/report and anomaly attach a list of participant plan a foreign plan an amended return/report a short plan year return/report as short plan year return/report as short plan year return/report a short plan year return/report best than 12 months	Part I	Annual Report	dentification information	1									
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form \$558 automatic extension DFVC program DFVC progra	For calendar	olan year 2018 or fis	cal plan year beginning 01/01/2	2018		and ending 12	2/31/2	2018					
B This return/report is	A This return	n a single employer plan											
me tins return/report me tins return/report me tins return/report (less than 12 months)		·	a one-participant plan	a foreign plan									
C Check box if filing under:	B This return,	report is											
Special extension (enter description) Special extension (enter description)			an amended return/report	a short plan year return/report (less than 12 months)									
Part II Basic Plan Information—enter all requested information 1a Name of plan KENTUCKY REBUILD CORPORATION 401K PROFIT SHARING PLAN 1c Effective date of plan (PN)	C Check box	c if filing under:	X Form 5558	au	utomatic extension		D	FVC program					
18 Three-digit plan number (PN) 001			special extension (enter desc	ription)			_						
18 Three-digit plan number (PN) 001	Part II	Basic Plan Info	rmation—enter all requested in	formation	on								
Plan number (PN) 001 1c Effective date of plan 0601/1992					-		1b	Three-digit					
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 2IP or foreign postal code (if foreign, see instructions) KENTUCKY REBUILD CORPORATION 3a Plan administrator's name and address Same as Plan Sponsor. 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 859-23-8-300 2d Business code (see instructions) 333510 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 3 Sponsor's name c Plan Name 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name has changed since the last return/report. 4 Sponsor's name c Plan Name 5a 92 5b Total number of participants at the beginning of the plan year 5b 110 c Number of participants at the beginning of the plan year 5c Number of participants with account balances as of the end of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of participants who terminated employment during the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end o		•	TION 401K PROFIT SHARING P	LAN				plan number	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)							1c	Effective date o	•				
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) 2c Sponsor's telephone number 859-283-8300 2d Business code (see instructions) 3a3510 3a Plan administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b 110 5 Total number of participants with account balances as of the end of the plan year 5c 110 6 Number of participants with account balances as of the end of the plan year 5d(2) 777 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 10	22 Dian anar	naar'a nama (amala)	ver if for a single ampleyor plan)				26						
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2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this tem). 4d(2) Total number of active participants at the beginning of the plan year. 5 Number of participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6d(2) Total number of active participants at the end of the plan year with ac				tal code	(if foreign, see instru	uctions)	2c	Sponsor's telen	hone number				
3a Plan administrator's name and address ☑ Same as Plan Sponsor. 3b Administrator's EIN 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5 In total number of participants at the end of the plan year. 5 In total number of participants at the beginning of the plan year (only defined contribution plans complete this item). 4d PN 5a Total number of participants at the beginning of the plan year. 5 In total number of participants at the beginning of the plan year. 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete this item). 5 In the plan year (only defined contribution plans complete defined plan year. 5 In the plan year (only defined contribution plans complete defined plan year. 5 In the plan year (only defined contribution plans complete defined plan year. 5 In the plan year (only defined contribution plans complete defined plan year. 5 In the plan year (only defined contribution plans complete defined plan year. 5 In the plan year (only defined contribution plans complete defined plan year. 5 In the plan year (only defined contribution plans complete defined plan year. 5 In the plan year (only defined contribution plans c	KENTUCKY RE	BUILD CORPORAT	TION										
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5a Total number of participants at the beginning of the plan year			ioor o riamo, En i, ino piamiamo i	and the	plan nambol nom un	io last rotalii/roporti	4d PN						
b Total number of participants at the end of the plan year	C Plan Nam	ne											
b Total number of participants at the end of the plan year							_	, <u> </u>					
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(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	complete	this item)							110				
Provided the second straight of 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 HERE Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 10 10 10 10 10 10 10 10 10		·		-				• •	68				
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 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							5d	(2)	77				
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 HERE Tiled with authorized/valid electronic signature. 10/02/2019 DEBRA K. STACHEL													
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 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE													
SIGN HERE Filed with authorized/valid electronic signature. 10/02/2019 DEBRA K. STACHEL Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	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												
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	SIGN Fi				10/02/2019	DEBRA K. STACHEL							
HERE	HERE	Signature of plan a	dministrator		Date	Enter name of individ	idual signing as plan administrator						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor													
	HERE	ignature of employ	yer/plan sponsor		Date	Enter name of individ	Enter name of individual signing as employer or plan spons						

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)							X Yes No	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III Financial Information	Ī							
_7	Plan Assets and Liabilities		(a) Beginning				(b) End		
	Total plan assets	7a	379	57209				3843692	
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		57209				3843692	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b) 1	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1!	91192					
	(2) Participants	8a(2)	24	40388					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1	96157					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						335423	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	243756					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	re distributions (see instructions) 8e							
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f 5							
g	Other expenses	Other expenses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							248940	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						86483	
	Transfers to (from) the plan (see instructions)								
Pai	t 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 Pl	an Cha	racteri	stic Co	des in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Х			384370	
d	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			
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.)					X			
f	f Has the plan failed to provide any benefit when due under the plan?								
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							155188	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X			
i									

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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 (Form 5500) and line 11a below)			Yes 🛚 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
С	Enter 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)	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 🔀 No				
	If "Yes," 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 control of the PBGC?	the	Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		t Identification Information								
For calenda	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D		a one-participant plan	a foreign plan							
B This retu	irn/report is	the first return/report	the final return/report							
		n/report (less than 12 mo	nonths)							
C Check b	pox if filing under:	DFVC program								
		special extension (enter desc								
Part II		ormation—enter all requested in	formation							
1a Name					1b Three-digit					
	ky Rebuild Co	√57			plan numbe (PN) ▶	er 001				
401K Pi	rofit Sharing	g Plan			1c Effective da 06/01/1	ate of plan				
2a Plan sp	oonsor's name (empl	loyer, if for a single-employer plan)			2b Employer lo	dentification Number				
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign posi		ructions)	(EIN)61-1					
Kentuc	ky Rebuild Co	nce, country, and ZIP or foreign post orporation	(2c Sponsor's telephone number (859) 283-8300					
10065 5	Toebben Drive				2d Business co	ode (see instructions)				
		-	7237	41051	000510					
Independence KY 41051					333510					
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.					3b Administrator's EIN					
						3c Administrator's telephone number				
			======================================							
4 If the n	name and/or EIN of the an, enter the plan sp	he plan sponsor or the plan name honsor's name, EIN, the plan name	as changed since the last r and the plan number from t	eturn/report filed for he last return/report.	4b EIN					
a Sponso	or's name	, , ,	,	no a prisone a ci es esecuciones prisone prisone	4d PN					
C Plan N	ame									
5a Total r	number of participant	ts at the beginning of the plan year.			5a	92				
		ts at the end of the plan year			. 5b					
		n account balances as of the end of			5c	110				
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	68				
		participants at the end of the plan ye			5d(2)	77				
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 car.					5e 0					
Under pena	alties of perjury and o	other penalties set forth in the instru	ctions, I declare that I have	examined this return/rea	port, including, if	applicable, a Schedule				
SB or Sche	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/report	t, and to the best	of my knowledge and				
SIGN HERE)/Mu	K-HWT	10-02-2019	DEBRA K. STACH	HEL					
	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	n administrator				
SIGN HERE	Signature of ame	lovor/plan enoncer	Dote	Fatou money of the Potential	l.alaula	-Torres ale				
For Paperwo		loyer/plan sponsor tice, see the Instructions for Form 550	Date 0-SF.	I ⊏nter name of individu	uai signing as em	ployer or plan sponsor				

b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 								es No	
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this pi	an yea				(See inst	ructions.)	
Pai										
	Plan Assets and Liabilities	1-4 1164	(a) Beginning o				(b) En	d of Year		
	Total plan assets	7a	3,	757,2	209			3,8	343,692	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	3,	757,2	209			3,8	343,692	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b)	Total		
	Contributions received or receivable from: (1) Employers	8a(1)		191,	192					
	(2) Participants	8a(2)		240,						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	2	- 96,	157					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							335,423	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	243,	756					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		5,184						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							248,940	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							86,483	
j	Transfers to (from) the plan (see instructions)	8i								
Par	t 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 Pla	an Cha	racteri	stic Co	des in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	es in the ins	tructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				384,370	
d						Х				
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.)					Х				
f						Х				
g					Х				155,188	
h	2520.101-3.)					Х				
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	10i						

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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 Sche (Form 5500) and line 11a below)	edule S	В		Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		f		Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	l enter i		the le		ıling
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
	Enter 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)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X	No	
	If "Yes," 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	X 1	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to				

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):