-	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	rt of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Interr	nal Revenue Service	This form is required to be file	d under sections 104 and			2018			
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	Revenue Code (the Cod		TI TI				
	nefit Guaranty Corporation	Complete all entries in		structions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information		and and in a 40	104/0040				
For calenda	ar plan year 2018 or fise	cal plan year beginning 01/01/2			/31/2018	den dela base accesta de abra			
A This ret	urn/report is for:	a single-employer plan	list of participating e	plan (not multiemployer) (F employer information in acc		-			
B This retu	ırn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
-		an amended return/report	a short plan year retu	urn/report (less than 12 mc	onths)				
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desc							
Part II		mation—enter all requested in	formation						
1a Name	•				1b Three	e-digit number			
SOLAR STIK	K, INC. 401(K) PROFIT	SHARING PLAN			(PN)				
					()	tive date of plan			
						01/01/2014			
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)		2b Empl (EIN)	oyer Identification Number 20-5334537			
	town, state or province	e, country, and ZIP or foreign post		structions)	, ,	nsor's telephone number			
JOLAN STIN	, inc.			_		800-793-4364			
					2d Busir	ness code (see instructions)			
	T KING STREET TINE, FL 32084					333900			
3a Plan ad	dministrator's name and	d address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
				-	3c Admi	nistrator's telephone number			
1 If the n	amo and/or EIN of the	plan sponsor or the plan name h	as changed since the last	roturn/roport filed for	4b EIN				
this pla	an, enter the plan spon	plan sponsor or the plan name has sor's name, EIN, the plan name a							
a Sponso					4d PN				
C Plan N	ame								
5a Total r	number of participants a	at the beginning of the plan year.			5a	37			
b Total r	number of participants a	at the end of the plan year			5b	31			
		ccount balances as of the end of		-	5c	28			
	,	ticipants at the beginning of the pl			5d(1)	30			
d(2) Tota	al number of active part	ticipants at the end of the plan ye	ar		5d(2)	27			
		terminated employment during the			5e	0			
Caution: A	100% vested	r incomplete filing of this return	n/report will be assesse	d unless reasonable cau	se is estal	olished.			
Under pena	alties of perjury and oth	er penalties set forth in the instru-	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
SB or Sche belief, it is t	edule MB completed and rue, correct, and completed	d signed by an enrolled actuary, a lete.	as well as the electronic v	ersion of this return/report,	, and to the	e best of my knowledge and			
SIGN		valid electronic signature.	10/08/2019	STEPHANIE HOLLIS					
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	al signing	as plan administrator			
SIGN	Filed with authorized/\	valid electronic signature.	10/08/2019	STEPHANIE HOLLIS					
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signina	as employer or plan sponsor			
For Paperwo	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor perwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)								

v.171027

 If you answered "No" to either line 6a or line 6b, the plan C If the plan is a defined benefit plan, is it covered under the PB0 If "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan. 	GC insurance pro	gram (see ERISA section	4021)? .		Yes No Not determine
Part III Financial Information	· · ·				
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets		1113302			1241749
b Total plan liabilities	7b				
C Net plan assets (subtract line 7b from line 7a)	7c	1113302			1241749
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from: (1) Employers		58078			
(2) Participants	8a(2)	171379			
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	-82817			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				146640
d Benefits paid (including direct rollovers and insurance premiur to provide benefits)		16848			
e Certain deemed and/or corrective distributions (see instruction	ns) 8e				
f Administrative service providers (salaries, fees, commissions)	8f				
g Other expenses	8g	1345			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				18193
Net income (loss) (subtract line 8h from line 8c)					128447
j Transfers to (from) the plan (see instructions)	····· 8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable per 2A 2E 2G 2J 2K 3D 2T	nsion feature code	es from the List of Plan Cha	aracteris	tic Co	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welf	are feature codes	from the List of Plan Char	acteristi	c Cod	es in the instructions:
Part V Compliance Questions					

10	During the plan year.		163	NU	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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	X		250000
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	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		11666
h	······································	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			

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Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So 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	1	1a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect SA?			f 			Yes 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a nting the waiver	nd e	nter Day		te of t	he lette Year	er ruling	
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	1	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 left of a ative amount)		12d					
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		No	X N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			۱ <u> </u>	′es	XN	lo	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th trol of the PBGC?	e				Yes	< No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(ch assets or liabilities were transferred. (See instructions.)	s) to)					
1	3c(1) Name of plan(s): 13c(2) E	IN(s)			13c(3	B) PN(s)	

Form 5500-SF	Short Form A				
Department of the Treasury Internal Revenue Service	Short Form Annu	al Return/Report of Small Em Benefit Plan	ployee	OMB Nos. 12 12	10-0110
Department of Labor	This form is required to be file	ed under sections 104 and 4005 at the Free	Retirement	2018	00
Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057(b) and 6058(a) of the Employed Revenue Code (the Code).	the Internal		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the Form		This Form is Ope Public Inspection	
Part I Annual Report Id		lecondance with the instructions to the Form	5500-SF.		
For calendar plan year 2018 or fisc	al plan year beginning	01/01/2018 and ending	12/3	31/2018	
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemploye) (Filers checki	ng this how must attac	ch a
B This return/report is	a one-participant plan	list of participating employer information in a foreign plan	accordance wit	h the form instruction	s.)
	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 12	monthe)		
C Check box if filing under:	Form 5558		_		
	special extension (enter descri	automatic extension	DFVC pro	gram	
Part II Basic Plan Inform	nation—enter all requested inf				
1a Name of plan	enter all requested inf	ormation			
SOLAR STIK, INC. 401(K) PROFIT SHARING F	PT.AN	1b Three- plan nu		
		117 114	(PN)		
				e date of plan	
2a Plan sponsor's name (employer	r, if for a single-employer plan)			1/2014	
City or town state or province	ant suite no and stroot or D.O.	. Box)	2b Employ (EIN)2	ber	
SOLAR STIK, INC.	country, and zip of foreign posta	. Box) al code (if foreign, see instructions)	10 million and 10 million	or's telephone number	
			(800)793-4364	
226 1/2 WEST KING STR	EET		2d Busines	ss code (see instruction	ons)
ST. AUGUSTINE	8				
		FL 32084	3339	00	
3a Plan administrator's name and a	Iddress 🖾 Same as Plan Spons	sor.	3b Adminis	trator's EIN	
			3c Adminia	trataria talent	
				trator's telephone nur	mber
4 If the name and/or EIN of the pla	an sponsor or the plan name has	s changed since the last return/report filed for	4b EIN		
a Sponsor's name	r's name, EIN, the plan name an	d the plan number from the last return/report filed for			
C Plan Name			4d PN		
5a Total number of participants at the	he beginning of the plan year		5a		27
o rotal number of participants at the	he end of the plan year		5b		37 31
participants with acct	Juli Dalances as of the end of the	O DIOD MOON (and the C. I the Market of C.	1000		21
			5c		28
d(2) Total number of active particip	pants at the beginning of the plan) year			30
e Number of participants who term	ninated employment during the r	plan year with accrued benefits that were less	5d(2)		27
than 100% vested	mated employment during the p	or year with accrued benefits that were less	5e		0
Under penalties of periupy and other n	opplice act forth in the interim	eport will be assessed unless reasonable ca	use is establis	hed.	
SB or Schedule MB completed and si belief, it is true, correct and complete	gned by an enrolled actuary, as	eport will be assessed unless reasonable ca ons, I declare that I have examined this return/re well as the electronic version of this return/repor	port, including, t, and to the be	if applicable, a Sched st of my knowledge ar	lule nd
SIGN 1 HOMA	nie Holle	10 8 2019 STEPHANIE HOLI	TS		
HERE Signature of plan admin	nistrator			law address to the second	
SIGN Stanhow	à Mallin	Date Enter name of individ		an administrator	
HERE Signature of employer/p	plan sponsor				
For Paperwork Reduction Act Notice, se	e the Instructions for Form 5500-SI	Date Enter name of individe	ual signing as e	mployer or plan spons Form 5500-SF (20 v.171	018)

Form 5500-SF (2018)

Da	-		2
Ра	Q	е	4

	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC i If "Yes" is checked, enter the My PAA confirmation number from the	and condition not use Forr	ient qualified publi ns.) n 5500-SF and mi param (see FRISA	c accou ust inst	tead us	IQPA) se Form 5 2 □ 1	5 500. Yes No N	X Yes X Yes Not dete	No mined
Pa	art III Financial Information			5 850			. (00		cuoris.j
7	Plan Assets and Liabilities	100000				-			
a	Total plan assets	70	(a) Beginning	g of Ye , 113			(b) End of Ye		
b	Total plan liabilities	. 7a	1	,115	, 302			1,24	1,749
c	Net plan assets (subtract line 7b from line 7a)	7b 7c	1	110	200				
8	Income, Expenses, and Transfers for this Plan Year	10		,113	,302	1		1,24	1,749
a	Contributions received or receivable from:		(a) Amou	int	-		(b) Total		
-	(1) Employers	8a(1)		58	,078				
	(2) Participants	8a(2)			,379			-	-
	(3) Others (including rollovers)	8a(3)							-
b	Other income (loss)	8b		-82	817	1			- Alexandre
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						14	6 640
d	Benefits paid (including direct rollovers and insurance premiums							14	6,640
-	to provide benefits)	8d		16,	848				
e	Certain deemed and/or corrective distributions (see instructions)	8e				1	Sector Sector		
	Administrative service providers (salaries, fees, commissions)	8f							1.2.4.4
g	Other expenses	8g		1,	345	1-1-1-1			1000
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		S. 19				18	3,193
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							3,447
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2T	feature codes	s from the List of P	lan Cha	aracteri	stic Code	s in the instruction	IS:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	an Char	acteris	tic Codes	in the instructions		_
Par				_	00008				
10	During the plan year:								
а		ione within th	a fina a stat	-	Yes	No	Amour	nt	
	Program)	oluntary Fidu	ciary Correction	10a		x			
b	vere there any nonexempt transactions with any party-in-interest	/Do not incl	ide transations						
c	reported on line 10a.) Was the plan covered by a fidelity bond?			10b		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idality hand		10c	Х			250	,000
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	an insurance	10d		X			
f	Has the plan failed to provide any benefit when due under the plan	?		10e		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f	v	X			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructio	ne and 20 CED	10g	X			11	,666
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required not	tion or one of the	10h 10i		X			

Form 5500-SF (2018)

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Part \	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding associate to a start	_				
			SB		Yes	XN
11a 12	Enter the unpaid minimum required contributions for all years from Schodulo SD (Form 5500) is the	11a			-	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	on 302 c	of		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, an granting the waiver.	d enter	the date o	f the let	ter ru	ling
lf yo	bu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12	Da	У	Year		
b E	nter the minimum required contribution for this plan year	12b			-	
CE	nter the amount contributed by the employer to the plan for this plan year	12c			-	-
r	negative amount)	12d			_	
	the minimum functing amount reported on line 12d be met by the funding deadline?		Yes	No	X	N/A
rail v	I Plan Terminations and Transfers of Assets				<u> </u>	
13a H	las a resolution to terminate the plan been adopted in any plan year?		☐ Yes	X	No	_
	res, enter the amount of any plan assets that reverted to the employer this year	13a			NU	
	ontrol of the PBGC?		П	Yes	X N	
	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hich assets or liabilities were transferred. (See instructions.)	to			<u> </u>	
130	(1) Name of plan(s):		_		_	
	13c(2)	EIN(S)		13c(3) PN	(S)
		_			_	