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For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)					Enter name of individ	ual signing	as employer or plan sponsor Form 5500-SF (2018)						

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year			
а	Total plan assets	7a	14:	27926			1425616			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	142	27926			1425616			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-2310						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-2310			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-2310			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics		•							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2H 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	X		100000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)									
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Page **3-** 1

Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es 🗡	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es 🗡	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver			r th ay			letter ear	ruling	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		Nc)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the			[Ye	÷s 🗙	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	n(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

Form 5500-SF Short Form Annual Return/Report Benefit Plan					of Small Empl	oyee	ee OMB Nos. 1210-01 1210-00			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 1							2018		
	partment of Labor prefits Security Administration			Internal	This F	orm is Open to				
	mefil Guaranty Corporation	→ Complete all entries in		ue Code (the Code)		500-SF.	Public Inspection			
Part I	Annual Report	Identification Information								
		îscal plan year beginning		01/2018	and ending	06,	/30/201	9		
A This retu	um/report is for:	X a single-employer plan	L.		n (not multiemployer) (ployer information in ac		-			
D = 1	<i>i</i>			-						
B This retu	m/report is	the first return/report	the	final return/report						
		an amended return/report	a sh	nort plan year return	/report (less than 12 m	onths)				
C Check b	ox if filing under.	X Form 5558	aut	omatic extension			rogram			
		special extension (enter desci	ription)							
Part II	Basic Plan Info	prmation-enter all requested in	formatio	n			949-19-19-19-19-19-19-19-19-19-19-19-19-19			
1a Name o	of plan					1b Thre				
Linear	Lighting Cor	p. 401(k) Profit Shar	ring 1	Plan		plan (PN)	number	001		
							tive date o /30/197	•		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Box)			2b Employer Identification Number				
City or I	town, state or provin Lighting Cor	ce, country, and ZIP or foreign post	tal code ((if foreign, see instru	uctions)	(EIN)13-2910532 2c Sponsor's telephone number				
	== ===					(718) 361-7552				
31-30 H	lunters Point	Avenue				2d Busir	ness code ((see instructions)		
	and City			NV	11101					
	-	nd address 🛛 Same as Plan Spor	nnor	18 1	11101		inistrator's			
		nd address a came as rian opor	1501.				11150 2001 5			
						3c Adm	inistrator's	telephone number		
4 If the n	ame and/or EIN of th	e plan sponsor or the plan name ha	as chang	ged since the last re	turn/report filed for	4b EIN				
	• •	onsor's name, EIN, the plan name a	and the p	plan number from th	e last return/report.					
 a Sponso c Plan Na 						4d PN				
5a Total n	umber of participants	s at the beginning of the plan year				5a		1		
b Total n	umber of participants	s at the end of the plan year		*******		5b		1		
		account balances as of the end of				5c		1		
d(1) Tota	I number of active pa	articipants at the beginning of the pl	lan year.	••••••		5d(1)		1		
d(2) Tota	I number of active pa	articipants at the end of the plan ye	ar			5d(2)		1		
than 1	00% vested	o terminated employment during the				5e		C		
		or incomplete filing of this return ther penalties set forth in the instru-						cable a Schedule		
SB or Sched		and signed by an enrolled actuary, a								
SIGN	Jun 4	tate		4/17/2020	Lawrence Deut:	sch				
HERE	Signature of plan	administrator,		Date	Enter name of individ	lual signing	as plan ad	ministrator		
SIGN	Your 4	hot	4/17/2020 Lawrence Deutsch							
HERE	Signature of empl			Date	Enter name of individ	lual signing	as employ	er or plan sponsor		

HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018)

6a

b

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

c 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.)

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a		427,	926		1,425,616
b	Total plan liabilities	7b					
c	Net plan assets (subtract line 7b from line 7a)	7c	1,	427,	926		1,425,616
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:	0-(4)					
	 (1) Employers	8a(1) 8a(2)					
	(2) Participants	8a(3)					
	Other income (loss)	8b		-2,	310		
Contraction of the later	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-2,310
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	/		2		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					-2,310
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f						
<u>C. 160</u>	rt V Compliance Questions				V	Na	· · · ·
10	During the plan year:	tiono with	in the time period		Yes	No	Amount
Ċ	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary/	Fiduciary Correction	10a		Х	,
1	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		X	
C	Was the plan covered by a fidelity bond?			10c	Х		100,000
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		x	
(Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e		x	
1	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х	
I	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10			10i			

Page **2**

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Form 5500-SF (2018)

Page 3-

Part '	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)		SB	Yes 🛛 No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	on 302 c	of 	Yes X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	id enter Da		of the letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No N/A
Part V	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	s No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	; ;		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)
				ų