Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018											
▲ This re	turn/report is for:	x a single-employer plan		olan (not multiemployer) (
		a one-participant plan	a foreign plan			,					
B This ret	urn/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 Check	box if filing under:	Form 5558	automatic extension		DFVC progr	ram					
D 1 II	Desir Blee let	special extension (enter desc	. ,								
Part II		ormation—enter all requested in	formation		T						
1a Name CLIFFORD		01(K) PROFIT SHARING PLAN			1b Three-di plan num (PN) ▶	~					
					1c Effective	date of plan 01/01/1986					
2a Plan s	2b Employe (EIN)	r Identification Number 05-0496005									
City or	r town, state or provinc	m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		tructions)		's telephone number					
CLIFFORD	J. DECK, CPA, INC.		4	101-781-1040							
107 CHANN	EL VIEW		ANOSSET CROSSROAD	S	20 Business	s code (see instructions) 523900					
UNIT 2 WARWICK,	RI 02889	CRANST	ON, RI 02920			32333					
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		3b Administ	rator's EIN					
					3c Administ	rator's telephone number					
					7 tarrillio	rator o telepriorie flamber					
		e plan sponsor or the plan name h			4b EIN						
	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN						
C Plan N											
53 Total	number of participants	at the beginning of the plan year.			5a	2					
_		s at the end of the plan year			5b	2					
C Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	2					
1	,	urticipants at the beginning of the pl			5d(1)	2					
	•	articipants at the end of the plan ye	•		5d(2)	2					
		terminated employment during the			5e	0					
		or incomplete filing of this return			use is establis	hed.					
SB or Sche		ther penalties set forth in the instruind signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.	05/13/2019	CLIFFORD J DECK							
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	olan administrator					
SIGN HERE		I/valid electronic signature.	05/13/2019	CLIFFORD J DECK							
I I LIVE	Signature of emplo	over/nlan snonsor	Date	Enter name of individ	ual signing as a	employer or plan sponsor					

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

If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-8F and must instead use Form 5500. If the plan is a defined benefit plan, is a covered under the PBGC premium filing for this plan year	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 								<u> </u>	
7	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No		
a Total plan assets	Pa	t III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	d of Year	
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a	8	55433				825525	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (8a(2) (3) Others (including rollovers). (8a(3) (3) Others (including rollovers). (8a(4) (8a(2) (9a(3) (9a(4) (9	b	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers. (2) Participants. (3) Others (including ollovers). (3) Other sinchuding ollovers). (4) Participants. (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other sinchuding ollovers. (8) Sa(3) Sa(2), 8a(3), and 8b). (8) Sa(3) Sa(2) Sa(3), and 8b). (9) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b). (1) Sa(2), 8a(3), 8a(2), 8a(3), 8a(3), 8a(2), 8a(2), 8a(3), 8a(2), 8a(3), 8a(2), 8a(3), 8a(2), 8a(3), 8a(2),	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	8	55433				825525	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Others (including rollovers)	<u>а</u>		8a(1)		10801					
b Other income (loss)		(2) Participants	8a(2)	2	24500					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	7	59748					
e Certain deemed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-24447	
f Administrative service providers (salaries, fees, commissions)	d		8d		1628					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		3833					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Part IV Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5461	
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: 2A 2E 2J 2K 3D 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: a 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)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-29908	
9a	j	Transfers to (from) the plan (see instructions)	8j							
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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	t IV Plan Characteristics								
Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? 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? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in the inst	ructions:	
a 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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amount	
reported on line 10a.)	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			1000	000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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					X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X			
	i	· · · · · · · · · · · · · · · · · · ·	•		10i					

Form 5500-SF (2018)	Page 3- 1
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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter 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		
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part '	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2018

This Form is Open to Public Inspection

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

F	art i Annuai Report	identification information	1				
Fo	r calendar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/31/201	18	
Α	This return/report is for:	x a single-employer plan a one-participant plan	a multiple-employer plan a list of participating emp	, , , ,			
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return/re	eport (less than 12 m	onths)		
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC p	rogram	
P	art II Basic Plan Info	ormation enter all requested	l information				
1a	Name of plan CLIFFORD J. DECK,	CPA, INC. 401(K) PROFI	T SHARING PLAN		1b Three-digit plan numb (PN) ▶	1	
					1c Effective d 01/01/1		
2a	Mailing Address (include ro	loyer, if for a single-employer plan om, apt., suite no. and street, or P ace, country, and ZIP or foreign po	tions)		dentification Number -0496005		
	CLIFFORD J. DECK,	,	2c Sponsor's telephone number (401) 781-1040				
	107 Channel View Unit 2 US WARWICK RI 02889		S SOCKANOSSET CROSSRO	ADS	2d Business of 523900	code (see instructions)	
3a		and address X Same as Plan S			3b Administra	tor's EIN	
					3c Administra	tor's telephone number	
4		ne plan sponsor or the plan name bonsor's name, EIN, the plan name	S .		4b EIN		
	Sponsor's name Plan Name	лізої з паше, шіх, ше ріан паше	and the plan number nom the k	азстешнитерогс	4d PN		
5a	Total number of participants	s at the beginning of the plan year	••••••		5a	2	
b		s at the end of the plan year			5b	2	
С		account balances as of the end o		·	5c	2	
		articipants at the beginning of the p		***************************************	5d(1)	2	
d e	Number of participants who	articipants at the end of the plan ye terminated employment during th			5d(2) 5e	2	
_	less than 100% vested	•••••••••••••••••••••••••••••••	•••••••••••	•••••••	3 6	0	
_		e or incomplete filing of this return the penalties set forth in the instru	•				
1 1	TITLE DEPOSITES OF DEFILITY AND (amer nenames set torm in the insti	LICHORS I DECIATE THAT I HAVE EX	amined inic return/re	poor including it	applicable a Schedule	

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

Date

CLIFFORD J DECK

CLIFFORD J DECK

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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

belief, it is true, correct, and complete.

Signature of plan administrator

SIGN HERE

SIGN

Form 5500-SF 2018 Page **2**

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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd conditi	ons.)	•••••		•••••		•••••	X Yes [□No
	If you answered "No" to either line 6a or line 6b, the plan canno								_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	n 402	21)?		Yes	☐ No	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC p	remium filing for this year					(See instruc	tions.)
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	85	55,4	33				825,!	525
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	85	55,4	33				825,	525
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from:	0-(4)	1	n 0	Λ1					
	(1) Employers	8a(1)		0,8						
	(2) Participants	8a(2)		4,5	00					
<u>_</u>	(3) Others (including rollovers)	8a(3)	/50	74	٥,					
<u>b</u>	Other income (loss)	8b	(59	,74	0)					45.
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-			(24,44	47)
u	to provide benefits)	8d		1,6	28					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3,8	33					
g	Other expenses	8g								
h									5,4	461
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(29,90	08)
j	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan C	harac	terist	ic Cod	es in th	e instruc	tions:	
	2A 2E 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	aracte	eristic	Code	s in the	instruction	ons:	
Pa	urt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	, ,, ,		· ·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fi	duciary Correction							
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)			10b		x				
				10c	x				1.0	00,000
				.00						,0,000
	by fraud or dishonesty?			10d		x				
е	, , , , , , , , , , , , , , , , , , , ,									
	carrier, insurance service, or other organization that provides som			100		x				
	the plan? (See instructions.)			10e 10f						
	1 1 7					Х				
9			· · · · · · · · · · · · · · · · · · ·	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x				
i	,									
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3	••••••••	10i						

Form 5500-SF 2018	

Part	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)			SB		Yes 2	₹ No
11a		ne 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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							₹ No
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i		nd ente Da		of the Yea		uling
If v		g the waiver Name of the waiver Name of Schedule MB (Form 5500), and skip to line		Da	<u> </u>	rea	ar	
				401				
b	Enter th	ne minimum required contribution for this plan year	••••••	12b				
С	Enter th	•••••	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)								
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?	••••••		Yes [No		I/A
Part	: VII	Plan Terminations and Transfers of Assets						
13a	Has a r	resolution to terminate the plan been adopted in any plan year?	••••••		Yes	x	No	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	C 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.)							
1:	3c(1) Na	me of plan(s):	13c(2) EI	N(s)		13	c(3) PN	(s)

Page **3 -**

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security Administration** Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Rartil Annual Report Identification Information		400000000000000000000000000000000000000					
For calendar plan year 2018 or fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018			
A This return/report is for:	a multiple-employer	plan (not multiemployer)	(Filers chec	king this box must attach with the form instructions.)			
B This return/report is: a one-participant plan the first return/report	a foreign plan the final return/repo			,			
an amended return/report	a short plan year rel	urn/report (less than 12 r	nonths)				
C Check box if filing under: Form 5558 special extension (enter descri	automatic extension		ום	FVC program			
Parkill Basic Plan Information enter all requested i	information						
1a Name of plan CLIFFORD J. DECK, CPA, INC. 401(K) PROFIT		1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan					
				01/1986			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.C City or town, state or province, country, and ZIP or foreign posta	D. Box) al code (if foreign, see in:	structions)		loyer Identification Number) 05-0496005			
CLIFFORD J. DECK, CPA, INC.							
63 SOCKANOSSET CROSSROADS, #2C 63	SOCKANOSSET CROS	BROADS	2d Busin 523	ness code (see instructions) 900			
US CRANSTON RI 02920 CRAN			_				
3a Plan administrator's name and address X Same as Plan Spor	nsor		3b Administrator's EIN				
			3c Admi	nistrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has this plan, enter the plan sponsor's name, EIN, the plan name an	s changed since the last	return/report filed for he last return/report.	4b EIN				
a Sponsor's name C Plan Name			4d PN				
5a Total number of participants at the beginning of the plan year			5a	2			
b Total number of participants at the beginning of the plan yearb			5a 5b	2			
C Number of participants with account balances as of the end of the complete this item)	ne plan year (only defined	contribution plans	5c	2			
d(1) Total number of active participants at the beginning of the plan	year	***************************************	5d(1)	2			
d(2) Total number of active participants at the end of the plan year			5d(2)	2			
e Number of participants who terminated employment during the p less than 100% vested			5e	0			
Caution: A penalty for the late or incomplete filling of this return/	report will be assessed	unless reasonable cau	se is estab	lished.			
Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, as belief, it is true, correct, and complete.	tions, I declare that I have	e examined this return/re	oort, includin	ng, if applicable, a Schedule			
SIGNI Cruch 2-Dech	5/13/19	CLIFFORD J DECK					
HERE Signature of plan administrator	Date	Enter name of individua	signing as r	plan administrator			
SIGNE CITY of mech	5/13/19	CLIFFORD J DECK					

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Form		

n -		_	•
Pa	a	e	2

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)		7			X	Yes No
b	Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public acc	counta	nt (IQ	PA)			_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC i								
·									Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pre	mium filing for this yea	ar	-	-		(See	instructions.)
P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	àr		(1) End of Ye	ar
<u>a</u>	Total plan assets	7a		355,	433				825,698
b	Total plan liabilities	7b			4	1			
C	Net plan assets (subtract line 7b from line 7a)	7c		355,4	433				825,698
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)		10,8	201				
_	(2) Participants			24,5		49902			
	(3) Others (including rollovers)	1 1 1 1			-	35343			
b	Other income (loss)		(5	9,77	78)	\$1100 \$1000			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				and the same	ADMEN			04 4771
d	Benefits paid (including direct rollovers and insurance premiums		See Stranger and See See See See See See See See See Se	MACHE STATE	- Contract	ios ios	Middle Like		24,477)
	to provide benefits)			1,6	528	634			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e				100			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f	. ,	3,6	30			計算的發展	Marine 10
g	Other expenses							HANDARY.	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	7 7		EX.					5,258
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i		Mar				(2	29,735)
j	Transfers to (from) the plan (see instructions)	. 8j							
	art IV Plan Characteristics								2
9a	If the plan provides pension benefits, enter the applicable pension f	eature codes	from the List of Plan (Charac	cterist	ic Co	des in the i	nstructions:	,
	2A 2E 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes t	rom the List of Plan Cl	naract	eristic	Code	es in the in	structions:	
Pa	art V Compliance Questions								,
10	During the plan year:	1.19.65			Yes	No	N/A	Amou	int
а	to the plant any participant contribu						57.10		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		전 8g 2g 4 7g 1				31132		
	Program)			10a		х	Year to		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	405		x			
С			••••••	10b	77	^	AND SECTION AND ADDRESS OF THE PARTY OF THE		100.000
d				100	<u>x</u>		16.00		100,000
-	by fraud or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons b	y an insurance			,	10.00		
	carrier, insurance service, or other organization that provides some	e or all of the	benefits under						
f				10e		х			
† 	Has the plan failed to provide any benefit when due under the plan	,		10f		x			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		- Williams	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ons and 29 CFR	10h		x			
i.	If 10h was answered "Yes," check the box if you either provided the	e required no	tice or one of the				THE COST		
	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i			44 164		
	* * * * *						100000	The second second second	THE RESERVE OF THE PARTY OF THE

	Form 5500-SF 2018 Page 3 -			•		
Pai	Pension Funding Compliance		· 			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)	chedu	e SB	☐ Yes	X No	
113	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	1			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?		2 of	☐ Yes	X No	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		er the date av	of the lette Year	er ruling	
If you 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	1			
<u>C</u>	Enter the amount contributed by the employer to the plan for the plan year	12c				
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		•		
_ е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🔲	No	N/A	
Par	VII Plan Terminations and Transfers of Assets		•			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?	е	Y	es 🕱	No	

13c(2) EIN(s)

13c(3) PN(s)

C 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.)

13c(1) Name of plan(s):