## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Part I                   | Annual Report            | : Identification Information   |                              |  |   |                            |  |  |  |
|--------------------------|--------------------------|--|------------------------------|--|---|----------------------------|--|--|--|
| For calend               | ar plan year 2018 or f   | iscal plan year beginning 01/01/2  | 2018                         | and ending 12  | 2/31/2018   |                            |  |  |  |
| A This ret               | turn/report is for:      | X a single-employer plan   |                              | olan (not multiemployer) (<br>employer information in ac | _   |                            |  |  |  |
| _                        |                          | a one-participant plan   | a foreign plan               |  |   |                            |  |  |  |
| <b>B</b> This retu       | urn/report is            | the first return/report  | the final return/report      | i .  |   |                            |  |  |  |
|                          |                          | an amended return/report   | a short plan year retu       | urn/report (less than 12 m                               | onths)  |                            |  |  |  |
| C Check                  | box if filing under:     | X Form 5558  | automatic extension          |  | DFVC progra                                       | am                         |  |  |  |
|                          | \ <u></u>                | special extension (enter descr   | . ,                          |  |   |                            |  |  |  |
| Part II                  | Basic Plan Info          | ormation—enter all requested inf   | formation                    |  |   |                            |  |  |  |
| 1a Name<br>VADIM NAK     | •                        | PROFIT SHARING PLAN  |                              |  | <b>1b</b> Three-dig plan numl (PN) ▶              |                            |  |  |  |
|                          |                          |  |                              |  | 1c Effective                                      | date of plan<br>01/01/2011 |  |  |  |
|                          |                          | oyer, if for a single-employer plan)   |                              |  | <b>2b</b> Employer                                | Identification Number      |  |  |  |
|                          |                          | om, apt., suite no. and street, or P.C<br>ce, country, and ZIP or foreign post   |                              | etructions)  | (EIN)   | 27-4332871                 |  |  |  |
| •                        | ADIM NAKHAMIYAYEV, MD PC |  |                              |  | <b>2c</b> Sponsor's telephone number 347-305-3777 |                            |  |  |  |
|                          |                          |  |                              |  | 2d Business                                       | code (see instructions)    |  |  |  |
| 12 KANSAS                | PLACE                    |  |                              |  | 621111  |                            |  |  |  |
| BROOKLYN, NY 11234       |                          |  |                              |  | 021111  |                            |  |  |  |
|                          |                          |  |                              |  |   |                            |  |  |  |
| 3a Plan a                | dministrator's name a    | ind address X Same as Plan Spor  | nsor.                        |  | <b>3b</b> Administra                              | ator's EIN                 |  |  |  |
|                          |                          |  |                              |  | 3c Administra                                     | ator's telephone number    |  |  |  |
|                          |                          |  |                              |  | Administra  | ator 3 telephone number    |  |  |  |
|                          |                          |  |                              |  |   |                            |  |  |  |
|                          |                          |  |                              |  |   |                            |  |  |  |
|                          |                          | ne plan sponsor or the plan name ha<br>onsor's name, EIN, the plan name a        |                              |  | <b>4b</b> EIN                                     |                            |  |  |  |
|                          | or's name                | misor's name, Lin, the plan name a   | and the plan number nom      | the last return/report.                                  | 4d PN   |                            |  |  |  |
| C Plan N                 |                          |  |                              |  |   |                            |  |  |  |
|                          |                          |  |                              |  |   |                            |  |  |  |
| <b>5a</b> Total          | number of participants   | s at the beginning of the plan year  |                              |  | 5a  | 2                          |  |  |  |
|                          |                          | s at the end of the plan year  |                              |  | 5b  | 2                          |  |  |  |
|                          |                          | account balances as of the end of  |                              | •  | 5c  | 2                          |  |  |  |
| <b>d(1)</b> Tot          | al number of active pa   | articipants at the beginning of the plant  | an year                      |  | <u> </u>  |                            |  |  |  |
| ` '                      | •                        | articipants at the end of the plan yea   |                              |  | 5d(2)   | 2                          |  |  |  |
|                          |                          | o terminated employment during the   |                              |  | 5e  |                            |  |  |  |
| Caution: A               | A penalty for the late   | or incomplete filing of this return  | n/report will be assesse     | d unless reasonable cau                                  | use is establish                                  | ed.                        |  |  |  |
| Under pena<br>SB or Sche | alties of perjury and of | ther penalties set forth in the instruction and signed by an enrolled actuary, a | ctions, I declare that I hav | e examined this return/re                                | port, including, if                               | fapplicable, a Schedule    |  |  |  |
| SIGN                     | Filed with authorized    | d/valid electronic signature.  | 10/01/2019                   | VADIM NAKHAMIYAY   | ′EV   |                            |  |  |  |
| HERE                     | Signature of plan a      | administrator  | Date                         | Enter name of individ                                    | ual signing as pl                                 | an administrator           |  |  |  |
| SIGN                     | Filed with authorized    | d/valid electronic signature.  | 10/01/2019                   | VADIM NAKHAMIYAY   | /EV   |                            |  |  |  |
| HERE                     | Signature of emplo       | oyer/plan sponsor  | Date                         | Enter name of individ                                    | ual signing as er                                 | mployer or plan sponsor    |  |  |  |

Form 5500-SF (2018) Page **2** 

|     | 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 in   |                                       |   |            |          |         |               |              | determined |
|     | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year  |                                       |   |            |          |         |               |              |            |
| Pa  | t III Financial Information  |                                       |   |            |          |         |               |              |            |
| 7   | Plan Assets and Liabilities  |                                       | (a) Beginning                           | of Year    |          |         | (b) E         | nd of Year   |            |
| а   | Total plan assets  | 7a                                    | 39                                      | 92150      |          |         |               | 4394         | 81         |
| b   | Total plan liabilities   | 7b                                    |   | 0          |          |         |               |              | 0          |
| С   | Net plan assets (subtract line 7b from line 7a)  | 7с                                    | 39                                      | 92150      |          |         |               | 4394         | 81         |
| 8   | Income, Expenses, and Transfers for this Plan Year   |                                       | (a) Amoun                               | t          |          |         | (l            | o) Total     |            |
| а   | Contributions received or receivable from: (1) Employers   | 8a(1)                                 |   | 62641      |          |         |               |              |            |
|     | (2) Participants   | 8a(2)                                 |   | 0          |          |         |               |              |            |
|     | (3) Others (including rollovers)   | 8a(3)                                 |   | 0          |          |         |               |              |            |
| b   | Other income (loss)  | 8b                                    |   | 11975      |          |         |               |              |            |
|     | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                    |   |            |          |         |               | 5060         | 66         |
|     | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                                    |   | 0          |          |         |               |              |            |
| е   | Certain deemed and/or corrective distributions (see instructions)  | 8e                                    |   | 0          |          |         |               |              |            |
| f   | Administrative service providers (salaries, fees, commissions)   | · · · · · · · · · · · · · · · · · · · |   |            |          |         |               |              |            |
| g   | Other expenses   | 8g                                    |   | 0          |          |         |               |              |            |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                    |   |            |          |         |               | 33           | 35         |
| i   | Net income (loss) (subtract line 8h from line 8c)  | 8i                                    |   |            |          |         |               | 473          | 31         |
| j   | Transfers to (from) the plan (see instructions)  | 8j                                    |   | 0          |          |         |               |              |            |
| Pai | t IV Plan Characteristics  |                                       |   |            |          |         |               |              |            |
| 9a  | If the plan provides pension benefits, enter the applicable pension 2E 3D  | feature co                            | odes from the List of Plant             | an Cha     | racteris | stic Co | des in the    | nstructions: |            |
| b   | If the plan provides welfare benefits, enter the applicable welfare for  | eature cod                            | les from the List of Pla                | n Chara    | acterist | ic Cod  | les in the in | structions:  |            |
| Par | t V Compliance Questions   |                                       |   |            |          |         |               |              |            |
| 10  | During the plan year:  |                                       |   |            | Yes      | No      |               | Amount       |            |
| а   | Was there a failure to transmit to the plan any participant contribu   |                                       |   |            |          |         |               |              |            |
|     | described in 29 CFR 2510.3-102? (See instructions and DOL's V<br>Program)  | •                                     | ,                                       | 10a        |          | X       |               |              |            |
| b   | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  | ? (Do not                             | include transactions                    | 10b        |          | X       |               |              |            |
| С   | Was the plan covered by a fidelity bond?   |                                       |   | 10c        |          | X       |               |              |            |
| 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        |          | X       |               |              |            |
| е   | 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.)                                     | ner person<br>ne or all of            | s by an insurance<br>the benefits under | 10e        |          | X       |               |              |            |
| f   |  |                                       |   | 10f        |          | Χ       |               |              |            |
| g   | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year-                            | end.)                                   | 10g        |          | X       |               |              |            |
|     | If this is an individual account plan, was there a blackout period? 2520.101-3.)   | (See instru                           | uctions and 29 CFR                      | 10g<br>10h |          | X       |               |              |            |
| i   | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  | ne required                           | d notice or one of the                  | 10i        |          |         |               |              |            |
|     |  |                                       |   |            |          |         |               |              |            |

| Form 5500-SF (2018) | Page <b>3-</b> 1 |
|---------------------|------------------|
|---------------------|------------------|

| Part   | VI Pension Funding Compliance  |                 |     |                             |
|--------|--|-----------------|-----|-----------------------------|
| 11     | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)   |                 |     | Yes 🛚 No                    |
| 11a    | Enter 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 se ERISA?  |                 | of  | Yes X No                    |
|        | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                 |     |                             |
| а      | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver   | and enter<br>Da |     | e of the letter ruling Year |
| 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 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)  | 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 🔀 No                      |
|        | If "Yes," enter the amount of any plan assets that reverted to the employer this year  | 13a             |     |                             |
| b      | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?  | the             |     | Yes X 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.) | n(s) to         |     |                             |
| 1      | <b>3c(1)</b> Name of plan(s):  | (2) EIN(s)      | )   | <b>13c(3)</b> PN(s)         |
|        |  |                 |     |                             |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intomal Revenue Code (the Code).

Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| For calendar plan year 2018 or 1   | fiscal plan year beginning 01/01/201   | 18   | and ending 1   | 2/31/2018                               |  |
|--|--|--|--|---|--|
|  |  | The second secon |  |   |  |
| A This return/report is for:   | প্র হ মার্কার-eurbioxet bigit  | a multiple-émployer pl   | an (not innittemployer)                              | (Files chacking                         | this box must affect e                             |
| •  | a one-participant plan   | a foreign plan   | ployer information in a                              | ccordance with I                        | he form instructions.)                             |
| B This return/report is  | the first return/report  | the final return/report  |  |   |  |
|  | an amended relum/report  |  |  |   | •  |
| Control of the State of the Sta |  | • '  | n/report (less then 12 m                             | ionths)                                 |  |
| C Check box if filling under:  | X Form 5558  | automatic extension  |  | DFVC progr                              | am i   |
|  | special extension (enter descript  |  |  |   | :  |
| Part II Basic Plan Info  | ormation—enter all requested infor   | mation   | i.   |   | <del>,</del>                                       |
| 1a Nama of plan  |  |  |  | 1b Three-die                            | nit T  |
| VADIM NAKHAMIYAYEV, MD PO  | ) PROFIT SHARING PLAN  | ٠,   |  | plan num                                |  |
| t and the  |  |  | •  | (PN) ▶                                  | 001  |
|  | •  |  |  | 1C Effective                            | date of plan                                       |
| 0  |  |  |  | <u> </u>                                | 01/01/2011   |
| 48 Plan sponsors name (empl  | oyer, if for a single-employer plan)   |  |  | 2b Employe                              | r Identification Number                            |
| City or town state or omyin  | om, apt., suite no. and street, or P.O. E<br>ice, country, and ZiP or foreign postal   | 30x)   |  | (EIN)                                   | 27-4932871   |
| VADIM NAKHAMIYAYEV, MD PC  | sal occurry, and zer or loterar hoster   | code (II intelâu' see lust.  | uctions)   | 2c Sponsor                              | s telephone number                                 |
|  | •  |  |  |   | 47-305-3777  |
|  | •  |  | •  | 2d Business                             | code (see instructions)                            |
| 12 KANSAS PLACE<br>BROOKLYN, NY 11234  |  |  |  |   | 621111   |
| DROOME114, 141 11254   | $p_{ij} = p_{ij} = 1$  |  |  |   |  |
|  |  |  |  |   |  |
| 3a Plan administrator's name a   | and address 🛛 Same as Plan Sponso  | or.  | <b>.</b>   | 3b Administ                             | rajor's EIN  |
|  | •  | •  |  | 2- 11-11                                |  |
|  | ,  |  |  | 3¢ Administr                            | rator's telephone number                           |
|  | *  | •  |  |   | •  |
| and the second of the second   | •  |  | •  | ł                                       |  |
|  | ·  |  | ·  |   | •  |
| 4 If the name and/or EIN of the  | e plan sponsor or the plan name has  | changed since the last re  | turr/report filed for                                | 4b EM                                   |  |
| this plan, enter the plan spe  | onsor's name, EIN, the plan name and   | I the plan number from th  | e last return/report.                                |   |  |
| a Spansor's name   |  |  | *  | 4d PN                                   |  |
| C Plan Name  | :  |  |  |   | ;  |
| ***************************************  |  |  |  |   |  |
| 5a Total number of participants  | s at the beginning of the plan year  | *******************************  | #::  | 5a                                      | 2  |
|  | s at the end of the plan year  |  |  | 5b                                      | . 2  |
| C Number of participants with  | account balances as of the end of the  | niun vear (only delibed  | ranidhullan alana                                    |   |  |
| complete this item)  | And the state of the state of the state of the   | pour less four aguses  | continuity haus                                      | 5c                                      | 2  |
| d(1) Total number of active pa   | articipants at the baginning of the plan   | year   | ******************************                       | 5d(1)                                   | 2  |
| d(2) Total number of active pa   | articipants at the end of the plan year.   | *\$  | ******************************                       | 5d(2)                                   | 2  |
| <ul> <li>Number of participants who</li> </ul>   | o terminated employment during the ol  | lan vear with account has  | nafite that wara lace                                |   |  |
| than 100% vested   | or incomplete filing of this return/se   |  |  | 5e                                      |  |
| latter appelling of posture and al   | or incomplate filing of this returning   | port will be assessed  | unicas reasonable ca                                 | use is establist                        | led.   |
| an or acusofile Wip combining a  | ther penalties sat forth in the instruction<br>and signed by an enrolled actuary, as v | ns, i deciare inat i nave i<br>vell as the electronic ven  | examined this return/re<br>sion of this return/repor | port, including, i<br>i, and to the bes | f applicable, a Schedule<br>It of my knowledge and |
| Deller, it is true, correct, and com   | jp[elé.  |  | L- <u>v</u>  | ······································  | 54   |
| SIGN //e   |  | 10/1/19  | Vadim Nakha  | miyayev                                 | :<br>:   |
| Signature of pren a  | administrator  | Date/@////9  | Enter name of individ                                | ual signing as pi                       | an administrator                                   |
| SIGN C   | <u>~~</u>  | 10/1/19  | Vadim Nakhai   | miyayev                                 |  |
| 1 orginature or empte  | oyenplan sponsor ;   | Date   | Enter name of individ                                | ual signing as ei                       | nplayer or plan spansor                            |
| LO LahelMoir Reduction ACC NOR   | ce, see the Instructions for Form 5508-91  | F.,  |  | . "                                     | Form 5500-35 (2018)                                |

| Form | 5500-SF | (2018) |
|------|---------|--------|

Page 2

| <del></del> |  |                         |  |          |   |  |   |   | •                                       |
|-------------|--|-------------------------|--|----------|---|--|---|---|---|
| 6a<br>b     | Were all of the plan's assets during the plan year invested in elligib   | de assets?              | (See instructions.)  |          |   |  | ***********                             | ×                                       | es 🗍 No                                 |
|             | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.).  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 6500-SF and must instead use Form 5500. |                         |  |          |   |  | *************************************** | X Y                                     | esa 🗌 No                                |
| Ċ           | If the plan is a datined bounds stee in the survey of the plan cann  | rot fize Lo             | rm 6500-SF and mus   | t Inste  | ad us                                   | e Form   | 1 <b>55</b> 00.                         |   |   |
| _           | If the plan is a defined benefit plan, is if covered under the PBGC in<br>If "Yes" is checked, enter the My PAA confirmation number from the   | q sonsnuen<br>1 DDA9 er | )rogram (see ERISA sa<br>Sramiura Minor for this r   | ection 4 | 021)7                                   | ' <u>-</u> L   |   | ;                                       | etermined                               |
| Pa          | rt III   Financial Information   |                         | armain ming to this p  | nan yaa  | <u>'</u>                                |  |   | (See Ins                                | invenous.)                              |
| 7           | Plan Assets and Liabilities  | THE STATE OF            |  |          | 7                                       |  | <del></del>                             | :                                       |   |
|             |  |                         | (a) Beginning  |          |   |  | (b) En                                  | d of Year                               |   |
| b           | Total plan assels  | 7 <u>a</u>              | 3  | 92150    |   |  | <del></del>                             | 43946                                   | 1                                       |
|             | Net plan assats (subtract line 7b from line 7a)  | 76                      |  | 0        |   |  | <del></del>                             |   | 0 .                                     |
| 8           | Income, Expenses, and Transfers for this Plan Yoar   | 7c                      | <u> </u>   | 92150    |   |  |   | 43948                                   | 1                                       |
| COLUMN TO A | Contributions received or receivable from:   | 1100                    | (a) Amour  | ıt       |   |  |   | Total                                   |   |
|             | (1) Employers  | 8a(1)                   |  | 62641    |   |  |   | :                                       |   |
|             | (2) Participants   | 8a(2)                   |  | ŋ        |   | 414.41   |   | and the second                          | 1,23                                    |
|             | (3) Others (including rollovers)   | Ba(3)                   |  | ; O      |   | 3.3  | and the said.                           | 111111111111111111111111111111111111111 | 100 100 110                             |
|             | Other Income (loss)  |                         |  | 11975    |   | 4.   | in the second                           | ( <u> </u>                              |   |
| <u> </u>    | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | Ba                      | A SECTION OF THE PROPERTY OF T |          | F.11, 16.4.                             |  |   | : 5086                                  | A .                                     |
| <u>a</u>    | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                      |  | . 0      | •                                       |  |   | : Ngia 133                              |   |
| e           | Certain deemed and/or corrective distributions (see instructions)  | 80.                     |  | 0        |   | 100  | 237.W74.E                               |   |   |
| f           | Administrative service providers (salaries, fees, commissions)   | 81                      |  | 3335     |   |  |   | - 320 300                               |   |
| _8_         | Other expenses.  | 8g                      |  | 0        |   | 11.00  |   | /                                       | . 11                                    |
| h           | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                      |  | . 124    | 1854                                    |  | ·                                       | 333                                     |   |
| i_          | Net income (loss) (subtract line 8h from line 8c)  |                         |  |          |   |  |   | 4733                                    | 1                                       |
| J           | Transfers to (from) the plan (see Instructions)  | BJ O                    |  |          |   | The Residence of the Section Control of the S |   |   |   |
| Pai         | tiV Plan Characteristics   | 1 <u>, </u>             |  |          | I                                       | 19.5   | 147 3647 K 14 1 V N                     |   |   |
| 9a          |  | feature co              | des from the List of Pi  | en Cha   | racter                                  | istic Co   | des in the in                           | fructions:                              | *************************************** |
| b           | If the plan provides welfare benefits, enter the applicable welfare fo   | ealure cod              | es from the List of Pla  | n Chara  | otenis                                  | tic Coo  | les in the Ins                          | ructions:                               |   |
| Par         | t.V. Compliance Questions  | ·                       |  |          |   |  |   | : .                                     |   |
| 10          | During the plan year:  |                         | ····   |          | Yes                                     | No   |   | ·A 124 - 1 - 1 - 1                      | · · · · · · · · · · · · · · · · · · ·   |
| a           | Was there a failure to transmit to the plan any participant contribu-  | tions withi             | toner emit ett n   |          | 100                                     | -  |   | Amount                                  | <del></del>                             |
|             | described in 29 CFR 2510.3-1027 (See Instructions and DOL's V<br>Program)  | oluntery F              | Iductory Correction  | 10a      |   | x  |   | :                                       | *                                       |
| b           | Were there any nonexempt transactions with any party-in-interest reported on the 10s.)   | 7 (Do not i             | nclude transactions  | 105      |   | ·x   | ·                                       |   | ₹.                                      |
| C           | Was the plan covered by a fidelity bond?   |                         |  | ″10c     |   | х  |   | :                                       |   |
|             | Oid the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  | fidelily hor            | id that was couped   | 10d      |   | ×  |   | :                                       | ,                                       |
| e           | Were any fees or commissions paid to any brokers, agents, or other organization that provides sum the plan? (See instructions.)  | er personi              | by an insurance  | 100      |   | X-   |   | ,                                       |   |
| f           | Has the plan falled to provide any benefit when due under the plan   | n?                      |  | 101      | *************************************** | X  |   |   |   |
| g           |  |                         |  | 10g      |   | Х  |   |   |   |
| h           | 2520.101-9.)   |                         |  | 10h      |   | ×  |   |   |   |
| i           | If 10h was answered "Yes," check the box if you either provided the<br>exceptions to providing the notice applied under 29 CFR 2520.101  | e required              | notice or one of the   | 10)      | -                                       |  |   |   |   |
|             |  |                         |  |          |   |  |   |   | <del>- 1111</del>                       |

| Form | 5500 | EF ( | 2018) |
|------|------|------|-------|

Page 3- 1

| Part VIII Pension Funding Compliance  |         |                | <del></del> |                      |           |
|---|---------|----------------|-------------|----------------------|-----------|
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complet (Form 5500) and line 11a below).                                       | e Sch   | dule S         | 13          |                      | Yes X No  |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  |         | 11a            |             | 1                    |           |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or :  ERISA?  | section | 1,302 of       | f ,         |                      | Yes 🛛 No  |
| a It a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Month  | is, and | enter i<br>Day |             | of the lette<br>Year | ar fuling |
| if you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   | _       |                |             |                      |           |
| b Enler the minimum required contribution for this plan year  |         | 12b            |             |                      |           |
| C Enter 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)   |         | 12d            |             |                      |           |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?  |         |                | Yes .       | No                   | N/A       |
| Part VIII Plan Terminations and Transfers of Assets   |         |                |             |                      |           |
| 13a Has a madution to terminate the plan been adopted in any plan year?   |         |                | Yes         | N N                  | Vo        |
| If "Yes," enter the emount of any plan assets that reverted to the employer this year   |         | 130            |             |                      |           |
| b Were all the plan essets distributed to participants or beneficiaries, transferred to another plan, or brought und control of the PBGC?   |         |                |             | Yes [                | X No      |
| c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | ılən(s) | to             |             |                      |           |
| 13o(1) Name of plan(s):   | 13c(2)  | EIN(s)         |             | 13c(                 | 3) PN(s)  |
|   |         |                | ·           |                      | ı;        |