Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
REALTY CENTER MANAGEMENT, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

REALTY CENTER MANAGEMENT, INC.

KATHY LYLES OR APRIL MARTINEZ
6133 BRISTOL PARKWAY
270
CULVER CITY, CA 90230

2b Employer Identification Number (EIN)
95-3914554

2c Plan Sponsor's telephone number
310-207-2737

2d Business code (see instructions)
531120

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/10/2019	KATHY LYLES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	373
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	352
a(2) Total number of active participants at the end of the plan year	**6a(2)**	351
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	36
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	387
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	388
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	295
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	32
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
REALTY CENTER MANAGEMENT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REALTY CENTER MANAGEMENT, INC.

D Employer Identification Number (EIN)
95-3914554

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	27573	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

CBIZ FINANCIAL SOLUTIONS INC

52-1396995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	24939	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF SM CAP VAL INST - BOSTON FINAN 94-3167260	0.04%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS BOND INST - GOLDMAN SACHS & CO. 13-5108880	0.12%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
REALTY CENTER MANAGEMENT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
REALTY CENTER MANAGEMENT, INC.

D Employer Identification Number (EIN)
95-3914554

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	422006

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
REALTY CENTER MANAGEMENT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REALTY CENTER MANAGEMENT, INC.

D Employer Identification Number (EIN)
95-3914554

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	141679	140646
(9) Value of interest in common/collective trusts	1c(9)	179401	422006
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7829565	7788758
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	8150645	8351410
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8150645	8351410

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	424237	
	(B) Participants	2a(1)(B)	617317	
	(C) Others (including rollovers)	2a(1)(C)	96049	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1137603
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	7772	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7772
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	337676	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		337676
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-267
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-839583
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		643201
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	382236	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		382236
f Corrective distributions (see instructions)	2f		7770
g Certain deemed distributions of participant loans (see instructions)	2g		-82
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	52512	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		52512
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		442436
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		200765
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GURSEY SCHNEIDER LLP **(2)** EIN: 95-3309779

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		4
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
REALTY CENTER MANAGEMENT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REALTY CENTER MANAGEMENT, INC.

D Employer Identification Number (EIN)
95-3914554

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Form **5330**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

▶ **Information about Form 5330 and its instructions is at *www.irs.gov/form5330*.**

OMB No. 1545-0575

Filer tax year beginning , and ending ,

A Name of filer (see instructions)
Reality Center Management, Inc. 401 (k) plan

Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.)
6133 Bristol Parkway Suite 270

City or town, state or province, country, and ZIP or foreign postal code
Culver City, CA 90230

B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.)
Employer identification number (EIN)
95-3914554
Social security number (SSN)

C Name of plan
Reality Center Management, Inc. 401 (k) plan

E Plan sponsor's EIN

D Name and address of plan sponsor
6133 Bristol Parkway Suite 270

F Plan year ending (MM/DD/YYYY)
2018

H If this is an **amended return,** check here . . . . . ▶ ☐

G Plan number
001

Part I **Taxes.** You can only complete one section of Part I for each Form 5330 filed (see instructions).

		FOR IRS USE ONLY			
Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)					
1	Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1		
2	Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2	9680	
3a	Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a		
b	Section 4975(b) tax on failure to correct prohibited transactions	224	3b		
4	Section 4976 tax on disqualified benefits for funded welfare plans	200	4		
5a	Section 4978 tax on ESOP dispositions	209	5a		
b	The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b		
6	Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6		
7	**Total Section A taxes.** Add lines 1 through 6. Enter here and on Part II, line 17 ▶		7		
Section B. Taxes that are reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year					
8a	Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a		
b	Section 4971(b) tax for failure to correct minimum funding standards	225	8b		
9a	Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a		
b	Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b		
10a	Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a		
b	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b		
c	Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c		
Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees					
11	Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11		
12	**Total Section B taxes.** Add lines 8a through 11. Enter here and on Part II, line 17 ▶		12		
Section C. Tax that is reported by the last day of the 15th month after the end of the plan year					
13	Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17 ▶	205	13	968.00	

Name of Filer: Filer's identifying number:

Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred

14	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 ▶	204	14		

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 ▶	228	15		

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction

16	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 ▶	237	16		

Part II Tax Due

17	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	968	00
18	Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18		
19	**Tax due.** Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) " on your payment ▶	19	968	00

Sign Here

Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Telephone number	Date
	3102072737	10-1-19

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Name of Filer: Filer's identifying number:

Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))			1	
2	Amount allowable as a deduction under section 404			2	
3	Subtract line 2 from line 1			3	
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4			
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5			
6	Subtract line 5 from line 4	6			
7	Amount of line 6 carried forward and deductible in this tax year	7			
8	Subtract line 7 from line 6			8	
9	Tentative taxable excess contributions. Add lines 3 and 8			9	
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax			10	
11	Taxable excess contributions. Subtract line 10 from line 9			11	
12	Multiply line 11 by 10%. Enter here and on Part I, line 1 ▶			12	

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers (see instructions)	1	
2	Amount excludable from gross income under section 403(b) (see instructions)	2	
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3	
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4	
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5	
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6	
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7	
8	Taxable excess contributions. Add lines 3 and 7	8	
9	Multiply line 8 by 6%	9	
10	Enter the value of your account as of the last day of the year	10	
11	Multiply line 10 by 6%	11	
12	**Excess contributions tax.** Enter the lesser of line 9 or line 11 here and on Part I, line 2 ▶	12	

Name of Filer: Filer's identifying number:

Schedule C. Tax on Prohibited Transactions (Section 4975) *(see instructions)* **Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1 Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):

a ☐ discrete **b** ☐ other than discrete (a lease or a loan)

2 Complete the table below to disclose the prohibited transactions and figure the initial tax (see instructions)

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a . . . . . ▶

4 Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) . . . ▶ ☐ **Yes** ☐ **No**

Name of Filer: Filer's identifying number:

Schedule C. Tax on Prohibited Transactions (Section 4975) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return) *(continued)*

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).

(a) Item no. from line 2	(b) Name and address of disqualified person	(c) EIN or SSN	(d) Date of correction	(e) Description of correction

Schedule D. Tax on Failure to Meet Minimum Funding Standards (Section 4971(a)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans) (see instructions)	1		
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a . . . . ▶	2		

Name of Filer: Filer's identifying number:

Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

		(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total Add cols. a-d for line 3
1 Amount of shortfall	1					
2 Shortfall paid by the due date	2					
3 Net shortfall amount	3					
4 Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a ▶					4	

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status	1	
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements	1a	
b	Enter the amount of the accumulated funding deficiency	1b	
c	Enter the greater of line 1a or line 1b, here and on Part I, line 10b ▶	1c	
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan	2	
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a	
b	Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted ▶ _____	2b	
c	Multiply line 2b by $1,100	2c	
d	Enter the greater of line 2a or line 2c, here and on Part I, line 10c ▶	2d	

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1	Did you make an election to be taxed under section 4977? ☐ Yes ☐ No		
2	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid ▶ _____		
3	If line 1 is "Yes," enter the excess fringe benefits on this line (see instructions)	3	
4	Enter 30% of line 3 here and on Part I, line 11 ▶	4	

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1	9680 00
2	Multiply line 1 by 10% and enter here and on Part I, line 13 ▶	2	968 00

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1	Date reversion occurred ▶ MM ____ DD ____ YY ____		
2a	Employer reversion amount _____ b Excise tax rate _____		
3	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 ▶	3	
4	Explain below why you qualify for a rate other than 50%:		

Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice ▶ _____	1	
2	Enter the effective date of the amendment ▶ MM ____ DD ____ YY ____	2	
3	Enter the number of days in the noncompliance period ▶ _____	3	
4	Enter the total number of failures to provide ERISA section 204(h) notice (see instructions)	4	
5	Multiply line 4 by $100. Enter here and on Part I, line 15 ▶	5	
6	Provide a brief description of the failure, and of the correction, if any		

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to ▶ _____	1	
2	Multiply line 1 by $20,000. Enter the result here and on Part I, line 16 ▶	2	

REALTY CENTER MANAGEMENT, INC.
401(K) PLAN AND TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2018



Gursey | Schneider LLP
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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All other schedules required by the Department of Labor have been omitted because they are not applicable.

Gursey | Schneider LLP
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Independent Auditor's Report

To the Plan Administrators
Realty Center Management, Inc. 401(k) Plan and Trust
Culver City, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Realty Center Management, Inc. 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974

Gursey | Schneider LLP

October 3, 2019
Los Angeles, California

REALTY CENTER MANAGEMENT, INC.
401(K) PLAN AND TRUST
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

ASSETS

	2018	2017
Investments:		
Mutual funds, at fair value	$ 7,788,758	$ 7,829,565
Stable value fund, at contract value	422,006	179,401
Total Investments	8,210,764	8,008,966
Receivables:		
Employee contributions	50,288	21,658
Employer contributions	34,021	15,089
Participant loans	140,646	141,679
Total Receivables	224,955	178,426
Total Assets	8,435,719	8,187,392

LIABILITIES

Excess contributions payable to:		
Participants	9,680	7,770
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,426,039	$ 8,179,622

See Independent Auditor's Report and Accompanying Notes to Financial Statements

REALTY CENTER MANAGEMENT, INC.
401(K) PLAN AND TRUST
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

ADDITIONS TO NET ASSETS:		
Investment Income:		
Interest and dividends	$	337,676
Interest - participant loans		7,772
Net depreciation in fair value of investments		(839,850)
Total Investment Income		(494,402)
Contributions:		
Participants		636,267
Employer, net of forfeitures		443,169
Rollovers		96,049
Total Contributions		1,175,485
Total Additions		681,083
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants		382,154
Administrative fees		52,512
Total Deductions		434,666
Increase in Net Assets		246,417
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		8,179,622
End of year	$	8,426,039

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Realty Center Management, Inc. 401(k) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering all employees (the "Participants") of Realty Center Management, Inc. (the "Company" and "Plan Sponsor"). Employees become an active participant on day one of their service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The executive management of the Company controls and manages the operation and administration of the Plan. Fidelity Management Trust Company ("Fidelity") serves as the Trustee of the Plan's assets and provides recordkeeping and investment accounting services. There were no Plan amendments made in2018.

Employee Contributions – Each year, participants may contribute up to the maximum amount limited by the Internal Revenue Service ("IRS"). For the year ended December 31, 2018, employees can defer up to $18,500 (this amount will increase to $19,000 for the year ending December 31, 2019). Participants may also contribute amounts representing distributions from other qualified defined benefit, defined contribution plans or individual retirement accounts. Employees may elect to make "after-tax" contributions to the plan. Such contributions totaled $54,242 during the year ended December 31, 2018.

Participants who are age 50 or older may make catch-up contributions to the Plan up to the maximum amount limited by the IRS. For the year ended December 31, 2018, this additional catch-up contribution is $6,000 (this amount will remain $6,000 for the year ending December 31, 2019).

The Plan features an automatic enrollment provision which automatically enrolls all eligible employees and allocates 4% of each employee's eligible compensation as a pre-tax contribution to the plan. These contributions are invested by the Plan into a qualified default investment alternative consisting of various target date retirement funds corresponding with the age of each employee. Employees have the right to change their contribution percentage or change their investment allocation election at any time.

Employer Contributions – In 2018, the Company had a matching contributions of 100% of the first 4% of the employees' contribution. For the year ended December 31, 2018, the Company contributed $443,169. The Company does not provide any matching contributions on special catch-up contributions.

Participant Accounts – Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions plus earnings thereon is based on years of continuous service. Vesting occurs ratably and a participant is 100 percent vested after five years of credited service. Additionally, a participant becomes 100 percent vested in the Company's contribution upon the occurrence of (1) death, (2) total and permanent disability, (3) attainment of age 65, and (4) termination of the Plan.

NOTE 1 – DESCRIPTION OF THE PLAN – (CONTINUED)

Investment Options – Upon enrollment in the Plan, a participant may direct employee contributions in any of the approximately 26 separate publicly traded mutual funds held by Fidelity Management Trust Company, the Trustee. The Plan also offers one stable value / managed income portfolio account, also offered by the Trustee. These investments are purchased at the direction of Participants through salary deferrals, company matching contribution and investment income reinvestments. Additionally, shares in these accounts are sold whenever a participant withdraws from the Plan or borrows from it. Participants may change their investment allocation at their discretion.

Participants' Loans – Participants may borrow from their fund accounts in an amount not to exceed the lesser of $50,000 or 50% of the vested amount. Loan terms are in general up to 5 years, or a reasonable time would be determined if the main purpose of loan is for the purchasing of the principal residence of the participant. As of December 31, 2018, participant loans have various maturities through the year 2025. The loans are secured by the balance in the participants' accounts, and the current loans bear interest from 4.25% - 6%. Principal and interest are paid through payroll deduction. Additionally, participants who apply for loans are charged a one-time $75 set-up fee and annual maintenance fee of $25. Fees charged to participant accounts for such services amounted to $2,594 for the year ended December 31, 2018.

Loans are segregated investments and to the extent a participant borrows, their account will not share in the earnings and gains in value attributable to other investments. The interest that participants pay on their loans will be directly credited to their account. If any losses are realized or expense incurred in the event of default, such losses and expense shall be allocated only to the participant's accounts. Unpaid principal balances on loans will be deemed a distribution if the participant terminates employment with the Company. A participant may only have one loan outstanding.

Payment of Benefits – Upon termination of employment due to retirement or death, a participant has options to receive either a single sum or installment payments of his or her vested account balance. A participant shall choose to be paid in a single sum of their vested account balance or to be rolled over to a qualified retirement plan if he or she ceases to be an employee for any other reason. The Plan had adopted an automatic distribution policy for terminated participants whose accounts are below $1,000. Hardship distribution is permitted; however, the Participant is suspended from contributing to the Plan for the succeeding six months.

Forfeited Accounts – At the beginning of the year ended December 31, 2018, forfeited account balances for the benefit of the Plan sponsor was $18,469. During the current year, terminated employees forfeited an additional $51,398. The Plan gained $396 on forfeited account balances. The Plan used $24,179 to apply towards Plan expenses. As of December 31, 2018, the ending balance of the forfeited accounts was $46,084.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Contributions by participants are recognized in the period the participants' wages are earned, but withdrawals from the Plan for participant distributions are recognized when the amounts are paid to the participant, except for cases where refunds are due to the participants in order for the Plan to conform to Internal Revenue Code ("IRC") provisions. Plan expenses are recorded when incurred.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

Use of Estimates – The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Valuation of Investments – Mutual fund values are based on the underlying investments. Mutual fund securities traded on security exchanges are valued daily at the latest quoted sales price. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year. The Plan's investments are stated at fair value except for the investment in the Fidelity Managed Income Portfolio Class I Fund ("MIP CL 1 Fund"). This investment is a common / collective trust with fully benefit-responsive investment contracts, which is presented at contract value as reported to the Plan by the Trustee. Contract value represents contributions, plus earnings, less participant withdrawals and administrative expenses and is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Net appreciation / depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividend income is recorded on the ex-dividend date and interest income is accrued as earned. Plan assets are concentrated in mutual funds primarily consisting of stocks and bonds. Realization of the Plan's net assets available for benefits is dependent on the results of these markets.

Notes Receivable from Participants – Notes receivable from participants represent loans that are recorded at their unpaid principal balance plus accrued but unpaid interest. Related fees are recorded as administrative expense and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2018 and 2017. Delinquent participant loans are classified as distributions based on the terms of the plan agreement.

Excess Contributions Payable – Amounts payable to participants totaled $9,680 and $7,770 at December 31, 2018 and 2017, respectively. Contributions in excess of amounts allowed by the IRS are recorded as liabilities, with a corresponding reduction to the respective year's contributions (comprising $9,680 of participant contribution refunds and $0 of excess employer match contributions). The Plan did not distribute the 2018 excess contributions prior to March 15 of the succeeding year and thus, has to file a Form 5330 to pay excises taxes due.

Risks and Uncertainties – The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term. Such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan Administrator Costs – The Company absorbs a portion of administration costs related to the Plan. Administrative expenses and fund fees incurred by the Plan for the year ended December 31, 2018 totaled $52,512.

Related Party Transactions – Certain Trustee, accounting, and administrative expenses relating to the maintenance of participant records and the Plan's administration are absorbed by the Company. Certain Plan investments are held in shares of common collective trust accounts managed by Fidelity Management Trust Company. These transactions and participant loans qualify as party-in-interest transactions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Plan Termination – Although it has not expressed any intention to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the entire amount of each participant's account, with respect to the Plan, shall become 100% vested and non-forfeitable.

Subsequent Events — Subsequent events have been evaluated through October 3, 2019, the date the financial statements were available to be issued.

NOTE 3 – INCOME TAX STATUS

Tax Status – The underlying volume submitter plan has received an advisory letter from the Internal Revenue Service ("IRS") dated March 31, 2014 stating that the form of the plan is qualified under Section 401 of the Internal Revenue Code ("the Code") and therefore, the related trust is tax-exempt. The plan administrator has determined that it is eligible to and has chosen to rely on the current IRS volume submitter advisory letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that was prepared and certified to be complete and accurate by Fidelity Management Trust Company as of December 31, 2018 and 2017:

	2018	2017
Investments:		
Mutual funds, at fair value	$ 7,788,758	$ 7,829,565
Stable value fund, at contract value	422,006	179,401
Participant loans	140,646	141,679
Investment Income:		
Net appreciation (depreciation) in fair value of investments	(839,850)	917,143
Interest and dividends	337,676	258,024
Interest - participant loans	7,772	6,117

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

- Level 2: Inputs to the valuation methodology include (a) Quoted prices for similar assets or liabilities in active markets; (b) Quoted prices for identical or similar assets or liabilities in inactive markets; (c) Inputs other than quoted prices that are observable for the asset or liability; or (d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit

	Fair Value Hierarchy:			
	Level 1	Level 2	Level 3	Total
December 31, 2018				
Mutual funds	$ 7,788,758	$ -	$ -	$ 7,788,758
Stable value fund, at contract value				422,006
Total				$ 8,210,764
December 31, 2017				
Mutual funds	$ 7,829,565	$ -	$ -	$ 7,829,565
Stable value fund, at contract value				179,401
				$ 8,008,966

NOTE 5 – FAIR VALUE MEASUREMENTS – (CONTINUED)

In regards to the classification of investment options offered by the Plan, there were no reclassifications in or out of levels 1, 2 or 3 during the year ended December 31, 2018. These investments can be redeemed immediately and without a redemption notification period. As of December 31, 2018, there were no unfunded commitments associated with any of these investments.

NOTE 6 – STABLE VALUE FUND

Fidelity Managed Income Portfolio Class 1 ("MIP CL1") units are issued and redeemed daily at the MIP CL 1 Fund's constant net asset value of $1 per unit. The Fund's investment objective is stability of principal and high current income. The Fund pursues this investment objective by investing primarily in guaranteed investment contracts (GICs), including traditional GICs, Synthetic GICs and separate account GICs; money market mutual funds and other stable value products that can be carried at contract value. It is the policy of the MIP CL 1 Fund to use its best efforts to maintain a stable net asset value of $1 per unit; although there is no guarantee that the MIP CL 1 Fund will be able to maintain this value.

Interest crediting rates are typically reset on a monthly or quarterly basis. Because changes in market interest rates affect the yield to maturity and the fair value of the underlying fixed-income securities, they can have a material impact on the interest crediting rate. In addition, withdrawals and transfers from the MIP CL 1 Fund are paid at contract value but may be funded through fair value liquidation of the underlying fixed-income securities, which could impact the crediting rate. All synthetic GICs provide for a minimum crediting rate of zero percent, which is intended to protect participants' principal and accrued interest. The total return for the MIP CL 1 Fund for the year ended December 31, 2018 was 1.57%.

The MIP CL 1 Fund's trust agreement provides that withdrawals for purposes other than normal benefit payments, participant loans, direct transfers or paying Trustee fees may require advance notice of up to twelve months. In certain circumstances, the amount withdrawn from the MIP CL 1 Fund would be payable at fair value rather than at contract value. These circumstances may include, but are not limited to, the following: mergers, mass layoffs, plan terminations, implementation of early retirement incentive programs or other events within the control of the MIP CL 1 Fund or the plan.

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Contributions received from participants for the year of 2018 include accrued salary deferrals and matching contributions at December 31, 2018 that have not yet been remitted to the Plan. These amounts are included in the Plan's statement of net assets available for benefits as contributions receivable. The amount of contributions also exclude excess employee contributions that will be refunded to participants subsequent to year-end to satisfy plan compliance testing.

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 – (CONTINUED)

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018 to the Form 5500:

Amount per financial statements	$ 8,426,039
Contributions receivable - employees	(50,288)
Contributions receivable - employer	(34,021)
Excess contribution payable	9,680
Amounts per Form 5500	$ 8,351,410

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2018 to Form 5500:

	Employer	Participants
Amounts per financial statements	$ 443,169	$ 636,267
Contributions receivable - end of year	(34,021)	(50,288)
Contributions receivable - beginning of year	15,089	21,658
Excess contributions payable - end of year	-	9,680
Amounts per Form 5500	$ 424,237	$ 617,317

SUPPLEMENTAL SCHEDULE PROVIDED PURSUANT TO THE DEPARTMENT OF LABOR RULES AND REGULATIONS

REALTY CENTER MANAGEMENT, INC.
401(K) PLAN AND TRUST
Form 5500, Schedule H, Part IV, line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2018
Plan Sponsor EIN: 95-3914554
Plan Number: 001

(a)	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	AMERICAN BEACON	SMALL CAP VALUE FUND CLASS INST	$ -	$ 12,877
	AMERICAN FUNDS	AMCAP R6	-	637,639
	AMERICAN FUNDS	BALANCED R6	-	296,743
	AMERICAN FUNDS	EUROPAC GROWTH R6	-	75,100
	AMERICAN FUNDS	NEW PERSPECT R6	-	97,286
	AMERICAN FUNDS	NEW WORLD R6	-	160,031
	DIMENSIONAL FUND	ADVISORS US SMALL CAP I	-	80,172
*	FIDELITY	MANAGED INCOME PORTFOLIO CL 1	-	422,005
	GOLDMAN SACHS	BOND INSTITUTIONAL	-	229,606
	JP MORGAN	MID CAP GROWTH R6	-	320,733
	PRUDENTIAL	HIGH YIELD Q		127,275
	VANGUARD	500 INDEX ADMIRAL	-	639,684
	VANGUARD	EXPLORER ADMIRAL	-	184,047
	VANGUARD	MIDCAP INDEX FUND ADMIRAL	-	88,294
	VANGUARD	SELECTED VALUE	-	185,658
	VANGUARD	TARGET RETIREMENT 2015	-	124,747
	VANGUARD	TARGET RETIREMENT 2020	-	853,648
	VANGUARD	TARGET RETIREMENT 2025	-	420,079
	VANGUARD	TARGET RETIREMENT 2030	-	1,002,654
	VANGUARD	TARGET RETIREMENT 2035	-	473,274
	VANGUARD	TARGET RETIREMENT 2040	-	466,245
	VANGUARD	TARGET RETIREMENT 2045	-	525,006
	VANGUARD	TARGET RETIREMENT 2050	-	257,903
	VANGUARD	TARGET RETIREMENT 2055	-	288,028
	VANGUARD	TARGET RETIREMENT 2060	-	97,507
	VANGUARD	TARGET RETIREMENT INCOME	-	142,303
	VANGUARD	WINDSOR II ADMIRAL	-	2,220
	TOTAL INVESTMENTS		$ -	$ 8,210,764
*	NOTES RECEIVABLE FROM PARTICIPANTS			
	Interest rates ranging from 4.25% - 6%; maturing at various dates between January 2019 and July 2025		$ -	$ 140,646

* A party-in-interest as defined by ERISA.
** The cost of participant-directed investments is not required to be disclosed.

Client: *Realty Center Management, Inc. 401(k) Plan and Trust*
Engagement: *Realty Center Management, Inc. 401(k) Plan and Trust*
Period Ending: *12/31/2018*
Trial Balance: *TB*
Workpaper: *3600.00 - Clean Grouping Report*

Account	Description	1st PP-FINAL 12/31/2017	UNADJ 12/31/2018	JE Ref #	AJE 12/31/2018	FINAL 12/31/2018
Group : [4150]	**Investments**					
Subgroup : [4150.00]	**Mutual Funds / Pooled Separate Accounts**					
4150	Pooled separate accounts	7,829,565.00	7,788,758.00		0.00	7,788,758.00
4151	Guaranteed return accounts	179,401.00	422,006.00		0.00	422,006.00
Subtotal [4150.00]	**Mutual Funds / Pooled Separate Accounts**	**8,008,966.00**	**8,210,764.00**		**0.00**	**8,210,764.00**
Subgroup : [4150.65]	**Participant Loans**					
4201	Participant loans	141,679.00	140,646.00		0.00	140,646.00
Subtotal [4150.65]	**Participant Loans**	**141,679.00**	**140,646.00**		**0.00**	**140,646.00**
Total [4150]	**Investments**	**8,150,645.00**	**8,351,410.00**		**0.00**	**8,351,410.00**
Group : [4200]	**Receivables**					
Subgroup : [4200.00]	**Employee Contributions Receivable**					
4210	Employees contributions receivable	21,658.00	0.00		50,288.00	50,288.00
				AJE - 2	50,288.00	
Subtotal [4200.00]	**Employee Contributions Receivable**	**21,658.00**	**0.00**		**50,288.00**	**50,288.00**
Subgroup : [4200.05]	**Employer Contributions Receivable**					
4220	Employer contributions receivable	15,089.00	0.00		34,021.00	34,021.00
				AJE - 2	34,021.00	
Subtotal [4200.05]	**Employer Contributions Receivable**	**15,089.00**	**0.00**		**34,021.00**	**34,021.00**
Total [4200]	**Receivables**	**36,747.00**	**0.00**		**84,309.00**	**84,309.00**
	Current Assets	**8,187,392.00**	**8,351,410.00**		**84,309.00**	**8,435,719.00**
	TOTAL ASSET	**8,187,392.00**	**8,351,410.00**		**84,309.00**	**8,435,719.00**
Group : [5100]	**Benefits Payable**					
Subgroup : [5100.00]	**Excess participants contributions payable**					
5110	Participants excess contributions payable	(7,770.00)	0.00		(9,680.00)	(9,680.00)
				AJE - 4	(9,680.00)	
Subtotal [5100.00]	**Excess participants contributions payable**	**(7,770.00)**	**0.00**		**(9,680.00)**	**(9,680.00)**

Client: *Realty Center Management, Inc. 401(k) Plan and Trust*
Engagement: *Realty Center Management, Inc. 401(k) Plan and Trust*
Period Ending: *12/31/2018*
Trial Balance: *TB*
Workpaper: *3600.00 - Clean Grouping Report*

Account	Description	1st PP-FINAL 12/31/2017	UNADJ 12/31/2018	JE Ref #	AJE 12/31/2018	FINAL 12/31/2018
Total [5100]	**Benefits Payable**	**(7,770.00)**	**0.00**		**(9,680.00)**	**(9,680.00)**
	Current Liabilities	**(7,770.00)**	**0.00**		**(9,680.00)**	**(9,680.00)**
	TOTAL LIABILITY	**(7,770.00)**	**0.00**		**(9,680.00)**	**(9,680.00)**
Group : [6100]	**Net Assets Available for Benefits**					
Subgroup : [6100.00]	**Net Assets Available for Benefits**					
6101	Net Assets available for benefits	(6,182,601.00)	(8,150,645.00)		(28,977.00)	(8,179,622.00)
				AJE - 1	(36,747.00)	
				AJE - 3	7,770.00	
Subtotal [6100.00]	**Net Assets Available for Benefits**	**(6,182,601.00)**	**(8,150,645.00)**		**(28,977.00)**	**(8,179,622.00)**
Total [6100]	**Net Assets Available for Benefits**	**(6,182,601.00)**	**(8,150,645.00)**		**(28,977.00)**	**(8,179,622.00)**
	Equity	**(6,182,601.00)**	**(8,150,645.00)**		**(28,977.00)**	**(8,179,622.00)**
	NET (INCOME) LOSS	**(1,997,021.00)**	**(200,765.00)**		**(45,652.00)**	**(246,417.00)**
	TOTAL EQUITY	**(8,179,622.00)**	**(8,351,410.00)**		**(74,629.00)**	**(8,426,039.00)**
	TOTAL LIABILITY AND EQUITY	**(8,187,392.00)**	**(8,351,410.00)**		**(84,309.00)**	**(8,435,719.00)**
Group : [7100]	**Net Investment Revenue**					
Subgroup : [7100.00]	**Interest**					
7101	Interest and dividends	(258,024.00)	(337,676.00)		0.00	(337,676.00)
7102	Interest - participant loans	(6,117.00)	(7,772.00)		0.00	(7,772.00)
Subtotal [7100.00]	**Interest**	**(264,141.00)**	**(345,448.00)**		**0.00**	**(345,448.00)**
Subgroup : [7100.10]	**Net Appreciation (Depreciation) in Future Value of Investments**					
7103	Net appreciation in fair value of investments	(917,143.00)	839,850.00		0.00	839,850.00
Subtotal [7100.10]	**Net Appreciation (Depreciation) in Future Value**	**(917,143.00)**	**839,850.00**		**0.00**	**839,850.00**
Total [7100]	**Net Investment Revenue**	**(1,181,284.00)**	**494,402.00**		**0.00**	**494,402.00**
Group : [7150]	**Contributions**					

Client: *Realty Center Management, Inc. 401(k) Plan and Trust*
Engagement: *Realty Center Management, Inc. 401(k) Plan and Trust*
Period Ending: *12/31/2018*
Trial Balance: *TB*
Workpaper: *3600.00 - Clean Grouping Report*

Account	Description	1st PP-FINAL 12/31/2017	UNADJ 12/31/2018	JE Ref #	AJE 12/31/2018	FINAL 12/31/2018
Subgroup : [7150.00]	**Employee Contributions**					
7151	Contributions - participants	(558,503.00)	(617,317.00)		(18,950.00)	(636,267.00)
				AJE - 1	21,658.00	
				AJE - 2	(50,288.00)	
				AJE - 4	9,680.00	
Subtotal [7150.00]	**Employee Contributions**	**(558,503.00)**	**(617,317.00)**		**(18,950.00)**	**(636,267.00)**
Subgroup : [7150.05]	**Employer Contributions**					
7152	Contributions - employer	(400,537.00)	(424,237.00)		(18,932.00)	(443,169.00)
				AJE - 1	15,089.00	
				AJE - 2	(34,021.00)	
Subtotal [7150.05]	**Employer Contributions**	**(400,537.00)**	**(424,237.00)**		**(18,932.00)**	**(443,169.00)**
Subgroup : [7150.10]	**Rollovers**					
7153	Contributions - rollovers	(70,709.00)	(96,049.00)		0.00	(96,049.00)
Subtotal [7150.10]	**Rollovers**	**(70,709.00)**	**(96,049.00)**		**0.00**	**(96,049.00)**
Total [7150]	**Contributions**	**(1,029,749.00)**	**(1,137,603.00)**		**(37,882.00)**	**(1,175,485.00)**
	Revenues	**(2,211,033.00)**	**(643,201.00)**		**(37,882.00)**	**(681,083.00)**
	TOTAL REVENUE	**(2,211,033.00)**	**(643,201.00)**		**(37,882.00)**	**(681,083.00)**
Group : [7200]	**Benefits**					
Subgroup : [7200.00]	**Benefits**					
7201	Benefits paid	176,331.00	389,924.00		(7,770.00)	382,154.00
				AJE - 3	(7,770.00)	
Subtotal [7200.00]	**Benefits**	**176,331.00**	**389,924.00**		**(7,770.00)**	**382,154.00**
Total [7200]	**Benefits**	**176,331.00**	**389,924.00**		**(7,770.00)**	**382,154.00**
	Cost of Sales	**176,331.00**	**389,924.00**		**(7,770.00)**	**382,154.00**
Group : [7300]	**Administrative Expenses**					
Subgroup : [7300.00]	**General and Administrative**					

Client:	***Realty Center Management, Inc. 401(k) Plan and Trust***
Engagement:	***Realty Center Management, Inc. 401(k) Plan and Trust***
Period Ending:	***12/31/2018***
Trial Balance:	***TB***
Workpaper:	***3600.00 - Clean Grouping Report***

Account	Description	1st PP-FINAL 12/31/2017	UNADJ 12/31/2018	JE Ref #	AJE 12/31/2018	FINAL 12/31/2018
7301	Administrative expenses	37,681.00	52,512.00		0.00	52,512.00
Subtotal [7300.00]	**General and Administrative**	**37,681.00**	**52,512.00**		**0.00**	**52,512.00**
Total [7300]	**Administrative Expenses**	**37,681.00**	**52,512.00**		**0.00**	**52,512.00**
	Operating Expenses	**37,681.00**	**52,512.00**		**0.00**	**52,512.00**
	TOTAL EXPENSE	**214,012.00**	**442,436.00**		**(7,770.00)**	**434,666.00**
	NET (INCOME) LOSS	**(1,997,021.00)**	**(200,765.00)**		**(45,652.00)**	**(246,417.00)**
	Sum of Account Groups*	**0.00**	**0.00**		**0.00**	**0.00**

* The Sum of Account Groups total does not include any groups assigned to the MEM classification.

Form **5330**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

▶ **Information about Form 5330 and its instructions is at *www.irs.gov/form5330*.**

OMB No. 1545-0575

Filer tax year beginning , and ending ,

A Name of filer (see instructions)
Reality Center Management, Inc. 401 (k) plan

Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.)
6133 Bristol Parkway Suite 270

City or town, state or province, country, and ZIP or foreign postal code
Culver City, CA 90230

B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.)
Employer identification number (EIN)
95-3914554
Social security number (SSN)

C Name of plan
Reality Center Management, Inc. 401 (k) plan

E Plan sponsor's EIN

D Name and address of plan sponsor
6133 Bristol Parkway Suite 270

F Plan year ending (MM/DD/YYYY)
2018

H If this is an **amended return,** check here . . . . . ▶ ☐

G Plan number
001

Part I **Taxes.** You can only complete one section of Part I for each Form 5330 filed (see instructions).

		FOR IRS USE ONLY			
Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)					
1	Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1		
2	Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2	9680	
3a	Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a		
b	Section 4975(b) tax on failure to correct prohibited transactions	224	3b		
4	Section 4976 tax on disqualified benefits for funded welfare plans	200	4		
5a	Section 4978 tax on ESOP dispositions	209	5a		
b	The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b		
6	Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6		
7	**Total Section A taxes.** Add lines 1 through 6. Enter here and on Part II, line 17 ▶		7		
Section B. Taxes that are reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year					
8a	Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a		
b	Section 4971(b) tax for failure to correct minimum funding standards	225	8b		
9a	Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a		
b	Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b		
10a	Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a		
b	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b		
c	Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c		
Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees					
11	Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11		
12	**Total Section B taxes.** Add lines 8a through 11. Enter here and on Part II, line 17 ▶		12		
Section C. Tax that is reported by the last day of the 15th month after the end of the plan year					
13	Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17 ▶	205	13	968.00	

Name of Filer: Filer's identifying number:

Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred

14	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 ▶	204	14		

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 ▶	228	15		

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction

16	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 ▶	237	16		

Part II Tax Due

17	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	968	00
18	Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18		
19	**Tax due.** Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) " on your payment ▶	19	968	00

Sign Here

Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Telephone number	Date
	3102072737	10-1-19

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Name of Filer: Filer's identifying number:

Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))			1	
2	Amount allowable as a deduction under section 404			2	
3	Subtract line 2 from line 1			3	
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4			
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5			
6	Subtract line 5 from line 4	6			
7	Amount of line 6 carried forward and deductible in this tax year	7			
8	Subtract line 7 from line 6			8	
9	Tentative taxable excess contributions. Add lines 3 and 8			9	
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax			10	
11	Taxable excess contributions. Subtract line 10 from line 9			11	
12	Multiply line 11 by 10%. Enter here and on Part I, line 1 ▶			12	

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers (see instructions)	1	
2	Amount excludable from gross income under section 403(b) (see instructions)	2	
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3	
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4	
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5	
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6	
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7	
8	Taxable excess contributions. Add lines 3 and 7	8	
9	Multiply line 8 by 6%	9	
10	Enter the value of your account as of the last day of the year	10	
11	Multiply line 10 by 6%	11	
12	**Excess contributions tax.** Enter the lesser of line 9 or line 11 here and on Part I, line 2 ▶	12	

Name of Filer: Filer's identifying number:

Schedule C. Tax on Prohibited Transactions (Section 4975) *(see instructions)* **Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1 Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):

a ☐ discrete **b** ☐ other than discrete (a lease or a loan)

2 Complete the table below to disclose the prohibited transactions and figure the initial tax (see instructions)

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a . . . . . ▶

4 Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) . . . ▶ ☐ **Yes** ☐ **No**

Name of Filer: Filer's identifying number:

Schedule C. Tax on Prohibited Transactions (Section 4975) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return) *(continued)*

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).

(a) Item no. from line 2	(b) Name and address of disqualified person	(c) EIN or SSN	(d) Date of correction	(e) Description of correction

Schedule D. Tax on Failure to Meet Minimum Funding Standards (Section 4971(a)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans) (see instructions)	1		
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a . . . . ▶	2		

Name of Filer: Filer's identifying number:

Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

		(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total Add cols. a-d for line 3
1 Amount of shortfall	1					
2 Shortfall paid by the due date	2					
3 Net shortfall amount	3					
4 Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a ▶					4	

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status	1	
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements	1a	
b	Enter the amount of the accumulated funding deficiency	1b	
c	Enter the greater of line 1a or line 1b, here and on Part I, line 10b ▶	1c	
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan	2	
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a	
b	Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted ▶ _____	2b	
c	Multiply line 2b by $1,100	2c	
d	Enter the greater of line 2a or line 2c, here and on Part I, line 10c ▶	2d	

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1	Did you make an election to be taxed under section 4977? ☐ Yes ☐ No		
2	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid ▶ _____		
3	If line 1 is "Yes," enter the excess fringe benefits on this line (see instructions)	3	
4	Enter 30% of line 3 here and on Part I, line 11 ▶	4	

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1	9680 00
2	Multiply line 1 by 10% and enter here and on Part I, line 13 ▶	2	968 00

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1	Date reversion occurred ▶ MM ____ DD ____ YY ____		
2a	Employer reversion amount _____ b Excise tax rate _____		
3	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 ▶	3	
4	Explain below why you qualify for a rate other than 50%:		

Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice ▶ _____	1	
2	Enter the effective date of the amendment ▶ MM ____ DD ____ YY ____	2	
3	Enter the number of days in the noncompliance period ▶ _____	3	
4	Enter the total number of failures to provide ERISA section 204(h) notice (see instructions)	4	
5	Multiply line 4 by $100. Enter here and on Part I, line 15 ▶	5	
6	Provide a brief description of the failure, and of the correction, if any		

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to ▶ _____	1	
2	Multiply line 1 by $20,000. Enter the result here and on Part I, line 16 ▶	2	