University inclusion 2018 Descense 2018 Descense 10 mome Security Act of 1974 (ERSA), and sections 605(b) and 4056(b) of the Internant Revenue Code (the Code). 2011 Part I Annual Report Identification Information and ending 12/1/2018 For observe the test Security Act on 1974 (ERSA), and sections 605(b) and 4056(b) of the Internant Revenue Code (the Code). Revenue Code (the Code). Part I Annual Report Identification Information and ending 12/1/2018 This form is open to Public Inspection. A This return/report is in the first return/report is in the first return/report is in the first return/report is an anended return/report is pecial extension is accordance with the instructions.) Differentiation is a brot pair plan Ib Three-digit plan number (tink) Differentiation instructions.) Part II Basic Plan Information—and at equested information Ib Three-digit plan number (tink) Differentiation is a brot pair (tink) Differentiation is a brot pair (tink) Part II Basic Plan Information—and at advected plan on and street, or P.0. Box) (Differentiation is a brot pair (tink) Differentiatis advece plan on t	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				oyee	IB Nos. 1210-0110 1210-0089					
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						5d(2)	65				
than 100% vested	than 100% vested							0			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	Caution: A	A penalty for the late of	r incomplete filing of this return	/report will be assessed	unless reasonable cau						
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.	SB or Sche	edule MB completed and	d signed by an enrolled actuary, a								
SIGN Filed with authorized/valid electronic signature. 09/24/2019 AIXA TOLEDO-GARCIA, MD				09/24/2019	AIXA TOLEDO-GARCI	IA, MD					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	lividual signing as plan administrator					
SIGN	SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	idual signing as employer or plan sponsor					

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

Form 5500-SF (2018) v.171027

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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.)	lo						
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No I Not determined							
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			(b) End of Year					
a	Total plan assets	7a	10098472			7669209					
b	Total plan liabilities	7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1009		7669209						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total				
а	a Contributions received or receivable from:										
	(1) Employers	8a(1)		67278							
	(2) Participants	8a(2)	36	60756							
	(3) Others (including rollovers)	8a(3)	0								
b	Other income (loss)	8b	-50	-502399							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					25635				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24	54002							
-	Certain deemed and/or corrective distributions (see instructions)	8e	0								
	Administrative service providers (salaries, fees, commissions)	8f		896							
	Other expenses	8g		0							
<u>_</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2454898					
	Net income (loss) (subtract line 8h from line 8c)	8i				-2429263					
	Transfers to (from) the plan (see instructions)			0		-2423203					
-	Part 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 2G 2J 2K 3D 2A 2T 2F 3B 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										
<u>10</u> a	During the plan year:	tione with	in the time period		Yes	No	Amount				
u	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 Program)					Х					
b						x					
С	Was the plan covered by a fidelity bond?			10c	Х		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?			10d		Х					
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.).				X		47022				
f	${f f}$ Has the plan failed to provide any benefit when due under the plan?					Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				Х		22249				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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										

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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 Sch (Form 5500) and line 11a below)						Yes	X 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		
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 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	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 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	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes	× 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	(1) Name of plan(s): 13c(2) E					EIN(s) 13c(3) PN(s)			