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5a       Total number of participants at the beginning of the plan year       5a       13         b       Total number of participants at the end of the plan year       5b       0         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       0         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       0         d(2)       Total number of active participants at the end of the plan year       5d(2)       0         d(2)       Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5d(2)       0         caution:       A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true:       Signature of plan administrator       06/17/2019       JOHN GARUTI, JR.         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	•		sor's name, EIN, the plan name a	and the plan number from	the last return/report.	<b>4d</b> PN						
b       Total number of participants at the end of the plan year       5b       0         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       0         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       0         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       0         d(2)       Total number of active participants at the end of the plan year       5d(2)       0         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       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.       06/17/2019       JOHN GARUTI, JR.         HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         Signature of employer/plan sponsor	C Plan N	lame										
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total	number of participants a	at the beginning of the plan year			5a	13					
complete this item)       JC       O         d(1) Total number of active participants at the beginning of the plan year       5d(1)       O         d(2) Total number of active participants at the end of the plan year       5d(2)       O         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       O         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.						5b	0					
d(2) Total number of active participants at the end of the plan year       5d(2)       0         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       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 HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.		· ·				5c	0					
e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       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 HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>d(1)</b> Tota	al number of active parti	icipants at the beginning of the pl	lan year		. ,	0					
than 100% vested       Jee       O         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	• •			5d(2)								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule set or incomplete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.						5e	0					
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.         SIGN HERE       Filed with authorized/valid electronic signature.       06/17/2019       JOHN GARUTI, JR.	Caution: A	A penalty for the late or	r incomplete filing of this returi	n/report will be assessed	d unless reasonable cau							
SIGN HERE         Filed with authorized/valid electronic signature.         06/17/2019         JOHN GARUTI, JR.           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         06/17/2019         JOHN GARUTI, JR.           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed and	d signed by an enrolled actuary, a									
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       Signature of plan administrator     06/17/2019     JOHN GARUTI, JR.       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor				06/17/2019	JOHN GARUTI, JR.	R.						
SIGN HERE         Filed with authorized/valid electronic signature.         06/17/2019         JOHN GARUTI, JR.           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing a	as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	· · ·		06/17/2019			· ·					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)	HERE				Enter name of individu	ividual signing as employer or plan sponsor Form 5500-SF (2018)						

v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes No
	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IQF	PA) 🛛 🖓
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,	
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
-	If "Yes" is checked, enter the My PAA confirmation number from the			
D				
Pa	rt III Financial Information			
	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
	Total plan assets	7a	99053	0
	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	99053	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-2044	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-2044
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	97009	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		97009
i	Net income (loss) (subtract line 8h from line 8c)	8i		-99053
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt IV Plan Characteristics			
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Characterist	ic Codes in the instructions:

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			
Fai			T	1
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	×	
С	Was the plan covered by a fidelity bond?	)c	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	d	x	
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.)	)e	x	
f	Has the plan failed to provide any benefit when due under the plan?	Df	Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	Di		

Page **3-** 1

Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			Y	es	K 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 se SA?			of 		Yes 🗙			K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	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	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No	)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	s	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(	s)

	and the second	and the second	A. A.						
Form 5500-SF	Short Form Annual F	Return/Report o Benefit Plan	f Small Employ	yee	OMB Nos. 1210-01 1210-00				
Department of the Treasury Internal Revenue Service	This form is required to be fil		nd 4065 of the Employe	e	2018				
Department of Labor nployee Benefits Security Administration	and the second second second second	mal Revenue Code (the	Code).	6058(a) of This Form is Open to Inspection					
Pension Benefit Guaranty Corporation	► Complete all entries in acco	ordance with the instrue	tions to the Form 550	00-SF.					
	dentification Information	01 (01 (0010	and an diam	12/31/201	10				
calendar plan year 2018 or fisc		01/01/2018	and ending	Contraction of the second s					
This return/report is for:	an amended return/report	a list of participating e a foreign plan the final return/report a short plan year retur	an (not multiemployer) mployer information in a n/report (less than 12 n	accordance with th	e form instructions.)				
Check box if filing under:	Form 5558 special extension (enter description)	] automatic extension ion)	ite agen E Asiji	DFVC p	rogram				
art II Basic Plan Infor	mation enter all requested info	ormation							
Name of plan	Inc. Profit Sharing Pla		n 1961 andres Alf SJR An and the second second	1b Three-diginal plan numb	er				
super tex riounces,	Flat		dailt churig al t	(PN) ► 1c Effective d 01/01/1					
Mailing Address (include roon	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. I , country, and ZIP or foreign postal		ntha battle and le Maluerre Malaka						
Super-Tek Products,	Inc.	elen di sie zude		(718) 2	telephone number 278-7900				
25-44 Borough Place	illine' er sink sompere Albud, trafensstyllen	taa bardad yaya Arabi ta ta ta ta ta ta	ial sector da ch NGC de 2200	2d Business 8 812990	code (see instructions)				
US Woodside NY 11377			STREES IN REASON	3b Administra	ator's FIN				
	d address 🕱 Same as Plan Spons		All all the second second						
	er anna sa dha anna anna anna 19 a bhann an 1130 anna anna anna			and the second s	ator's telephone numbe				
If the name and/or EIN of the	plan sponsor or the plan name has sor's name, EIN, the plan name and	changed since the last re	turn/report filed for	4b EIN					
this plan, enter the plan spons Sponsor's name Plan Name	二、州 一部、八日			4d PN					
	na sin in the test is standig		energy an and	Heater and					
	A CARLES AND A CONTRACT		ay she hated at		and the second				
	at the beginning of the plan year				13				
	at the end of the plan year				0				
	ccount balances as of the end of the			5c	0				
1) Total number of active parti	cipants at the beginning of the plan	year		. 5d(1)	0				
	cipants at the end of the plan year			. 5d(2)	0				
	erminated employment during the pl			. 5e	0				
	or incomplete filing of this return/								
nder penalties of periury and oth	her penalties set forth in the instructi nd signed by an enrolled actuary, as	ons. I declare that I have	examined this return/r	eport, including, if	applicable, a Schedule				
1/60	B1	6-17-19	John Garuti, J	r.					
SIGN HERE Signature of plan adm	inistrator	Date	Enter name of individ	Balance and the second	administrator				
most and a summer of plan adm	IIIawidtui		I MARTINE THURSDAY OF THURSDAY	and orgining do plan					

19

'

John Garuti, Jr.

6-19-

Date

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

HERE Signature of employer/plan sponsor

SIGN

Form 5500-SF (2018) v.171027

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2018

Page 2

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (Se	e instructions )			in the second	adas De trajectivo	XYes No					
	Are you claiming a waiver of the annual examination and report of a			untant	(IOP	Δ)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							XYes No					
	If you answered "No" to either line 6a or line 6b, the plan canno												
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section	on 402	1)?		Yes [	No Not determine					
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC premi	ium filing for this year	and the second		8 10	at di manadi.	(See instructions.)					
-		and the second s		11. 11. 11.6		1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19	andar Antonio de Esta	The second se					
	art III Financial Information	i i i i i i i i i i i i i i i i i i i			2 11 11	1.100							
7	Plan Assets and Liabilities	-	(a) Beginning			-	(b)	) End of Year					
-	Total plan assets			99,0	53	8 3	a la construction de la construction de la construcción de la construc	0					
b	Total plan liabilities			<u> </u>	0	TT S.	C. B. Brite	0					
	Net plan assets (subtract line 7b from line 7a)	. 7c	enante estate	99,0	53	-	and the second s	o					
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	it	APR NO	8 100	unes princip	(b) Total					
а	(1) Employers	. 8a(1)			0								
	(2) Participants		The constant of the f	19.13	0	i i		the service of the North Road					
3	(3) Others (including rollovers)	. 8a(3)	latter en El Starter		0		The second						
b	Other income (loss)	17 DOLD MERSON CONTRACTOR	an the second	2,04	- NU - HILLS								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	CONTRACTOR AND AND AND AND A		_,				(2,044)					
d	Benefits paid (including direct rollovers and insurance premiums	re o percenter	a on all the second	- 14 - 14 - 14 - 14	d. 198	1.	20	(2,044)					
	to provide benefits)	. 8d	and the second s	97,0	09	1	ing to by the						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			and the unreastable					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0									
	Other expenses	. 8g			0	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					en ang an ang ang ang ang ang ang ang ang	97,009					
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		The second				(99,053)					
1	Transfers to (from) the plan (see instructions)	. 8j		12	0								
Pa	Int IV Plan Characteristics	1		6	1								
9a	If the plan provides pension benefits, enter the applicable pension for $2E$ 3D	eature codes f	rom the List of Plan C	haract	eristic	Code	es in the ins	structions:					
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes fro	om the List of Plan Ch	aracte	ristic	Codes	in the inst	ructions:					
Pa	art V Compliance Questions												
10	During the plan year:			1	Yes	No	N/A	Amount					
a		tions within the	e time period		165	NO	N/A	Amount					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fiduci	ary Correction	100									
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inclu	de transactions	10a		x							
С				10c		x							
d		fidelity bond, t	hat was caused	10c		x							
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er persons by e or all of the	an insurance benefits under										
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	strange of the state of the sta		10e		X		1					
				+		x							
g			the second s	10g		X							
h	If this is an individual account plan, was there a blackout period? (	see instructio	ns 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 exceptions to providing the notice applied under 29 CFR 2520.101-3
 10i
 10i

0

Form 5500-SF 2018

D	10	Density Freedom Original	91. 191				
Part		Pension Funding Compliance					
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc 5500 and line 11a below)				Yes X	No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	$\{Q_{i}^{(i)}\}_{i=1}^{i} \in \mathcal{A}_{i}$			1
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti ? es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes 🗵	No
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and g the waiver	nd enter		of the le		ing
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		and the last	19		an a
b	Enter t	he minimum required contribution for this plan year.	12b	and set of the			
С	Enter t	he amount contributed by the employer to the plan for the plan year	12c			54 (A.)	
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a /e amount)	12d	LUB THE L			gia di A
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?	à 40	] Yes [	No	N	/A
Part	VII	Plan Terminations and Transfers of Assets		, i Si G 19	il de Suite	e estador Alternativa	ne di sta L
13a	Has a	resolution to terminate the plan been adopted in any plan year?	and the second s	X Yes		No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year	13a		$\phi_{ij}^{(i)}(\beta_{ij}^{(i)})$		(
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e	X	Yes [	No	
c		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( assets or liabilities were transferred. (See instructions.)	s) to	an a	25. 1919)	an the Nation	
13	8c(1) N	ame of plan(s): 13c(2) E	IN(s)	S. There is a	130	c(3) PN(	s)
		and the second	h er Bei	- ORE	No a m	(institution	1
		그가 그 그 밖에는 그렇게 잘 있는 것이 그 것 같아요. 작가 가지는 것을 가지 않았다. 것 같아 집중한 바람이		Sector Sector			

Page 3 -

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