United Reares Service 2018 December 1 data This form a required to be filled under sections 15 d and 4005 of the Emolyce Reternment Revenue Code (the Code). This Form is Open to Prevenue Code (the Code).	Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan			oyee	OMB Nos. 1210-0110 1210-0089					
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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 individ	ame of individual signing as plan administrat						
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized	I/valid electronic signature.	09/28/2019	DAVID BECKERMAN	AN						
		Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500		Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2018)					

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
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.)	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	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.)
De	rt III Financial Information	

1 4			-								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Yea	r		
а	a Total plan assets		33	64374		3056629			629		
b	b Total plan liabilities						203				
C	C Net plan assets (subtract line 7b from line 7a)		33	64374			3056426				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		33006							
	(2) Participants	8a(2)	10	09590							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	-1:	54954							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-12358				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	77283							
е	Certain deemed and/or corrective distributions (see instructions)	8e		17707							
f	Administrative service providers (salaries, fees, commissions)	8f		600							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				295590					
i	Net income (loss) (subtract line 8h from line 8c)	8i				-307948					
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E $_{2F}$ 2G $_{2J}$ 2K $_{3D}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the i	nstructions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Coc	les in the in	structions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amoun	t		
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) 			10a		Х					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х					
С	C Was the plan covered by a fidelity bond?			10c	Х				500000		
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.).					Х					
f	f Has the plan failed to provide any benefit when due under the plan?					Х					
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				Х				36457		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	·····		10h		Х					
i	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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (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 secti ERISA?						[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 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)									
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		
	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 🔀 No			
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	3c(1) Name of plan(s): 13c(2) E				EIN(s) 13c(3) PN(s)			