## 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** 

| Parti                                                                                                                                                                                              | Annual Repor                                                                   | t identification information                                                             |                                |                                     |                                            |                        |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|--------------------------------------------|------------------------|--|--|--|--|
| For calend                                                                                                                                                                                         | lar plan year 2018 or                                                          | fiscal plan year beginning 01/01/                                                        | 2018                           | and ending 12                       | /31/2018                                   |                        |  |  |  |  |
| 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 This are                                                                                                                                                                                         |                                                                                | a one-participant plan                                                                   | a foreign plan                 |                                     |                                            |                        |  |  |  |  |
| <b>B</b> This ret                                                                                                                                                                                  | urn/report is                                                                  | the first return/report                                                                  | the final return/report        |                                     |                                            |                        |  |  |  |  |
|                                                                                                                                                                                                    | an amended return/report a short plan year return/report (less than 12 months) |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
| C Check                                                                                                                                                                                            | box if filing under:                                                           | X Form 5558                                                                              | automatic extension            | [                                   | DFVC program                               | n                      |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | special extension (enter desc                                                            | ' '                            |                                     |                                            |                        |  |  |  |  |
| Part II                                                                                                                                                                                            | Basic Plan Inf                                                                 | ormation—enter all requested in                                                          | formation                      |                                     |                                            |                        |  |  |  |  |
| 1a Name                                                                                                                                                                                            | of plan                                                                        |                                                                                          |                                |                                     | 1b Three-digit                             | t                      |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | UCTION, LLC 401(K) PLAN                                                                  |                                |                                     | plan numb                                  |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     | (PN) <b>•</b>                              | 001                    |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     | 1c Effective d                             | ate of plan            |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     |                                            | 01/01/2016             |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | oyer, if for a single-employer plan)                                                     |                                |                                     | 2b Employer I                              | dentification Number   |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | om, apt., suite no. and street, or P.0                                                   |                                |                                     | (EIN)                                      | 81-2310485             |  |  |  |  |
| -                                                                                                                                                                                                  |                                                                                | ice, country, and ZIP or foreign pos                                                     | tal code (if foreign, see inst | ructions)                           | <b>2c</b> Sponsor's                        | telephone number       |  |  |  |  |
| COLLINS C                                                                                                                                                                                          | ONCRETE CONSTR                                                                 | OCTION, LLC                                                                              |                                |                                     | 20                                         | 6-954-6182             |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     | 2d Business of                             | ode (see instructions) |  |  |  |  |
| 20005 208TI                                                                                                                                                                                        |                                                                                |                                                                                          |                                |                                     |                                            | 238100                 |  |  |  |  |
| RENTON, W                                                                                                                                                                                          | 7A 98058                                                                       |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
| <b>3a</b> Plan a                                                                                                                                                                                   | administrator's name a                                                         | and address 🔀 Same  as Plan Spo                                                          | nsor.                          |                                     | <b>3b</b> Administra                       | tor's EIN              |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                | 3c Administrator's telephone number |                                            |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     | <b>3c</b> Administrator's telephone number |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
| 4                                                                                                                                                                                                  |                                                                                |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | ne plan sponsor or the plan name h<br>onsor's name, EIN, the plan name :                 |                                |                                     | <b>4b</b> EIN                              |                        |  |  |  |  |
| •                                                                                                                                                                                                  | sor's name                                                                     | 2, a.e p.a                                                                               | and the plan named nom         |                                     | 4d PN                                      |                        |  |  |  |  |
| C Plan N                                                                                                                                                                                           | Name                                                                           |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
| <b>5a</b> Total                                                                                                                                                                                    | number of participant                                                          | s at the beginning of the plan year.                                                     |                                |                                     | 5a                                         | 10                     |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | s at the end of the plan year                                                            |                                |                                     | 5b                                         | 8                      |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | n account balances as of the end of                                                      |                                |                                     | 5c                                         | 4                      |  |  |  |  |
| <b>d(1)</b> Tot                                                                                                                                                                                    | al number of active p                                                          | articipants at the beginning of the p                                                    | lan year                       |                                     | 5d(1)                                      | 10                     |  |  |  |  |
| <b>d(2)</b> Tot                                                                                                                                                                                    | tal number of active p                                                         | articipants at the end of the plan ye                                                    | ar                             |                                     | 5d(2)                                      | 8                      |  |  |  |  |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                                                                        |                                                                                |                                                                                          |                                | 5e                                  | 0                                          |                        |  |  |  |  |
|                                                                                                                                                                                                    |                                                                                | or incomplete filing of this retur                                                       |                                |                                     | se is establishe                           | ed.                    |  |  |  |  |
| SB or Scho                                                                                                                                                                                         |                                                                                | other penalties set forth in the instru<br>and signed by an enrolled actuary,<br>nplete. |                                |                                     |                                            |                        |  |  |  |  |
| SIGN                                                                                                                                                                                               | Filed with authorize                                                           | d/valid electronic signature.                                                            | 10/06/2019                     | LARRY COLLINS                       |                                            |                        |  |  |  |  |
| HERE                                                                                                                                                                                               | Signature of plan                                                              | administrator                                                                            | Date                           | Enter name of individu              | ıal signing as pla                         | n administrator        |  |  |  |  |
| SIGN                                                                                                                                                                                               |                                                                                |                                                                                          |                                |                                     |                                            |                        |  |  |  |  |
| HERE                                                                                                                                                                                               | Signature of emp                                                               | oyer/plan sponsor                                                                        | Date                           | Enter name of individu              | ıal signing as em                          | ployer or plan sponsor |  |  |  |  |

Form 5500-SF (2018) Page **2** 

|     | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indepe                      | ndent qualified public a                     | account              | ant (IC                | QPA)    |                     | X Yes ☐ No X Yes ☐ No             |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|----------------------|------------------------|---------|---------------------|-----------------------------------|
|     | If you answered "No" to either line 6a or line 6b, the plan cann lif the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the  | <b>ot use Fo</b><br>nsurance p | orm 5500-SF and mus<br>program (see ERISA se | t instea<br>ection 4 | <b>nd use</b><br>021)? | Form    | 5500.<br>] Yes      | Not determined See instructions.) |
| Par | t III Financial Information                                                                                                                                                                                  |                                |                                              |                      |                        |         |                     |                                   |
| 7   | Plan Assets and Liabilities                                                                                                                                                                                  |                                | (a) Beginning                                | of Year              |                        |         | (b) End of          | Year                              |
| а   | Total plan assets                                                                                                                                                                                            | 7a                             | 1                                            | 20877                |                        |         |                     | 175358                            |
| b   | Total plan liabilities                                                                                                                                                                                       | 7b                             |                                              |                      |                        |         |                     |                                   |
| С   | Net plan assets (subtract line 7b from line 7a)                                                                                                                                                              | 7c                             | 1.                                           | 20877                |                        |         |                     | 175358                            |
| 8   | Income, Expenses, and Transfers for this Plan Year                                                                                                                                                           |                                | (a) Amour                                    | ıt                   |                        |         | (b) Tot             | al                                |
|     | Contributions received or receivable from:  (1) Employers                                                                                                                                                    | 8a(1)                          |                                              | 9431                 |                        |         |                     |                                   |
|     | (2) Participants                                                                                                                                                                                             | 8a(2)                          |                                              | 52976                |                        |         |                     |                                   |
|     | (3) Others (including rollovers)                                                                                                                                                                             | 8a(3)                          |                                              |                      |                        |         |                     |                                   |
| b   | Other income (loss)                                                                                                                                                                                          | 8b                             |                                              | -6408                |                        |         |                     |                                   |
|     | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                         | 8c                             |                                              |                      |                        |         |                     | 55999                             |
|     | Benefits paid (including direct rollovers and insurance premiums to provide benefits)                                                                                                                        | 8d                             |                                              |                      | _                      |         |                     |                                   |
|     | Certain deemed and/or corrective distributions (see instructions)                                                                                                                                            | 8e                             |                                              |                      | _                      |         |                     |                                   |
| f   | Administrative service providers (salaries, fees, commissions)                                                                                                                                               | 8f                             |                                              | 1518                 |                        |         |                     |                                   |
|     | Other expenses                                                                                                                                                                                               | 8g                             |                                              |                      |                        |         |                     |                                   |
|     | Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                | 8h                             |                                              |                      |                        |         |                     | 1518                              |
|     | Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                            |                                |                                              |                      |                        |         |                     | 54481                             |
|     | Transfers to (from) the plan (see instructions)                                                                                                                                                              | 8j                             |                                              |                      |                        |         |                     |                                   |
| Par |                                                                                                                                                                                                              |                                |                                              | 01                   |                        | 0       | 1 1 1 1 1           |                                   |
| 9a  | If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D                                                                                                                     |                                |                                              |                      |                        |         |                     |                                   |
| b   | If the plan provides welfare benefits, enter the applicable welfare for                                                                                                                                      | eature cod                     | les from the List of Pla                     | n Chara              | acteris                | tic Cod | des in the instruct | ions:                             |
| Par | t V Compliance Questions                                                                                                                                                                                     |                                |                                              |                      |                        |         |                     |                                   |
| 10  | During the plan year:                                                                                                                                                                                        |                                |                                              |                      | Yes                    | No      | Am                  | nount                             |
| а   | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)                                                                  | oluntary F                     | iduciary Correction                          | 10a                  | X                      |         |                     | 52976                             |
| b   | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)                                                                                                                      | t? (Do not                     | include transactions                         | 10b                  |                        | X       |                     | 020.0                             |
| С   | Was the plan covered by a fidelity bond?                                                                                                                                                                     |                                |                                              | 10c                  |                        | Χ       |                     |                                   |
| d   | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?                                                                                                                    | fidelity bo                    | nd, that was caused                          | 10d                  |                        | X       |                     |                                   |
| е   | 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.)                                           | ne or all of                   | the benefits under                           | 10e                  |                        | X       |                     |                                   |
| f   | Has the plan failed to provide any benefit when due under the pla                                                                                                                                            | n?                             |                                              | 10f                  |                        | X       |                     |                                   |
| g   | Did the plan have any participant loans? (If "Yes," enter amount a                                                                                                                                           | s of year-                     | end.)                                        | 10g                  |                        | X       |                     |                                   |
| h   | If this is an individual account plan, was there a blackout period? 2520.101-3.)                                                                                                                             | •                              |                                              | 10h                  |                        | X       |                     |                                   |
| i   | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10                                                                          | •                              |                                              | 10i                  |                        |         |                     |                                   |

| Form 5500-SF (2018) | Page <b>3</b> - 1 |
|---------------------|-------------------|
| ,                   |                   |

| 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)                                           |                  | В   | Y                      | es 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 ERISA?                                                                    |                  | :   | Y                      | es X No  |
|                                                                                        | (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, and granting the waiver                                                    | d enter t<br>Day |     | of the lette<br>Year _ | r ruling |
| lf :                                                                                   | 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              |     |                        |          |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? |                                                                                                                                                                                                 |                  |     | 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?                                                                                                                           |                  | Yes | × N                    | o        |
|                                                                                        | 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                  | 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               |     |                        |          |
| 1                                                                                      | <b>3c(1)</b> Name of plan(s): 13c(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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

|             |                                                | genuncation information                                        |                                  |                                                              |                         |                                   |  |  |  |
|-------------|------------------------------------------------|----------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|-------------------------|-----------------------------------|--|--|--|
| For calenda | ar plan year 2018 or fisc                      | cal plan year beginning                                        | 01/01/2018                       | and ending                                                   | 12/31/201               |                                   |  |  |  |
| A This ret  | um/report is for:                              | a single-employer plan                                         | list of participating emp        | n (not multiemployer) (Filen<br>ployer information in accord | s checking this backers | ox must attach a m instructions.) |  |  |  |
| D This make |                                                | a one-participant plan                                         | a foreign plan                   |                                                              |                         |                                   |  |  |  |
| B This retu | im/report is                                   | the first return/report                                        | the final return/report          |                                                              |                         |                                   |  |  |  |
|             |                                                | an amended return/report                                       | a short plan year return         | report (less than 12 month                                   | s)                      |                                   |  |  |  |
| C Check b   | oox if filing under:                           | X Form 5558                                                    | automatic extension              |                                                              | OFVC program            |                                   |  |  |  |
|             |                                                | special extension (enter descr                                 | ription)                         |                                                              |                         |                                   |  |  |  |
| Part II     | Basic Plan Infor                               | mation enter all requested in                                  | formation                        |                                                              |                         |                                   |  |  |  |
| 1a Name     |                                                |                                                                |                                  | 11:                                                          | Three-digit             | T                                 |  |  |  |
| Coll        | ins Concrete (                                 | Construction, LLC 40                                           | 1(k) Plan                        |                                                              | plan number<br>(PN) ▶   | 001                               |  |  |  |
|             |                                                |                                                                |                                  | 10                                                           | Effective date 01/01/20 |                                   |  |  |  |
| 2a Plan sp  | ponsor's name (employ                          | er, if for a single-employer plan)                             |                                  | 21                                                           | Employer Iden           | tification Number                 |  |  |  |
| Mailing     | address (include room                          | n, apt., suite no. and street, or P.C                          | O. Box)                          | - 1                                                          | (EIN) 81-23             |                                   |  |  |  |
| Coll        | ins Concrete (                                 | e, country, and ZIP or foreign post<br>Construction, LLC       | tal code (if foreign, see instru | ictions)                                                     | Sponsor's tele          | phone number                      |  |  |  |
| COLI        | Ins concrete (                                 | construction, had                                              |                                  |                                                              | 206-954-                |                                   |  |  |  |
| 2000        | 5 208th Ave.                                   | SE                                                             |                                  | 20                                                           | Business code           | (see instructions)                |  |  |  |
| Rent        | on                                             | WA 980                                                         | 58                               |                                                              | 238100                  |                                   |  |  |  |
| 3a Plan a   | dministrator's name an                         | d address X Same as Plan Spo                                   | insor.                           | 3t                                                           | 3b Administrator's EIN  |                                   |  |  |  |
|             |                                                |                                                                |                                  | 36                                                           | Administrator's         | s telephone number                |  |  |  |
|             |                                                | plan sponsor or the plan name hasor's name, ETN, the plan name |                                  |                                                              | EIN                     |                                   |  |  |  |
| a Spons     | or's name                                      |                                                                |                                  | 40                                                           | 4d PN                   |                                   |  |  |  |
| C Plan N    | lame                                           |                                                                |                                  |                                                              |                         |                                   |  |  |  |
| 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                                    |                                  | N. S. LANDON MARKET                                          | 5b                      | 8                                 |  |  |  |
| C Numb      | er of participants with a                      | account balances as of the end of                              |                                  | contribution plans                                           | 5c                      | 4                                 |  |  |  |
|             |                                                | ticipants at the beginning of the p                            |                                  |                                                              | d(1)                    | 10                                |  |  |  |
|             |                                                | ticipants at the end of the plan ye                            |                                  | <del></del>                                                  | d(2)                    | 8                                 |  |  |  |
|             |                                                | terminated employment during th                                |                                  | nafile that worm loon                                        |                         |                                   |  |  |  |
| than        | 100% vested                                    | or incomplete filing of this retur                             |                                  |                                                              | 5e                      | 0                                 |  |  |  |
| Under pena  | alties of perjury and oth                      | ner penalties set forth in the instru                          | ictions. I declare that I have   | examined this return/report                                  | including if ann        | licable, a Schedule               |  |  |  |
| SB or Sche  | edule MB completed and true, correct, and comp | id signed by an enrolled actuary,                              | as well as the electronic ver    | sion of this return/report, ar                               | nd to the best of r     | ny knowledge and                  |  |  |  |
| SIGN        | 1                                              |                                                                | 10/6/19                          | Larry Collins                                                |                         |                                   |  |  |  |
| HERE        | Signature of plan a                            | dministrator                                                   | Date                             | Enter name of individual                                     | signing as plan a       | dministrator                      |  |  |  |
| SIGN        |                                                |                                                                |                                  |                                                              |                         |                                   |  |  |  |
| HERE        | Signature of employ                            | yer/plan sponsor                                               | Date                             | Enter name of individual                                     | signing as emplo        | yer or plan sponsor               |  |  |  |
| Eng Danonu  |                                                |                                                                |                                  |                                                              |                         |                                   |  |  |  |

| Form | 5500-SF | /2018 |
|------|---------|-------|
|      |         |       |

Page 2

| If you answered "No" to either line 6s or line 6s, the plan camnot use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6a Were all of the plan's assets during the plan year invested in eligible 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) | an indepen                          | dent resplified outlin or                   | romento             | nt DOE          | IAC      |                |             | es No     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|---------------------|-----------------|----------|----------------|-------------|-----------|
| Part III   Financial Information   (a) Beginning of Year   (b) End of Year   175, 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C If the plan is a defined benefit plan, is it covered under the PBGC in                                                                                                                                             | i <b>ot use Fo</b> i<br>isurance pi | m 5500-SF and must<br>rogram (see ERISA see | instead<br>ction 40 | 1 use  <br>21)? | Form 5   | 500.           | ☐ Not d     | etermined |
| 7 Plam Assests and Liebfillies 7s (a) Beginning of Year (b) End of Year 8 120,877 175,35 175,35 120 plan assests 7s 120,877 175,35 175,35 120 plan assests (subtract line 7b from line 7a) 7c 120,877 175,35 175,35 1 plan assets (subtract line 7b from line 7a) 7c 120,877 175,35 1 plan assets (subtract line 7b from line 7a) 7c 120,877 175,35 1 plan assets (subtract line 7b from line 7a) 7c 120,877 175,35 1 plan assets (subtract line 7b from line 7a) 7c 120,877 175,35 1 plan assets (subtract line 7b from line 7a) 7c 120,877 175,35 1 plan assets (subtract line 7b from line 7a) 8d 10 plan assets (subtract line 7b from line 7a) 8d 10 plan (plan assets subtract line 7b from line 8d 10 plan assets (subtract line 8b from line 8d 10 plan asset subtract line 8b from line 8d 10 plan asset subtractions line 8d 10 plan subtractions line 8d 10 plan asset subtractions line 8d 10 plan subtractions line 8d 10 plan asset subtractions line 8d 10 plan subtractions line 8d 10 plan asset subtraction line 8 |                                                                                                                                                                                                                      |                                     |                                             |                     |                 |          |                | , (000 1110 |           |
| a Total plan essets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                     | (a) Designation                             | • • •               | Т               |          |                |             |           |
| b Total plan liabilities.  C Net plan massels (subtract line 7b from line 7a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      | 70                                  |                                             |                     | 77              |          | (b) End        | of Year     | 175 050   |
| c Net plan assets (subtract line 7b from line 7a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                                     |                                             | 120,0               |                 |          |                |             | 175,358   |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Perticipants (3) Other income (cost) (3) Other income (cost) (4) Employers (5) Other income (cost) (6) Employers (6) Other income (cost) (6) Other income (cost) (7) Employers (8) Other income (cost) (9) Other income (cost) (9) Other income (cost) (9) Other income (cost) (10) Other inco |                                                                                                                                                                                                                      |                                     |                                             | 120 8               | 77              |          |                |             | 175 250   |
| a Contributions received or receivable from: (1) Employers (2) Perticipants (3) Others (including nolitovers) (3) Others (including nolitovers) (3) Others (including nolitovers) (4) Expericipants (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Other expenses (loss and insurance premiums to provide benefits). (8) Other expenses (loss and insurance premiums to provide benefits). (9) Other expenses (loss and loss |                                                                                                                                                                                                                      | 10                                  |                                             |                     |                 |          |                |             | 175,358   |
| (2) Participants.  (3) Others (including rollovers).  (3) Others (including rollovers).  (3) Others (including rollovers).  (4) Other (including rollovers).  (5) Other (including rollovers).  (6) Other (including direct rollovers and insurance premiums to provide benefits).  (7) Other (including direct rollovers and insurance premiums to provide benefits).  (8) Other expenses (including direct rollovers and insurance premiums to provide benefits).  (8) Other expenses (including direct rollovers and insurance premiums to provide benefits).  (8) Other expenses.  (8) Other expenses (including times 8d, 8e, 8f, and 8g).  (8) Other expenses (including times 8d, 8e, 8f, and 8g).  (8) Other expenses (including times 8d, 8e, 8f, and 8g).  (9) Other expenses (including times 8d, 8e, 8f, and 8g).  (1) It is income (loss) (subtract line 8h from line 8c).  (8) Other expenses (including times 8d, 8e, 8f, and 8g).  (9) Other expenses (including times 8d, 8e, 8f, and 8g).  (1) It is income (loss) (subtract line 8h from line 8c).  (8) Other expenses (including times 8d, 8e, 8f, and 8g).  (1) It is income (loss) (subtract line 8h from line 8c).  (8) Other expenses (including times 8d, 8e, 8f, and 8g).  (1) It is income (loss) (subtract line 8h from line 8c).  (8) Other includes pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  (2) Part V Plan Characteristics.  (3) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  (2) Differ the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  (8) Differ the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  (9) During the plan part velocity of th |                                                                                                                                                                                                                      | <b></b>                             | (a) Amoun                                   |                     | $\dashv$        |          | (b)            | Total       |           |
| Sij Other (including rollovers)   Se(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (1) Employers                                                                                                                                                                                                        | 8a(1)                               |                                             | 9,4                 | 131             |          |                |             |           |
| b Other income (loss).  C Total income (dod lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (2) Participants                                                                                                                                                                                                     | 8a(2)                               |                                             | 52,9                | 76              |          |                |             |           |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 55, 99  d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions).  g Other expenses.  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8b 1, 518  j Transfers to (from) the plan (see instructions). 8j  Part 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 2J 2K 2F 2G 3D  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:  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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty?  e 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? (If "Yes," enter amount as of year-end.) 10g X  f Has the plan flower any participant loans? (If "Yes," enter amount as of year-end.) 10g X  if If the was answered "Yes," check the box if you either provided the required notice or one of the                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                     |                                             |                     |                 |          |                |             |           |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d  e Certain deermed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses 8g  h Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b Other income (loss)                                                                                                                                                                                                | 8b                                  |                                             | -6,4                | 108             |          |                |             |           |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses 8g  h Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                               | 8c                                  |                                             |                     | $\neg$          |          |                |             | 55,999    |
| g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). h Sh H Interpreted on the instructions:  Part V Plan Characteristic (add in instructions:  Part tV Plan Characteristics  Plan Characteristic Codes in the instructions:  Part tV Compliance Questions  During the plan provides welfare baplicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part tV Compliance Questions  During the plan provides welfare the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part tV Compliance Questions  Ves No Amount  Amount  A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 25 0.3 10 2 10 2 10 2 10 2 10 2 10 2 10 2 10                                                                                                                                                                                               | to provide benefits)                                                                                                                                                                                                 | . 8d                                |                                             |                     |                 |          |                |             |           |
| g Other expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      | . 8e                                |                                             | A 150               |                 |          |                |             |           |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                                     |                                             | 1,5                 | 18              |          |                |             |           |
| Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                                     |                                             |                     |                 |          |                |             |           |
| Part 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 2J 2K 2F 2G 3D  b 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:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CPR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan?  100 X  101 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  105 If 10h was answered "Yes," check the box if you either provided the required notice or one of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | h Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                      | . 8h                                |                                             |                     |                 |          |                |             | 1,518     |
| Part IV   Plan Characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                     |                                             |                     |                 |          |                |             | 54,481    |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | j Transfers to (from) the plan (see instructions)                                                                                                                                                                    | - 8i                                |                                             |                     |                 |          |                |             |           |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Part IV Plan Characteristics                                                                                                                                                                                         |                                     |                                             |                     |                 |          |                |             |           |
| Part V Compliance Questions  10 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D                                                                                                                          | n feature co                        | odes from the List of Pla                   | an Char             | acteris         | stic Coo | des in the ins | structions: |           |
| 10 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | b If the plan provides welfare benefits, enter the applicable welfare                                                                                                                                                | feature coo                         | les from the List of Plan                   | n Chara             | cterist         | ic Code  | es in the inst | ructions:   |           |
| 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part V Compliance Questions                                                                                                                                                                                          |                                     |                                             |                     |                 |          |                |             | W 8       |
| 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?.  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.  e 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.).  f Has the plan failed to provide any benefit when due under the plan?  10c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10 During the plan year:                                                                                                                                                                                             |                                     |                                             |                     | Yes             | No       |                | Amount      |           |
| reported on line 10a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | described in 29 CFR 2510.3-102? (See instructions and DOL's                                                                                                                                                          | Voluntary I                         | iduciary Correction                         | 10a                 | х               |          |                |             | 52,976    |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan?  10e  X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  11f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  11f 10h was answered "Yes," check the box if you either provided the required notice or one of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                     |                                             | 10b                 |                 | Х        |                |             |           |
| Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C Was the plan covered by a fidelity bond?                                                                                                                                                                           | ************                        | ************************                    | 10c                 |                 | Х        | -              |             |           |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                                     |                                             |                     |                 | х        |                |             |           |
| f Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Were any fees or commissions paid to any brokers, agents, or of<br>carrier, insurance service, or other organization that provides so                                                                                | ther person                         | ns by an insurance<br>f the benefits under  |                     |                 | х        |                |             |           |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                                     |                                             | 10f                 |                 | Х        |                |             |           |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                     |                                             |                     |                 | х        |                |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2520.101-3.)                                                                                                                                                                                                         |                                     | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~     | 10h                 |                 | х        |                |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                                     |                                             | 10i                 |                 |          |                |             |           |

|        | Form 5500-SF (2018)                                                                       | Page 3                                 | -          | ]                 |         |     |                 |          |      |
|--------|-------------------------------------------------------------------------------------------|----------------------------------------|------------|-------------------|---------|-----|-----------------|----------|------|
| Part   | VI Pension Funding Compliance                                                             |                                        |            |                   |         |     |                 |          |      |
| 11     | Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below) |                                        |            |                   |         |     |                 | Yes      | ☐ No |
| 11a    | Enter the unpeld minimum required contributions for all y                                 | ears from Schedule SB (Form 550        | 0) line 4  | 0                 | 11a     |     |                 | 100 0000 |      |
| 12     | Is this a defined contribution plan subject to the minimum ERISA?                         |                                        |            |                   | n 302 o | 1   |                 | Yes      | X No |
|        | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 1                                |                                        |            |                   |         |     |                 |          |      |
| a      | If a waiver of the minimum funding standard for a prior ye granting the waiver.           |                                        |            |                   | d enter |     | he lett<br>Year | er rul   | ing  |
| 好      | you completed line 12a, complete lines 3, 9, and 10 of                                    | Schedule MB (Form 5500), and s         | kip to li  | ne 13.            |         |     |                 | 1 (2)    |      |
| b      | Enter the minimum required contribution for this plan year                                |                                        | *****      |                   | 12b     |     |                 |          |      |
|        | Enter the amount contributed by the employer to the plan                                  |                                        |            |                   | 12c     |     |                 | 8        |      |
| d      | Subtract the amount in line 12c from the amount in line 1 negative amount)                | 2b. Enter the result (enter a minus    | sign to t  | he left of a      | 12d     |     |                 |          |      |
| e      | Will the minimum funding amount reported on line 12d be                                   |                                        |            |                   |         | Yes | No              |          | N/A  |
| Part ' | VII Plan Terminations and Transfers of As                                                 | sets                                   |            |                   | 2       |     |                 |          |      |
| 13a    | Has a resolution to terminate the plan been adopted in any p                              | lan year?                              |            | ***************** |         | Yes | X               | No       |      |
|        | If "Yes," enter the amount of any plan assets that reverte                                | d to the employer this year            |            |                   | 13a     |     | -               |          |      |
| b      | Were all the plan assets distributed to participants or ber control of the PBGC?          | neficiaries, transferred to another pl | lan, or bi | ought under the   |         |     | Yes             | X N      | lo   |
| С      | If, during this plan year, any assets or liabilities were transformed                     |                                        |            |                   |         |     |                 |          |      |

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

13c(2) EIN(s)

13c(3) PN(s)