Form 5500-SF		Short Form Annua	Short Form Annual Return/Report of Small Emplo Benefit Plan								
	rnal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the								
	epartment of Labor Benefits Security Administration	57(b) and 6058(a) of the In e).	ternal	This Form is Open to							
Pension Be	enefit Guaranty Corporation	Complete all entries in a	0-SF.	Public Inspection							
Part I Annual Report Identification Information											
For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019											
A This return/report is for:											
R This rot	urn/report is	a one-participant plan	a foreign plan								
		the first return/report									
_		an amended return/report	a short plan year retu	rn/report (less than 12 mon	ths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter descri	,								
Part II		rmation—enter all requested info	ormation								
1a Name	of plan TCLUB, INC. RETIRE	-MENT PLAN		1	b Three plan	e-digit number					
					(PN)						
				1	C Effec	tive date of plan 07/01/1989					
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			2b Employer Identification Number (EIN) 05-0449439						
•	r town, state or provinc IT CLUB, INC.	e, country, and ZIP or foreign posta	ii code (if foreign, see ins		2c Sponsor's telephone number 401-463-3080						
				2	2d Business code (see instructions)						
1500 OAKLA CRANSTON	AWN AVENUE I, RI 02920				722410						
3a Plan a	administrator's name ar	nd address 🗌 Same as Plan Spon	sor.	3	3b Admi	nistrator's EIN					
J.H.R. NIGH	IT CLUB, INC.		LAWN AVENUE N, RI 02920		05-0449439 3c Administrator's telephone number						
						401-463-3080					
		e plan sponsor or the plan name ha			4b EIN						
•	sor's name	nsor's name, EIN, the plan name a	id the plan number nom		1d PN						
C Plan N	Name										
5a Total	number of participants	at the beginning of the plan year			5a	15					
		at the end of the plan year			5b	14					
C Numb	per of participants with	account balances as of the end of t	he plan year (only define	d contribution plans	5c	14					
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	1					
• •		rticipants at the end of the plan yea			5d(2)	1					
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable cause							
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.	06/29/2020	JOHN H. READEY, JR.							
HERE	Signature of plan a	dministrator	Date	Enter name of individua	l signing a	as plan administrator					
SIGN											
HERE	Signature of emplo		Date	Enter name of individua	l signing a	as employer or plan sponsor					
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018) v.171027										

6a	Were all of the plan's assets during the plan year invested in eligib	lo accote?	(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.) 									
	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	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) Paginging of Year	(b) End of Year						
<u> </u>		_	(a) Beginning of Year 1426135	1462365						
	Total plan assets	7a	1420155	1402303						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1426135	1462365						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(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	54045							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		54045						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5405							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	12410							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		17815						
i	Net income (loss) (subtract line 8h from line 8c)	8i		36230						
j	Transfers to (from) the plan (see instructions)	8j								

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2A

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

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10	0a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	0b	x	
С	Was the plan covered by a fidelity bond? 10	0c X		175000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10	0d	x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	0e	x	
f	Has the plan failed to provide any benefit when due under the plan?	Of	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	0g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	Oi		

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Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								X No	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing	
lf	you d	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 ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× N	0	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
1	3c(1	3c(1) Name of plan(s): 13c(2) E				130	13c(3) PN(s)		

Form 5500-SF	Short Form Ann	ual Return/Report of Smal Benefit Plan	I Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	ed under sections 104 and 4065 of the Er	mployee Retirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 6057(b) and 605 Revenue Code (the Code).	8(a) of the Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the	ne Form 5500-SF.	i amito mopositori
	Ientification Information	n		
r calendar plan year 2018 or fisc	al plan year beginning	10/01/2018 and er	e e é la se son del manen de conserva e conserva a la conserva de la conse La conserva de la cons	0/2019
This return/report is for:	a single-employer plan	a multiple-employer plan (not multie list of participating employer inform	employer) (Filers checki nation in accordance wi	ng this box must attach a the form instructions.)
This return/report is				
This returnineport is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less	than 12 months)	
Check box if filing under:	K Form 5558	automatic extension	DFVC pr	ogram
i i i i i i i i i i i i i i i i i i i	special extension (enter des	cription)	Tenner?	
art II Basic Plan Infor	mation-enter all requested i			
Name of plan			1b Three	v
J.H.R. NIGHT CLUB,	INC. RETIREMENT P	LAN	plan r (PN)	Number
			harring the second s	ive date of plan
				01/1989
Plan sponsor's name (employe Mailing address (include room	, apt., suite no, and street, or P.	.O. Box)		over Identification Number 05-0449439
		stal code (if foreign, see instructions)		sor's telephone number
J.H.R. NIGHT CLUB,	ENC.			-463-3080
1500 OAKLAWN AVENU	E		2d Busin	ess code (see instructions)
CRANSTON	RI 029	20	722	110
Plan administrator's name and	address Same as Plan Sp	onsor.		histrator's EIN
J.H.R. NIGHT CLUB,			CAMPAGE AND A DESCRIPTION OF A DESCRIPTI) 4 4 9 4 3 9 vistrator's telephone numbe
1500 OAKLAWN AVENU	JE		SC Admin	astrator s telephone manoe
000 h \$10000\$1	RI 02920		401-	-463-3080
CRANSTON		has changed since the last return/report f	International Action of the second	
this plan, enter the plan spon	plan sponsor or the plan name sor's name, EIN, the plan name	and the plan number from the last return	vreport.	and stream a summaries on a stream of the stream of the second second second second second second second second
a Sponsor's name C Plan Name			4d PN	
an a	the beninning of the slar una		5a	4411655777********************************
				дардан со на намени на на селото со состо на база до се од со се се на на на на на на на селото на на селото н Спорт
 Number of participants with a 	ccount balances as of the end of	of the plan year (only defined contribution	plans 5c	a an a na china dha dha dha dha dha an
				n fa na na hAirmeadh ann a' ann an Aird Aird an Aird an Airmean ann ann ann ann ann ann ann a' ann a' ann a' an
		plan year		na na manana na manana na manga kang kang kang kang kang kang kang
d(2) Total number of active part	icipants at the end of the plan y	ear he plan year with accrued benefits that w	Increase and a second s	j. La constructiva e constructiva de la constructiva de
than 100% wasted			*******	
aution: A penalty for the late o inder penalties of perjury and other or Schedule MB completed and	r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary	un/report will be assessed unless reas ructions, I declare that I have examined th , as well as the electronic version of this r	ionable cause is estat	IU. II ADDIICADIE, A OVIICUUR
elief, it is true, correct, and comp	<u>eg () es :</u>	JOHN H.	READEY, JR.	1000000-19444-00000000000-00-1
GN CRE	19 th	Gale 24/20 Enter nam	ne of individual signing	as plan administrator
ERE Signature of plan ad	mmistrator		READEY, JR.	en ser per la span in som med it fra strate på Add SART.
			s the West of the	
IGN ERE Signature of employ	<u>~~~~~</u>		in the second second	as employer or plan sponso

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-		Yes No
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes No	
	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			
	Total plan assets	7a		426,			1,462,365		
	Total plan liabilities	7b							
Committee of the local division of the local	Net plan assets (subtract line 7b from line 7a)	7c	1,	426,	135		1,462,365		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
a									
	(1) Employers	. 8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	. 8a(3)			0.45				
b	Other income (loss)	<u>8b</u>		54,	045		FA 045		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>		(Alasti)			54,045		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5,	405				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		12,	410				
g	Other expenses	. 8g		10.000					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					17,815		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				199040774248	36,230		
j	Transfers to (from) the plan (see instructions)	- 8j			1000				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D								
b	If the plan provides welfare benefits, enter the applicable welfare t	feature coo	tes from the List of Pla	n Chara	icterist	ic Coo	les in the instructions:		
Pa	t V Compliance Questions			1975-01-00-00-00-00-00-00-00-00-00-00-00-00-		r			
10	During the plan year:				Yes	No	Amount		
2	described in 29 CFR 2510.3-102? (See instructions and DOL's) Program)	Voluntary I	Fiduciary Correction	10a		x			
t	 Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 	st? (Do not	include transactions	10b		X			
0	Was the plan covered by a fidelity bond?	***********		10c	Х		175,000		
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	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.)	ther persor ne or all of	ns by an insurance f the benefits under	10e		×			
f	Has the plan failed to provide any benefit when due under the pla	an?	F	10f	ļ	X			
	Did the plan have any participant loans? (If "Yes," enter amount :			10g		Х			
1	If this is an individual account plan, was there a blackout period? 2520.101-3.)		************	10h		x			
1		the require	d notice or one of the	10i					

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Part VI Pension Funding Compliance						
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below) 	omplete Sche	dule St	3	<u>ب</u> []	/es [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 Co ERISA? (If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectior	1 302 of	***********			No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.	ionth	enter t Day	he date c	of the lette Year	er rulin	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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	1	12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	eft of a	12d			<u> </u>	1.8
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	<u>U</u> N	/A	
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	N	10	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	****************	13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ght under the	*********	Ves 🕅 No			
 C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. 	ify the plan(s)	to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	(S)
TSC(T) Name of plan(s).						