For	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	t of Small Employee OMB Nos. 1210 1210							
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	etirement	2017							
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (EF	7(b) and 6058(a) of the								
	enefit Guaranty Corporation	 Complete all entries in acc 	evenue Code (the Code ordance with the instr	,	00-SF.	Public Inspection					
Part I	Annual Report	Identification Information									
For calenda	For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018										
A This return/report is for:											
R This rate	urn/report is	a one-participant plan									
		the first return/report	the final return/report								
_		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)						
C Check I	box if filing under:	X Form 5558	[DFVC p	rogram						
		special extension (enter description									
Part II		rmation—enter all requested inform	nation								
1a Name	of plan T CLUB, INC. RETIRE				1b Thre	e-digit number					
J.H.K. NIGH	T CLUB, INC. RETIRE				(PN)						
					1c Effect	ctive date of plan					
2a Plan s	ponsor's name (employ	ver, if for a single-employer plan)			2b Empl	07/01/1989 loyer Identification Number					
		n, apt., suite no. and street, or P.O. B		uctions)	(EIN)	(EIN) 05-0449439					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) J.H.R. NIGHT CLUB, INC.						2c Sponsor's telephone number 401-463-3080					
					2d Business code (see instructions)						
1500 OAKLAWN AVENUE CRANSTON, RI 02920					722410						
20.01					2 h A.I	in the standard market					
3a Plan administrator's name and address Same as Plan Sponsor. J.H.R. NIGHT CLUB, INC. 1500 OAKLAWN AVENUE					3D Admi	inistrator's EIN 05-0449439					
	1 0200, 110.	CRANSTON			3c Admi	inistrator's telephone number					
						401-463-3080					
		plan sponsor or the plan name has o			4b EIN						
•	an, enter the plan spor or's name	nsor's name, EIN, the plan name and	the plan number from th	ie last return/report.	4d PN						
C Plan N	lame										
53 Tatal	number of portionants	at the beginning of the plan year			5a	22					
		at the end of the plan year		-	5a 5b	15					
C Numb	er of participants with a	account balances as of the end of the	plan year (only defined	contribution plans	5c	15					
•	,	ticipants at the beginning of the plan		F	5d(1)	16					
 d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year 						10					
e Number of participants who terminated employment during the plan year with accrued benefits that were less) 1					
than Caution: A	100% vested	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	5e ise is estal	blished.					
Under pena	alties of perjury and oth	ner penalties set forth in the instruction	ns, I declare that I have	examined this return/rep	oort, includi	ing, if applicable, a Schedule					
	true, correct, and comp	id signed by an enrolled actuary, as w lete.	ven as the electronic ver	sion of this return/report	, and to the	e best of my knowledge and					
SIGN	Filed with authorized/	valid electronic signature.	JOHN H. READEY, JR	JR.							
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator					
SIGN											
HERE	Signature of employ	dual signing as employer or plan sponsor									

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

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	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions										
Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year (I	b) End of Year						
а	Total plan assets	7a	1327242	1426135						
b Total plan liabilities										
С	Net plan assets (subtract line 7b from line 7a)	1327242	1426135							
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)								

8a(2) (2) Participants..... <u>8a(3)</u> (3) Others (including rollovers)..... 98893 **b** Other income (loss)..... 8b 98893 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).... 8c 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 8g g Other expenses..... h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 0 i i Net income (loss) (subtract line 8h from line 8c)..... 98893 8i j Transfers to (from) the plan (see instructions) 8j Part IV | Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 3D 2A

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:	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)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
C	Was the plan covered by a fidelity bond?	10c	Х		175000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i					

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Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	enter _ Da		of the le		uling	
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
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 ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		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.)	ו(s) י	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

	orm 5500-SF	Short Form Annu	al Return/Report of Small Benefit Plan	Employee	OMB Nos. 1210-0110 1210-0089						
In	partment of the Treasury ternal Revenue Service	This form is required to be file	lovee Retirement	2017							
	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	Income Security Act of 1974	a) of the Internal	This Form is Open to							
Part I		Complete all entries in a	accordance with the instructions to the	Form 5500-SF.	Fublic inspection						
	ndar plan year 2017 or fisc	dentification Information	10/01/2017 and endi	00/2	0/0010						
		X a single-employer plan									
	eturn/report is for:	a one-participant plan	list of participating employer informati	on in accordance wi	th the form instructions.)						
B This re	eturn/report is	the first return/report	the final return/report	final return/report							
an amended return/report a short plan year return/report (less than 12 months)											
C Checl	k box if filing under:			_ <u>.</u>							
	e box ir ning under.	X Form 5558	automatic extension	DFVC pr	ogram						
Part II	Regio Dian Infor	special extension (enter descr									
1a Nam		mation—enter all requested inf	ormation	40	<u> </u>						
				0	1210-0089 2017 This Form Is Open to Public Inspection 30/2018 sking this box must attach a with the form instructions.) program pro						
U.II.R.	MIGHI CLUB, INC	C. RETIREMENT PLAN		(PN)	1210-0089 2017 This Form is Open to Public Inspection /30/2018 ecking this box must attach a with the form instructions.) program ee-digit n number 001 0) ective date of plan 01/1989 ployer identification Number N) 05-0449439 onsor's telephone number -463-3080 iness code (see instructions) 410 ninistrator's EIN 0449439 463-3080 iness code (see instructions) 410 ninistrator's telephone number 463-3080 iness code (see instructions) 410 ninistrator's telephone number 463-3080 inistrator's telephone number 463-3080 inistrator's telephone number 463-3080						
	· · · · · · · · · · · · · · · · · · ·				1c Effective date of plan 07/01/1989						
2a Plan Mailir	sponsor's name (employe	er, if for a single-employer plan) , apt., suite no. and street, or P.O									
City c	or town, state or province,	country, and ZIP or foreign posta	l code (if foreign, see instructions)								
J.H.R.	NIGHT CLUB, IN	IC.									
1500 O	AKLAWN AVENUE		5 G	the second secon							
					722410						
CRANST	ON	RI 02920									
	administrator's name and		sor.	.3b Admin	strator's FIN						
J.H.R.	NIGHT CLUB, INC	. .									
1500 OF	AKLAWN AVENUE		,								
CRANSTO	ON	RI 02920									
uns p	han, enter the plan spons	lan sponsor or the plan name has or's name, EIN, the plan name ar	s changed since the last return/report filed the plan number from the last return/repo	for 4b EIN							
a Spons	sor's name		,	4d PN	4d PN						
C Plan i	vame										
5a Total	number of participants at	the beginning of the plan war									
C Numb	per of participants with acc	count balances as of the end of the	e plan year (only defined contribution plan		, 15						
comp	lete this item)			50	15						
d(1) Tot	al number of active partic	ipants at the beginning of the pla	n year		16						
d(2) Tol	tal number of active partic	ipants at the end of the plan,year	· · · · · · · · · · · · · · · · · · ·	5d(2)	1						
e Numi than	per of participants who ter 100% vested	rminated employment during the	plan year with accrued benefits that were le	ess 5e							
Caution. A	a penalty for the late or	incomplete filing of this return/	report will be assessed unless reasonab	Ne causo is establi	ohdd						
SB or Sche	anies of perjury and other	signed by an enrolled actuary, as	ons, I declare that I have examined this ret well as the electronic version of this return	urn/ronod including	Minardian II. O. L. L. L.						
SIGN	NGC, CONCOL AND COMPLET	alle all	JOHN H. RE								
HERE	Signature of plan adm	histor									
SIGN			plan administrator								
HERE	Signature of employer	elly Apendor	JOHN H. RE	······							
For Paperwo	ork Reduction Act Notice, s	rea the Instructions for Form 5500-S	Date / / d 5/19 Enter name of i	ndividual signing as							
u ^x		- ior in 100-92333									
				•							
				· .							
				e.							

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			•							
									∕es ∐ No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								/es 🗌 No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								letermined	
	If "Yes" is checked, enter the My PAA confirmation number from th							, See in:	structions.)	
	4 TH	-								
Pa	rt III Financial Information				- 1		(b) End of			
7	Plan Assets and Liabilities		(a) Beginning							
<u>a</u>	Total plan assets	7a	1,	327,	242			1,	426,135	
	Total plan liabilities	7b			- 1 -				406 105	
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	327,	242		25	1,	426,135	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Tot	al		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(1) Participants	8a(2)								
	(2) Others (including rollovers)	8a(3)		<i>,</i>				i Na sk		
h	Other income (loss)	8b		· 98,	893					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		listerie tera					98,893	
d	Benefits paid (including direct rollovers and insurance premiums	00	i dada kapi ashi ya ya da shi ya Bu							
	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)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i					98,8			
j	Transfers to (from) the plan (see instructions)	8j		ан сайтаан ал						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Pl	an Cha	racter	istic Co	des in the instruc	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acteris	tic Coo	les in the instruct	ions:		
Pa	t V Compliance Questions		· · · · · · · · · · · · · · · · · · ·							
10	During the plan year:		1		Yes	No	Am	ount		
a	 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) 	/oluntary F	Fiduciary Correction.	10a		x	n en			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b	,	x				
ç	Was the plan covered by a fidelity bond?			10c	Х				175,000	
Ċ	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				
e	carrier, insurance service, or other organization that provides som	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.).			-	x				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	N,		<u>t</u> .	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	ənd.)	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						

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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 (Form 5500) and line 11a below)		edule S	В	Yes 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 ERISA?			-	Yes X No		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.	Month	l enter t Day		the letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.		,			
b	Enter the minimum required contribution for this plan year		12b				
C	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 th negative 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?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ę.	13a	**			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?			Yes 🛛 No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s)	to				
1	I3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		
		. Х.,					
ł					••		