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than 100% vested Jee Jee 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. 09/22/2019 FRED RIGEL Signature of plan administrator Date Enter name of individual signing as plan administrator							12				
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Constraint of the second secon	SIGN										
SIGN HERE		Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator				
HERE	SIGN										
	HERE	Signature of employ	er/plan sponsor	Enter name of individu	dual 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	5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							X Yes 🗌 No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes 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	C 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.										
Da		-		-							
	Part III Financial Information										
7	Plan Assets and Liabilities	_		(a) Beginning of Year			(b) End of Year				
<u>a</u>	Total plan assets	7a	1899741			1809974					
<u>b</u>	Total plan liabilities	7b	10	0			0				
	Net plan assets (subtract line 7b from line 7a)	7c		1899741			1809974				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) 1	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		65256							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-	88096							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-22840					
d	-			66927							
е	e Certain deemed and/or corrective distributions (see instructions)										
f	Administrative service providers (salaries, fees, commissions)	8f									
g											
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)					66927					
i	Net income (loss) (subtract line 8h from line 8c)	8i				-89767					
j	Transfers to (from) the plan (see instructions)	8j	0								
Pa	Part IV Plan Characteristics										
9a											
b	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	a 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										
h	Program)			10a		Х					
0	b Were there any nonexempt transactions with any party-in-interest? (Do not includ reported on line 10a.)			10b		X					
С	C Was the plan covered by a fidelity bond?			10c	Х			200000			
d	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		Х					
e	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					
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х					

Х

Х

10g

10h

10i

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

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

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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 complete Sc (Form 5500) and line 11a below)						Yes	No	
11a	Ent	er 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 Code or section ERISA?					[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 le granting the waiver							ing	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-				
b	b Enter the minimum required contribution for this plan year								
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c					
d	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)								
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	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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	Inc(1) Name of plan(s): 13c(2) E				130	13c(3) PN(s)		