2018 2018		m 5500-SF	Short Form Annua	Il Return/Report Benefit Plan	OMB Nos. 1210-0 1210-0					
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		Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signina	as employer or plan sponsor			

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

Form 5500-SF (2018) v.171027

6a	6a Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)	X Yes 🗌 No
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Form 5500-SF and must instead use Form 5500.	
С	C If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC premium filing for this plan year	. (See instructions.)
Pa	Part III Financial Information		

_'	Plan Assets and Liabilities		(a) Paginning	of Voor			(h) E	nd of Year	
	Total plan assets	7a	(a) Beginning o	91831			(0) E	89780	33
	Total plan liabilities	7a 7b	1000	01001				00700	
	Net plan assets (subtract line 7b from line 7a)		1039	91831				89780	33
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun			(b) Total			
-	Contributions received or receivable from:						(r	<i>y</i> 10tai	
	(1) Employers	8a(1)	18	181012					
	(2) Participants	8a(2)	29	92624	_				
	(3) Others (including rollovers)	8a(3)		3862					
b	Other income (loss)	8b	-4	59402					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				18096			96
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	139	97381					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		34513					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14318	94
i	Net income (loss) (subtract line 8h from line 8c)	8i						-14137	98
j	Transfers to (from) the plan (see instructions)	8j							
-									
Pa 9a		feature co	odes from the List of Pla	an Cha	racteri	stic Coo	des in the i	nstructions	:
9a b									:
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions							structions:	
9a b Pa	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	eature coo	les from the List of Plan n the time period Fiduciary Correction		acterist	ic Code			
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions withi /oluntary F	les from the List of Plan n the time period Fiduciary Correction include transactions	n Chara	acterist	ic Code		structions:	
9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	eature coo tions withi /oluntary F 	es from the List of Plan n the time period Fiduciary Correction include transactions	n Chara	acterist	No X		structions: Amount	000000
9a b Pa 10 2 t	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.).	eature coo tions withi /oluntary F ? (Do not fidelity bo	Ies from the List of Plan n the time period Fiduciary Correction include transactions nd, that was caused	n Chara 10a 10b	Yes	No X		structions: Amount	
9a b 10 10 6	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions withi /oluntary F ? (Do not fidelity bo	n the time period Fiduciary Correction include transactions and, that was caused the benefits under	n Chara 10a 10b 10c	Yes	No X X		structions: Amount	
9a b 10 10 6	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of	n the time period include transactions include transactions ind, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X X X		structions: Amount	
9a b 10 10 6	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan failed to provide any benefit when due under the plan	tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n?	n the time period Fiduciary Correction include transactions nd, that was caused the benefits under	n Chara 10a 10b 10c 10d 10e	Yes	No X X X X X		structions: Amount	
9a b Pa 10 2 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n? s of year (See instru	n the time period Fiduciary Correction include transactions nd, that was caused the benefits under the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	Yes X	No X X X X X		structions: Amount	00000

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Part	VI	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)						Yes			
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12						[Yes	X No		
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver						tter rul r	ing		
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-					
b	Ente	r the minimum required contribution for this plan year		12b						
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A		
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes	× N	0		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to						
1	13c(1) Name of plan(s): 13c(2) E						EIN(s) 13c(3) PN(s)			