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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan a	administrator	Date	Enter name of individua	al signing a	as plan administrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized	I/valid electronic signature.	06/27/2019	JAGDISH K SHAH					
			2 1 1		Enter name of individua	al signing a				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
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.)								
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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							
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		(a) Beginning of Year (b)	End of Year					

	Plan Assets and Liabilities		(a) Beginning			(b) End of Year			
а	Total plan assets	7a	1666710			1541786			
b	b Total plan liabilities		0						
C	Net plan assets (subtract line 7b from line 7a)		16	66710			1541786		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		44011					
	(2) Participants	8a(2)	18	80502					
	(3) Others (including rollovers)	8a(3)	1	16513					
b	Other income (loss)	8b	-1	-66797					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					274229		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	98892					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		261					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					399153		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-124924		
j	Transfers to (from) the plan (see instructions)	8j							
Ра	t 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: 2E 3D 2G 2J 2K 2F 2T 3H								
9a		feature co	des from the List of PI	an Cha	racteris	stic Codes	in the instructions:		
9a b									
	2E 3D 2G 2J 2K 2F 2T 3H If the plan provides welfare benefits, enter the applicable welfare for								
b	2E 3D 2G 2J 2K 2F 2T 3H If the plan provides welfare benefits, enter the applicable welfare for								
b Par 10 a	2E 3D 2G 2J 2K 2F 2T 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 itions withi /oluntary F	les from the List of Pla n the time period Fiduciary Correction		acterist	ic Codes ir	the instructions:		
b Par 10 a	2E 3D 2G 2J 2K 2F 2T 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	eature coo itions withi /oluntary F	les from the List of Pla n the time period Fiduciary Correction	n Chara	acterist	ic Codes ir	the instructions:		
b Par 10 a	2E 3D 2G 2J 2K 2F 2T 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	eature coo Itions withi /oluntary F	les from the List of Pla n the time period iduciary Correction include transactions	n Chara	acterist	ic Codes ir No X	the instructions:		
b Par 10 a	2E 3D 2G 2J 2K 2F 2T 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?	eature coo itions withi /oluntary F ? (Do not fidelity bo	les from the List of Pla n the time period Fiduciary Correction include transactions nd, that was caused	n Chara	Yes	ic Codes ir No X	h the instructions: Amount		
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b Par 10 a b c c c c	2E 3D 2G 2J 2K 2F 2T 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	eature coo ntions withi /oluntary F (Do not fidelity bo ner person ne or all of	n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X	h the instructions: Amount		
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 2520.101-3.)
 10h
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 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

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
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, and enter the date of the letter rul granting the waiver							
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?				🗌 Yes 📈 No			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	3c(1) Name of plan(s):	EIN(s)	EIN(s) 13c(3) PN(s)				