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4       If the name and/or EIN of 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.       4b       EIN         4       If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.       4b       EIN         4       May and the plan sponsor's name.       5a       2         5a       Total number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans social number of active participants at the beginning of the plan year       5d(1)       2         c       Number of active participants at the beginning of the plan year       5d(2)       2       2         d(1)       Total number of active participants at the end of the plan year       5d(2)       2       2         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0       0         caution: A penalty for the late or incomplete filting of this return/report will be assessed unless reasonable cause is established.       Chude yealities of periory and other penalties set forin'n the instructors, I declare that 1 have examined thi	OLATTLE, M											
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this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a       2         b Total number of participants at the beginning of the plan year       5b       2         c Number of participants with account balances as of the end of the plan year       5b       2         c Number of participants with account balances as of the end of the plan year       5d(1)       2         d(1) Total number of active participants at the beginning of the plan year       5d(2)       2         e Number of participants with account balances as of the end of the plan year       5d(2)       2         d(2) Total number of active participants at the beginning of the plan year       5d(2)       2         e Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         than 100% vested       5e       0       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 perjury 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, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW												
a Sponsor's name       4d PN         c Plan Name       5a         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the end of the plan year       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         d(2) Total number of active participants at the beginning of the plan year       5d(2)       2         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         cation: 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 SD 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.       08/15/2019       ANDREW CHOW         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						4b EIN						
5a       Total number of participants at the beginning of the plan year       5a       2         b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       1         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       2         d(2)       Total number of active participants at the end of the plan year       5d(2)       2         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.       Under penalties of perjury 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, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         HERE       Signature of employer/plan sponsor       Date       Enter name of individual sign	•		isor'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       2         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       1         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       2         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       2         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.       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.       08/15/2019       ANDREW CHOW         HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         HERE       Signature of employer/plan sponsor       Date												
b       Total number of participants at the end of the plan year       5b       2         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       1         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       2         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       2         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.       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.       08/15/2019       ANDREW CHOW         HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         HERE       Signature of employer/plan sponsor       Date	5a Totalu	number of participants	at the beginning of the plan year			5a						
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       1         d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         d(2) Total number of active participants at the end of the plan year       5d(2)       2         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.       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.       08/15/2019       ANDREW CHOW         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor												
d(1) Total number of active participants at the beginning of the plan year       5d(1)       2         d(2) Total number of active participants at the end of the plan year       5d(2)       2         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.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW	C Numb	er of participants with a	account balances as of the end of	the plan year (only define	d contribution plans	5c	1					
d(2) Total number of active participants at the end of the plan year       5d(2)       2         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 HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW	•	,				5d(1)	2					
than 100% vested       Jee       or         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.       08/15/2019       ANDREW CHOW         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(2)</b> Tot	al number of active par	ticipants at the end of the plan year	ar								
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 HEREFiled with authorized/valid electronic signature.08/15/2019ANDREW CHOWSIGN HEREFiled with authorized/valid electronic signature.08/15/2019ANDREW CHOWSIGN HEREFiled with authorized/valid electronic signature.08/15/2019ANDREW CHOWSignature of plan administratorDateEnter name of individual signing as plan administratorSignature of employer/plan sponsorDateEnter name of individual signing as employer or plan sponsor							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.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         SIGN HERE       Filed with authorized/valid electronic signature.       08/15/2019       ANDREW CHOW         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	Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	use is estat	olished.					
SIGN HERE         Filed with authorized/valid electronic signature.         08/15/2019         ANDREW CHOW           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         08/15/2019         ANDREW CHOW           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed an	d signed by an enrolled actuary, a									
Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         08/15/2019         ANDREW CHOW           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor				08/15/2019	ANDREW CHOW							
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing	as plan administrator					
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized/	valid electronic signature.	08/15/2019	ANDREW CHOW							
					Enter name of individ	ual signing a						

v.171027

4219

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes No							
b	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.)										
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 the PBGC premium filing for this plan year (See instructions.)										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
<u>.</u> a	Total plan assets	7a	80106	84325							
	· · · · · · · · · · · · · · · · · · ·	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	80106	84325							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	2893								
	(2) Participants	8a(2)	8152								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-6826								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4219							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
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		0							

## Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c) .....

Transfers to (from) the plan (see instructions).....

i.

j

9a	If the	plan	provid	les pe	ension	benef	ts, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2A	2E	2F	2G	2J	3D	3H	

8i

8j

**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)	n 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	X		10000			
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				
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.)	10e	x		532			
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		X				
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						

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	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
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				
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	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?			Yes	X N	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):	13c(2)	EIN(s)		13	<b>:(3)</b> PN	۱(s)

l	Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan							OMB Nos. 1210-01 1210-00			
	Department of the Treasury Internal Revenue Service	This form is required to b	oyee		2018							
	Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation								is Open to Public nspection			
Par		Complete all entries in a dentification Information		nce with the instr	uct	ions to the Form 5	500-SF.					
CERTIFIC EDUCATION	lendar plan year 2018 or fisc			01/01/2018	253	and ending	12	/31/2018				
		X a single-employer plan	Па		nlai	n (not multiemploye			ox must attach			
	is return/report is for: is return/report is:	a one-participant plan the first return/report	a    a    th	list of participating foreign plan e final return/repor	em rt	ployer information	in accordar					
	L	an amended return/report	a	short plan year ret	urn/	/report (less than 12	2 months)					
<b>C</b> Cł	eck box if filing under:	X Form 5558 special extension (enter desc		itomatic extension				DFVC progra	am			
Par	Ell Basic Plan Infor	mation enter all requested		tion				and the second of the				
1a M	lame of plan	101(k) Profit Sharing PI				of analotha an Rh	p	<sup>°</sup> hree-digit lan number PN) ►	001			
		and have been been been	teorí	bernin Den Kiel (n. n. 1		a dhuan tao at gu At a dhuan tao an Air	1c E	Effective date of 1/01/2011	f plan			
Ν	Aailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P , country, and ZIP or foreign pos	.O. Box)	e (if foreign, see in:	stru	ctions)	a second and	Employer Ident EIN) 27-345	ification Number 59792			
	erek Rose USA, Inc.				500		2c Sponsor's telephone number (917) 755-4605					
5	5224 Wilson Avenue South, Suite 201							2d Business code (see instructions) 424990				
	S Seattle WA 98118						26.0					
3a ⊦	'lan administrator's name and	l address 🗴 Same as Plan Sp	onsor				30 A	dministrator's	EIN			
							3c A	dministrator's	telephone number			
		plan sponsor or the plan name h or's name, EIN, the plan name					4b E	IN				
	Sponsor's name						4d F	'N				
C F	Plan Name											
							1.3					
5a ⊺	otal number of participants a	t the beginning of the plan year					5a	a dha daal	2			
		t the end of the plan year					5b	level.	2			
<b>C</b> N	lumber of participants with ac omplete this item)	count balances as of the end of	f the plai	n year (only define	d co	ontribution plans	5c	1.1	1			
d(1)	Total number of active partic	cipants at the beginning of the p	lan year		•••••	••••••	5d(1	)	2			
d(2)	Total number of active partic	cipants at the end of the plan ye	ar		•••••		5d(2	)	2			
		rminated employment during the					5e		0			
Caut	ion: A penalty for the late o	r incomplete filing of this retu	rn/repo	rt will be assesse	ed u	inless reasonable	cause is e	stablished.				
Unde SB o	er penalties of perjury and oth	er penalties set forth in the instr d signed by an enrolled actuary	uctions,	I declare that I have	ve e	examined this return	n/report, ind	cluding, if appli				
SIG	N			8/15/19	A	ndrew Chow						

SIGN		0	1	.,	1	1	Andrew chow
(2) 2015年5月 10月1日 10月1日	Signature of plan administrator	Dat	e				Enter name of individual signing as plan administrator
SIGN	Car	8	1	15	-/	19	Andrew Chow
Distant and the second second	Signature of employer/plan sponsor	Dat	e		/		Enter name of individual signing as employer or plan sponsor
				_			

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

Form 5500-SF (201 v.17102 Form 5500-SF 2018

Page 3 -

Par	Vi Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500 and line 11a below)			T Ye:	s X	No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a								
12										
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver Month		r the date	of the let <u>Year</u>	ter rulir	ng 				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			·						
b	Enter the minimum required contribution for this plan year	12b								
С	Enter the amount contributed by the employer to the plan for the plan year	12c								
d	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)	12d								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?									
Par	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	XN	0					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	_			<u> </u>				
b	י 🗌	′es 🛛	No							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( which assets or liabilities were transferred. (See instructions.)	s) to								
1	Bc(1) Name of plan(s): 13c(2) El	N(s)		13c(3)	PN(s)	1				
					. <u></u>					

Page 2

6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	••••••	•••••			🔀 Yes 🗌 No		
b	Are you claiming a waiver of the annual examination and report of a 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	ot use Fo	rm 5500-SF and must in	stead	use	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA secti	on 40	21)?	•••••	🗌 Yes	🔲 No 🛄 Not determin		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this year					(See instructions.)		
Pa	rt III Financial Information	1 28 (Select 1)	×				÷			
7	Plan Assets and Liabilities	24 (Pyly) 12 7 (20) (P) (20) 7 (20) (P) (20) (20)	(a) Beginning o	of Yea	ır			(b) End of Year		
а	Total plan assets	. 7a		80,1	.06			84,325		
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c		80,1	.06			84,325		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u>t</u>				(b) Total		
а	Contributions received or receivable from:	. 8a(1)		2,8	193		/sitestaas Sitestaas			
	(1) Employers	1		8,1		5. J. (1997)	的名称"拉普卡加"	uutressi zeere zeere		
	(2) Participants	. 8a(2)						h Mana Indonesia da Salahari da Salahar Salahari da Salahari da Sala		
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·	C 01			1-14 ( 19) 6-1-12 (			
<u>b</u>	Other income (loss)	8b		6,82						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80	<u>这些自己的</u> 情况的自己的问题。			4) 7788	SCHOOL ST	4,219		
d	to provide benefits)	8d					的行用	stander date sport het de		
е	Certain deemed and/or corrective distributions (see instructions)	8e					10.254.9			
f	Administrative service providers (salaries, fees, commissions)	8f			0	动生	2.1.1.1.2			
	Other expenses	8g			0	19				
<u>g</u>				Selli (	-	1.683	in the cost in the se	<u>, ar eastairte dir week ar her eastairte a</u> <b>0</b>		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i						4,219		
+	Net income (loss) (subtract line 8h from line 8c)	1	(1) 我们的自己的意思是想要的情况的。 (1) 我们的自己的意思是想要的情况。	o ki li ji	4 38					
J Na s	Transfers to (from) the plan (see instructions)	8j	l			SAU.				
<u> </u>	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature coo	les from the List of Plan C	harad	sterist	ic Coc	les in th	e instructions:		
	2A 2E 2F 2G 2J 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	aract	eristic	Code	es in the	instructions:		
Pa	rt V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	N/A	Amount		
a	Was there a failure to transmit to the plan any participant contribu	itions withi	in the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction							
	Program)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
c	Was the plan covered by a fidelity bond?			10c	х			10,00		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	x			51		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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 th exceptions to providing the notice applied under 29 CFR 2520.101	he require	d notice or one of the	10i						
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