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For calleding plan year 2018 or ficed plan year beginning       0.01/012018       and ending       120/016         A This return/report is for:       a single-employer plan       Imultiple-employer information/peoper (files checking this box must ratch a sist of participating employer information in accordance with the form instructions.)         B This return/report is       a one-participant plan       Is for farticipating employer information in accordance with the form instructions.)         C Check box if filing under:       If on 5558       automatic extension       DFVC program         Part II       Basic Plan Informationenter all requisited information       Ib Three-digit plan.       D01         12       Plan sponsor's name (employer, if for a single-employer plan)       Malling address (include room, apt, suite no. and street, or P.O. Box)       D01       CE Effective date of plan.         CP of the name       Same as Plan Sponsor.       3b Administrator's telephone number (EIN)       C2 Sponsor's telephone number (EIN)       C4 Sponsor's telephone number (EIN)         3a Plan administrator's name and address [b] Same as Plan Sponsor.       3b Administrator's telephone number (CIN)       C4 Pin         5a Total number of participants at the beginning of the plan year.       5a       10       Sci (1)       62         62 Norson's name (employers name, EIN, 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 retur	Pension Be	enefit Guaranty Corporation	Complete all entries in a	accorda	nce with the instru	uctions to the Form 5	500-SF.	T UDIC	mapection		
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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       10         5a       Total number of participants at the beginning of the plan year       5a       10         b       Total number of participants at the end of the plan year       5b       16         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       12         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       8       6d(2)       12         d(1)       Total number of active participants at the end of the plan year       5d(2)       12       2       12         d(1)       Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested       5c       2       12         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       2       2         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Und				1001.							
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Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN     HERF	SIGN				10/04/2019	GINA CHENEY					
SIGN HERE	HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing	as plan admi	nistrator		
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	SIGN										
	HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	ual signing	as employer	or plan sponsor		

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

Form 5500-SF (2018) v.171027 h Total expenses (add lines 8d, 8e, 8f, and 8g) .....

i Net income (loss) (subtract line 8h from line 8c) .....

2K 2T

Part IV Plan Characteristics

2G 2J

Transfers to (from) the plan (see instructions).....

3D

j

9a

b

2E 2F

24606

-96485

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)	X Yes No				
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 insurance program (see ERISA section 4021)? Yes No Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from th							
		•	<u> </u>					
Pa	rt III Financial Information	-						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1049455	952970				
b		7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1049455	952970				
_	Income, Expenses, and Transfers for this Plan Year							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
<u>8</u> a	Contributions received or receivable from:	80(1)		(b) Total				
	Contributions received or receivable from: (1) Employers		58069	(b) Total				
	Contributions received or receivable from:	8a(1) 8a(2)		(b) Total				
	Contributions received or receivable from: (1) Employers		58069	(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	58069	(b) Total				
	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	58069 22122	(b) Total				
	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	58069 22122					
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	58069 22122 -152070					
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	58069 22122 -152070					

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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)         10	a	X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x				
С	Was the plan covered by a fidelity bond?   10	c X		55000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10	d	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.)	e	x				
f	Has the plan failed to provide any benefit when due under the plan?	f	Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x				
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	i					

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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti 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							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				
<b>d</b> 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	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	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	<b>3c(1)</b> Name of plan(s): 13c(2) E					:(3) PN	l(s)