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b Total number of participants at the end of the plan year											
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	-										
complete this item) 3c 3c d(1) Total number of active participants at the beginning of the plan year 5d(1) 5 d(2) Total number of active participants at the end of the plan year 5d(2) 4 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 05/07/2018 ESTELLE WEISS Signature of plan administrator Date Enter name of individual signing as plan administrator											
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Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN				05/07/2018	ESTELLE WEISS						
HERE	HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signing	as plan administrator				
HERE	SIGN										
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	f individual signing as employer or plan sponsor					

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

Form 5500-SF (2017) v.170203

6a b c								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	a Total plan assets		774240	553994				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	774240	553994				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	15921					
	(2) Participants	8a(2)	-5813					
	(3) Others (including rollovers)	8a(3)	21269					

	(2) Participants	8a(2)	-5813	
	(3) Others (including rollovers)	8a(3)	21269	
b	Other income (loss)		106614	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		137991
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	350411	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	7826	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		358237
i	Net income (loss) (subtract line 8h from line 8c)	8i		-220246
j	Transfers to (from) the plan (see instructions)	8j	0	
D -	rt IV Dien Oberesteristics		•	

Part IV Plan Characteristics

9a	If the	plan j	provid	les pe	nsion	benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions	:
	2E	2F	2G	2J	2T	3D	

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

Par	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10	a	х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	5	х	
С	Was the plan covered by a fidelity bond? 10	•	Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10	ł	х	
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.) 10	e	x	
f	Has the plan failed to provide any benefit when due under the plan? 10	f	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	y X		46365
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	n	х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	i		

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	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 left of a 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	es 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?					1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)