Benefit Plan         Each         2018	_	m 5500-SF	Short Form Annual	oyee	OMB Nos. 1210-0110 1210-0089								
Integration         Environe         Revenue Code (the Code).         This Form is Open to Public instructions to the Form 5500-SF.           Part II         Annual Report Identification Information         - Complete all territism accodance with the instructions to the Form 5500-SF.         Public instructions to the Form 5500-SF.           For calendar plan year 2018 of ficed lap year beginning of calendar plan year 2018 of ficed lap year beginning a one-participant plan         a dimension to the Form 5500-SF.         Public instructions.)           A         This return/report         a one-participant plan         a foreign plan.         a foreign plan.           B         The instructions of the fair terturn/report         a neneded return/report         a shoreign plan.         b foreign plan.           Part III         Basic Plan Information - enter all requested information         1         p Prive-digit         p on the plan year return/report (PN P           Part III         Basic Plan Information - enter all requested information         1         p Prive-digit         p on the number (PN P)         003           20         Part IIII         Basic Plan Information - enter all requested information         1         p Prive-digit			etirement	2018									
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Part II       Basic Plan Information—enter all requested information         1a Name of plan RETIREMENT INCOME SECURITY PLAN-NU-WAY, INC.       1b Three-digit plan number (PN) ▶       003         2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (include nom, apt, suite no. and street, or P.O. Box) City or fows, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer duarking (EIN) 91-1172097         2c Sponsor's tate or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer duarking (ZIN) 91-1172097         3a Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's EIN 82/1222973         3c Administrator's telephone number 253-9394-222         2d Business code (see instructions) MAHTHEOUTTY RETIREMENT SERVICES, LLC this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan plan year       5a       0         5a Total number of participants at the beginning of the plan year       5b       0       0         62 (1) 0 0 DRAPER       5b       0       0         63 Number of participants at the end of the plan year       5b       0         64 If the name of or participants at the end of the plan year <td>C Check b</td> <td>oox if filing under:</td> <td>Form 5558</td> <td>automatic extension</td> <td></td> <td>DFVC p</td> <td>rogram</td>	C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram						
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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.       07/22/2019       STEVEN STOUT         SIGN HERE       Filed with authorized/valid electronic signature.       Date       Enter name of individual signing as plan administrator													
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.       07/22/2019       STEVEN STOUT         SIGN HERE       Filed with authorized/valid electronic signature.       07/22/2019       Enter name of individual signing as plan administrator         SIGN HERE       Image: Signature of plan administrator       Date       Enter name of individual signing as plan administrator	Caution: A	penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau								
SIGN HERE       Filed with authorized/valid electronic signature.       07/22/2019       STEVEN STOUT         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Image: Signature of plan administrator       Image: Signature of plan administrator	SB or Sche	dule MB completed and	d signed by an enrolled actuary, as w										
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE				07/22/2019	STEVEN STOUT								
HERE	HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing	as plan administrator						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN												
	HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor						

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

Form 5500-SF (2018) v.171027

6a b										
С	<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)						
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	368	0						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	368	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								

( <b>i</b> ) + antoipanto	0u(=)		
(3) Others (including rollovers)	8a(3)		
<b>b</b> Other income (loss)	8b		
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0
<b>d</b> 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	368	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		368
i Net income (loss) (subtract line 8h from line 8c)	8i		-368
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics		·	

i ui		1 10		iui u	otern	5000		
9a	If the	plan	provic	les pe	ension	bene	its, ente	er the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2E							

**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)       10	)a	×	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x	
С	Was the plan covered by a fidelity bond? 10	)c X		500000
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	Х	
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		

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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 rm 5500) and line 11a below)		SB			Y	es	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			Y	es 🗙	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			rth ay			letter ear	rulinę	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		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						
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?					× Ye	es	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.)	an(s)	) to						
13c(1) Name of plan(s): 13c(2)		c(2)	EIN(s	5)		1	3c(3)	PN(s	5)	