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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
OAKS 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1987

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)
OAKS CLUB ROOM

4097 SAN PABLO AVENUE
EMERYVILLE, CA 94608

2b Employer Identification Number (EIN)
94-1194137

2c Plan Sponsor's telephone number
510-653-4456

2d Business code (see instructions)
713200

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.	10/13/2020	WARREN TAI
	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**	321
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)**	289
a(2) Total number of active participants at the end of the plan year	**6a(2)**	304
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	335
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	335
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	239
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2R 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OAKS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAKS CLUB ROOM

D Employer Identification Number (EIN)
94-1194137

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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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?
25 37 60 64 65 71	RECORDKEEPER	8549	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LPL FINANCIAL LLC

04-3046611

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	26102	Yes [ ] No [X]

(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 LG CAP VAL ADV - DST ASSET MAN	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(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.
COL CONTRARN CORE A - COLUMBIA MGT	PO BOX 219104 KANSAS CITY, MO 64121-9104	0.25%

(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.
COL MID CAP IDX A - COLUMBIA MGT I	PO BOX 219104 KANSAS CITY, MO 64121-9104	0.10%

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.
IS S&P 500 IDX A - BNY MELLON INVE P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%

(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.
J H MID CAP VAL S - JANUS SERVICES 43-1804048	0.25%

(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.
J H SMALL CAP VAL S - JANUS SERVIC 43-1804048	0.25%

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.
NUVEEN INTL GRTH A - DST ASSET MAN	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%

(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.
PIM STKPLUS SM A - DST ASSET MANAG	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

(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.
VICTORY S SM CO OP A - FIS INVESTO	4249 EASTON WAY SUITE 400 COLUMBUS, OH 43219	0.25%

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
LPL FINANCIAL LLC	55	26102
(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.	
NATIONAL FINANCIAL SERVICES LLC 04-3523567		

(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.	

(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

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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 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OAKS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAKS CLUB ROOM

D Employer Identification Number (EIN)
94-1194137

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)	3058118	3288704
(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)	621782	611241
(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)	293349	428677
(9) Value of interest in common/collective trusts	1c(9)	0	0
(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)	13958761	18103177
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	-8548	-20074

		(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	17923462	22411725
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	17923462	22411725

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)	95026	
(B) Participants	2a(1)(B)	1298366	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1393392
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	49782	
(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)	10972	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		60754
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	8292	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	711197	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		719489
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5797225	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5629416	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		167809
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	21254	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		21254

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(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)		3355618
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5718316
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1203906	
(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)		1203906
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		22460
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)	3687	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3687
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1230053
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4488263
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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: KEVIN LAM CPA **(2)** EIN: 81-3085366

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	
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		1000000
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		84
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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OAKS 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAKS CLUB ROOM

D Employer Identification Number (EIN)
94-1194137

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Oaks 401(k) Plan and Trust

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2019

DETAIL OF BROKERAGELINK ASSETS

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	946,434.390	$1.00	$946,434.39	$946,434.39
	COMMON STOCK				
G5876H105	MARVELL TECHNOLOGY GROUP LTD	45.000	$26.56	$1,195.20	$1,195.90
G7303A109	QIAO XING UNIVERSAL TELEPHONE	2,000.000	$0.00	$0.00	$3,802.62
L8681T102	SPOTIFY TECHNOLOGY S.A. COM EUR0.000625	7.000	$149.55	$1,046.85	$984.95
N59465109	MYLAN N V SHS EURO ISIN #NL0011031208	3,514.000	$20.10	$70,631.40	$70,559.98
00206R102	AT&T INC COM	53.170	$39.08	$2,077.88	$1,567.28
00507V109	ACTIVISION BLIZZARD INC COM	25.000	$59.42	$1,485.50	$960.36
007903107	ADVANCED MICRO DEVICES INC	44.000	$45.86	$2,017.84	$1,200.04
024870107	AMERICAN CANNABIS CO INC COM	400.000	$0.10	$38.80	$147.95
037833100	APPLE COMPUTER INC NFS LLC IS A MARKET	28.000	$293.65	$8,222.20	$7,414.40
040047607	ARENA PHARMACEUTICALS INC	70.000	$45.42	$3,179.40	$6,167.88
05156V102	AURINIA PHARMACEUTICALS INC	235.000	$20.26	$4,761.10	$1,026.05
05156X108	AURORA CANNABIS INC COM NPV	2,577.000	$2.16	$5,566.32	$16,000.82
060505104	BANK OF AMERICA CORP	2,800.000	$35.22	$98,616.00	$35,617.96
075896100	BED BATH & BEYOND INC	100.000	$17.30	$1,730.00	$1,122.58
10316T104	BOX INC CL A ISIN #US10316T1043	400.000	$16.78	$6,712.00	$10,132.95
110122108	BRISTOL MYERS SQUIBB NFS LLC IS A	100.000	$64.19	$6,419.00	$6,802.95
138035100	CANOPY GROWTH CORPORATION COM NPV	1,181.000	$21.09	$24,907.29	$25,887.06
16106R109	CHARLOTTES WEB HOLDINGS INC COM NPV	850.000	$7.67	$6,515.51	$13,847.84
22717L101	CRONOS GROUP INC COM NPV	65.000	$7.67	$498.55	$1,035.17
232806109	CYPRESS SEMICONDUCTR CORP	58.763	$23.33	$1,370.94	$940.91
25460E125	DIREXION SHS ETF TR DAILY SM CP BEAR	15.000	$35.13	$526.95	$4,275.45
25460E166	DIREXION SHS ETF TR DAILY JR GLD MIN	65.163	$83.47	$5,439.16	$8,417.45
254687106	DISNEY WALT CO DEL (HOLDING COMPANY)	20.125	$144.63	$2,910.68	$2,317.65
282914100	8X8 INC NEW	500.000	$18.30	$9,150.00	$4,402.41
30303M102	FACEBOOK INC COM USD0.000006 CL A	50.000	$205.25	$10,262.50	$1,183.57
31816Q101	FIREEYE INC COM USD0.0001	600.000	$16.53	$9,918.00	$22,139.37
345370860	FORD MTR CO DEL COM	53.351	$9.30	$496.16	$455.44
369604103	GENERAL ELECTRIC CO NFS IS A SPECIALIST	800.000	$11.16	$8,928.00	$14,404.95
370334104	GENERAL MILLS INC NFS LLC IS A	370.000	$53.56	$19,817.20	$19,443.50
37959M203	GLOBAL GAMING TECHNOLOGIES CORP	600.000	$0.00	$3.00	$3,146.25
38089W103	GOLDEN DEVELOPING SOLUTIONS IN COM	3,000.000	$0.00	$6.00	$154.95
38141G104	GOLDMAN SACHS GROUP INC	28.000	$229.93	$6,438.04	$7,158.07
416515104	HARTFORD FINL SVCS GROUP INC	100.000	$60.77	$6,077.00	$2,870.70
423258201	HELI ELECTRONICS CORP COM NEW	100.000	$0.00	$0.00	$257.95
45074T102	IANTHUS CAPITAL HOLDINGS INC COM NPV	200.000	$1.47	$293.04	$1,038.15
457187102	INGREDION INC COM USD0.01	280.000	$92.95	$26,026.00	$23,472.40
46573A107	ITRACKR SYS INC COM	2,000.000	$0.00	$0.00	$0.00
496902404	KINROSS GOLD CORP NEW COM NO PAR	200.000	$4.74	$948.00	$648.40
53680L109	LITHIUM &BORON TECHNOLOGY INC COM	400.000	$0.39	$156.80	$13,000.08
53680Q207	LITHIUM AMERICAS CORP COM NPV (POST	1,000.000	$3.17	$3,170.00	$2,604.73
55302P202	MGT CAP INVTS INC COM NEW	575.000	$0.02	$10.35	$1,157.89
55616P104	MACYS INC	900.000	$17.00	$15,300.00	$19,251.16
591408109	METAVERSE CAPITAL CORP COM NPV	6,000.000	$0.00	$22.80	$0.00
595112103	MICRON TECHNOLOGY NFS IS A SPECIALIST	57.000	$53.78	$3,065.46	$874.59
62914V106	NIO INC ADS EACH REP 1 ORD SHS	1,000.000	$4.02	$4,020.00	$2,724.30
62987D108	NAMASTE TECHNOLOGIES INC COM NPV	3,000.000	$0.24	$717.30	$7,202.35
64157V108	NEW AGE BEVERAGES CORP COM	100.000	$1.82	$182.00	$374.95
651639106	NEWMONT MNG CORP NFS IS A SPECIALIST	1.403	$43.45	$60.96	$76.98
67066G104	NVIDIA CORP NFS LLC IS A MARKET	10.054	$235.30	$2,365.71	$1,727.72
680223104	OLD REPUBLIC INTL CORP	61.438	$22.37	$1,374.37	$1,152.81
68620P101	ORGANIGRAM HLDGS INC COM NPV	75.000	$2.45	$183.75	$576.23
70450Y103	PAYPAL HLDGS INC COM	15.000	$108.17	$1,622.55	$1,009.50
71715W106	PHARMAGEN INC COM	2,000.000	$0.00	$2.00	$0.00
74347G408	PROSHARES TR ULTRAPRO SHT QQQ	3,500.000	$22.39	$78,365.00	$81,789.72
744320102	PRUDENTIAL FINL INC	10.108	$93.74	$947.52	$874.14
744674300	PUDA COAL INC COM PAR $.001	2,000.000	$0.00	$0.20	$19,840.95
75509Q100	RAYSTREAM INC COM USD0.001	3,000.000	$0.00	$0.00	$0.00

Oaks 401(k) Plan and Trust
SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2019

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
75584Q108	REAL BRANDS INC COM	1,000.000	$0.03	$25.50	$106.50
81689B103	SENECA BIOPHARMA INC COM	177.000	$0.99	$175.23	$48,097.41
83088V102	SLACK TECHNOLOGIES INC COM CL A	800.000	$22.48	$17,984.00	$24,762.10
83304A106	SNAP INC CL A	1,190.000	$16.33	$19,432.70	$15,861.13
852234103	SQUARE INC CL A	35.000	$62.56	$2,189.60	$2,474.79
852857200	STAMPS COM INC COM NEW	30.000	$83.52	$2,505.60	$3,440.54
867652406	SUNPOWER CORP COM	2,500.000	$7.80	$19,500.00	$15,379.00
88160R101	TESLA MOTORS INC COM USD0.001	15.000	$418.33	$6,274.95	$3,361.53
881624209	TEVA PHARMACEUTICAL INDS LTD ADS	1,000.000	$9.80	$9,800.00	$6,989.85
88338N107	THERAPEUTICSMD INC COM	1,600.000	$2.42	$3,872.00	$6,467.77
891160509	TORONTO DOMINION BK ONT COM NEW	41.684	$56.13	$2,339.72	$2,154.79
90138F102	TWILIO INC CL A	200.000	$98.28	$19,656.00	$17,149.28
90470J100	UNIFIED SIGNAL INC COM	50.000	$0.00	$0.00	$0.00
919794107	VALLEY NATL BANCORP	1,000.000	$11.45	$11,450.00	$11,721.65
92766K106	VIRGIN GALACTIC HOLDINGS INC COM	125.000	$11.55	$1,443.75	$1,015.81
929740108	WABTEC	4.000	$77.80	$311.20	$0.00
94106L109	WASTE MANAGEMENT INC NFS LLC IS A	49.919	$113.96	$5,688.77	$4,764.20
962879102	WHEATON PRECIOUS METALS CORP COM NPV	177.846	$29.75	$5,290.92	$5,513.44
98462Y100	YAMANA GOLD INC ISIN #CA98462Y1007	146.105	$3.95	$577.11	$604.92
98974P100	ZIXIT CORP	2,000.000	$6.78	$13,560.00	$7,727.95
98986T108	ZYNGA INC COM USD0.00000625 CLASS	550.000	$6.12	$3,366.00	$0.00
	FIDELITY FUND				
315793869	FIDELITY FREEDOM INDEX 2050 FD	3,582.437	$18.98	$67,994.65	$67,535.63
315911750	FIDELITY 500 INDEX INSTITUTIONAL PREM	1,449.223	$112.02	$162,341.96	$102,944.30
316069723	FIDELITY ASSET MANAGER 30%	5,633.765	$11.39	$64,168.58	$60,816.14
31634R109	FIDELITY FOUR-IN-ONE INDEX	197.877	$49.01	$9,697.95	$8,811.88
316390475	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	310.842	$60.18	$18,706.47	$15,801.47
	OPTION				
3433689GC	CALL (BBBY) BED BATH & BEYOND	(1.000)	$497.00	($497.00)	$0.00
4173359MI	CALL (M) MACY S INC COM	(9.000)	$1.00	($9.00)	$0.00
4173359SO	PUT (M) MACY S INC COM	(14.000)	$4.00	($56.00)	$0.00
4258109KE	PUT (TZA1) DIREXION SHS ETF TR	(1.000)	$180.00	($180.00)	$0.00
4280569BB	PUT (OMI) OWENS & MINOR INC	(25.000)	$60.00	($1,500.00)	$0.00
4280569FF	PUT (OMI) OWENS & MINOR INC	(6.000)	$280.00	($1,680.00)	$0.00
4315389IC	PUT (CHK) CHESAPEAKE ENERGY	(9.000)	$74.00	($666.00)	$0.00
4320659FB	PUT (MYL) MYLAN NV	(1.000)	$525.00	($525.00)	$0.00
4320659JF	PUT (MYL) MYLAN NV	(40.000)	$175.00	($7,000.00)	$0.00
4462859WQ	PUT (MYL) MYLAN NV	(6.000)	$50.00	($300.00)	$0.00
4470069CA	PUT (LB) L BRANDS	(10.000)	$95.00	($950.00)	$0.00
4470419GC	PUT (MYL) MYLAN NV	(2.000)	$61.00	($122.00)	$0.00
3433589PP	PUT (AAL) AMERICAN AIRLINES	(9.000)	$158.00	($1,422.00)	$0.00
3392619TR	CALL (MYL) MYLAN N V SHS EURO	(14.000)	$2.00	($28.00)	$0.00
3392619SQ	PUT (MYL) MYLAN N V SHS EURO	(9.000)	$60.00	($540.00)	$0.00
3392619MK	CALL (MYL) MYLAN N V SHS EURO	(19.000)	$69.00	($1,311.00)	$0.00
3392089FZ	PUT (CHK) CHESAPEAKE ENERGY	(10.000)	$216.00	($2,160.00)	$4,662.60
3392619KI	PUT (MYL) MYLAN N V SHS EURO	(4.000)	$282.00	($1,128.00)	$0.00
	UNIT				
464287473	ISHARES TR RUSSELL MIDCAP VALUE INDEX	116.935	$94.77	$11,081.93	$10,449.82
464287309	ISHARES TR S&P 500/ BARRA GROWTH INDEX	66.924	$193.64	$12,959.16	$10,296.26
464287598	ISHARES TR RUSSELL 1000 VALUE INDEX FD	84.181	$136.48	$11,489.02	$10,499.59
464287614	ISHARES TR RUSSELL 1000 GROWTH INDEX FD	75.685	$175.92	$13,314.51	$10,256.81
464287655	ISHARES TR RUSSELL 2000 INDEX FD	66.668	$165.67	$11,044.89	$10,252.44
464288273	ISHARES TR MSCI EAFE SMALL CAP INDEX FD	1.612	$62.28	$100.40	$103.54
74347B383	PROSHARES TR ULTRASHRT S&P500	85.784	$24.86	$2,132.59	$3,437.56
74347X849	PROSHARES TR SHORT 20+ YR TREASURY	2,349.308	$19.61	$46,069.93	$59,528.03
74347Y805	PROSHARES TR II ULTRAPRO 3X SHOR	7,000.000	$10.58	$74,060.00	$79,086.07
78463V107	SPDR GOLD TR GOLD SHS	341.000	$142.90	$48,728.90	$44,117.04
78467X109	SPDR DOW JONES INDL AVERAGE ETF TR UNIT	41.629	$285.10	$11,868.43	$10,337.96
92189F791	VANECK VECTORS ETF TR JR GOLD MINERS E	619.928	$42.26	$26,198.16	$49,986.04
25490K323	DIREXION SHS ETF TR SP BIOTCH BL NEW	150.013	$57.50	$8,625.75	$8,758.70

Oaks 401(k) Plan and Trust

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2019

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
25490K281	DIREXION SHS ETF TR DLY EMG MK BL 3X	50.000	$89.40	$4,470.00	$4,407.95
25490K273	DIREXION SHS ETF TR DLY RUSSIA BL 3X	50.000	$69.68	$3,484.00	$10,267.54
00214Q401	ARK ETF TR WEB X.0 ETF	30.000	$57.59	$1,727.70	$1,578.26
464287481	ISHARES TR RUSSELL MIDCAP GROWTH INDEX	84.297	$152.58	$12,862.04	$10,231.47
			NET ASSETS :	$2,160,728.74	$2,194,63456

OAKS CLUB ROOM

401(K) PLAN AND TRUST

AUDIT REPORT

FOR YEARS ENDED DECEMBER 31, 2019 and 2018

OAKS CLUB ROOM
401(K) PLAN AND TRUST
FOR YEARS ENDED DECEMBER 31, 2019 and 2018
TABLE OF CONTENTS

	PAGE
INDEPENDENT ACCOUNTANT'S REPORT	*1-2*
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS	*3*
STATEMENT OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS...	*4*
NOTES TO FINANCIAL STATEMENTS	*5-11*
SUPPLEMENTAL SCHEDULE: Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – As of December 31, 2019	*12-15*

KEVIN LAM
CERTIFIED PUBLIC ACCOUNTANT

Independent Auditor's Report

September 30, 2020

To the Trustees of the
OAKS 401(K) PLAN AND TRUST
4099 San Pablo Avenue
Emeryville, CA 94608

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Oaks 401(K) Plan and Trust, which comprises the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, 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

My responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis of Disclaimer of Opinion paragraph, however, I was 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee (or custodian) of the Plan, except for comparing such information with the related information included in the financial statements. I have been informed by the plan administrator that the trustee (or custodian) holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee (or custodian) as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee (or custodian) is complete and accurate.

3182 CAMPUS DR. #377• SAN MATEO • CA 94403 • PHONE: 650-571-1738 • FAX: 650-292-2328

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, I do not express an opinion on the 2019 financial statements referred to in the first paragraph.

Other Matter

The supplemental schedule of Schedule H, Part IV, Line 4i as of or for the year ended December 31, 2019, is required by the Department of Labor's 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, I do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations 2019

The form and content of the information included in the 2019 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Kevin Lam

KEVIN LAM CPA
San Mateo, California

OAKS 401(K) PLAN AND TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

ASSETS

	2019	2018
Investments at fair market value	$21,983,048	$17,630,113
Receivables:		
Participant Loan	428,677	293,349
TOTAL ASSETS	$22,411,725	$17,923,462

LIABILITIES AND NET ASSETS AVAILABLE FOR PLAN BENEFITS

NET ASSETS AVAILABLE FOR PLAN BENEFITS	$22,411,725	$17,923,462

See accompanying notes to financial statements

OAKS 401(K) PLAN AND TRUST
STATEMENT OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	December 31, 2019	December 31, 2018
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 3,544,681	$ (2,368,101)
Interest	49,782	36,518
Dividends	719,489	1,033,763
	4,313,952	(1,297,820)
Interest income on notes receivable from participants	10,972	11,879
Contributions:		
Participants	1,298,366	1,171,519
Employer	95,026	95,799
Rollovers	-	-
	1,393,392	1,267,318
TOTAL ADDITIONS	5,718,316	(18,623)
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	1,203,906	1,003,963
Deemed default distributions	22,460	-
Trustee and administration fees	3,687	11,232
TOTAL DEDUCTIONS	1,230,053	1,015,195
NET INCREASE (DECREASE)	4,488,263	(1,033,818)
Net Assets Available for Benefits:		
Beginning of year	17,923,462	18,957,280
End of year	$ 22,411,725	$ 17,923,462

See accompanying notes to financial statements

OAKS 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 and 2018

Note 1—Description of the Plan

The following description of the Oaks (the Company) 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. Oaks is referred to in the notes as the Company or the Sponsor.

a. General— The purpose of the plan is to enable eligible Employees to save for retirement. The Plan is for the exclusive benefit of eligible Employees and their Beneficiaries.

The Plan (which is a 401(K) plan) is a defined-contribution plan covering all full-time eligible employees of the Company who have one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions—Each year, participants may contribute up to the maximum percentage allowable under the federal statutory limit of Code Section 401(K), as defined in the Plan. The limits for 2019 is $19,000 and 2018 is $18,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. For the years ended December 31, 2019 and 2018 the catch-up contribution amounted to $6,000. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various stock, bond and hybrid funds as investment options for participants. The Company may make discretionary matching contributions. Discretionary matching contributions, if made, will be computed by the Company based on the participant eligible compensation deferred into the Plan each payroll period.

The Company may designate all or a portion of any matching contributions for a payroll period as "qualified matching contributions" and allocate them to Non-Highly Compensated Employees to help the Plan pass one or more annually required Internal Revenue Code nondiscrimination test(s). Any such contributions will be allocated to those Participants eligible to receive the Employer matching contributions described above who made Deferral Contributions during the payroll period. Participants are 100% vested in these contributions and may not request a hardship withdrawal of these contributions.

The Company may make discretionary nonelective contributions in an amount to be determined by taking the appropriate legal action for each Plan Year. Participant must be employed as of the last day of the Plan Year to be eligible for any nonelective contributions that may be made for that Plan Year. Participant do not need to satisfy this requirement if he/she die (including death while performing Qualified Military Service), become disabled or retire during the Plan Year.

Discretionary nonelective contributions, if any, made to the Plan by the Company will be allocated to participant's account in the ratio that his/her eligible compensation bears to the total eligible compensation paid to all eligible participants.

c. Participant Accounts—Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings (losses). Administrative expenses are borne by the participants and are allocated to the participants' accounts.

Note 1—Description of the Plan (continued)

d. Vesting—Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service earned at 20 percent after the first two years and each year thereafter.

e. Notes Receivable from Participants—Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. However, if a participant's vested interest in their participant's account attributable to such contributions is less than $20,000, the participant may borrow up to the lesser of $10,000 or their vested interest. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Notes Receivable from Participants' Fund. All loans must be repaid in level payments through after-tax payroll deductions on at least a quarterly basis over a five-year period unless it is for the purchase of a principal residence in which case the loan repayment period may not extend beyond 10 years from the date of the loan. If repayment is not made by payroll deduction, a loan shall be repaid in accordance with procedures provided by the Plan Administrator. The level repayment requirement may be waived for a period of one year or less if participant is on a leave of absence, however, the loan must still be repaid in full on the maturity date. If a loan is not repaid within its stated period, it will be treated as a taxable distribution to the participant. All loans shall bear a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The interest rate shall remain fixed throughout the duration of the loan.

f. Payment of Benefits—On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments based upon various factors including the life expectancy of the participant and if elected, their beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution within one year.

g. Forfeited Accounts—Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account. A forfeiture will occur in the Plan Year that participant receives a distribution of his/her entire vested Account, or if participant does not receive a distribution, after five consecutive one year breaks in service. Forfeitures are retained in the Plan and may first be used to pay administrative expenses. Any remaining amounts will be used to reduce future Employer contributions payable under the Plan. In 2019 and 2018, these accounts were used to reduce employer contributions by $2,026 and $3,538, respectively.

h. Hardship Withdrawals - Participant may apply to withdraw certain contributions to satisfy specific and heavy financial needs. In accordance with Internal Revenue Service regulations, participant must first exhaust all other assets reasonably available to him/her prior to obtaining a hardship withdrawal. This includes obtaining any in-service withdrawal(s) available from his/her account and a loan from this Plan and any other qualified plan maintained by the Company. Deferral Contributions to this Plan, and any other Company-sponsored qualified or non-qualified plan, will be suspended for six months after the receipt of the hardship withdrawal. The minimum hardship withdrawal is $500.

Note 1—Description of the Plan (continued)

i Plan Termination. Upon termination or partial termination of the Plan or complete discontinuance of contributions thereunder, the Trustee shall make distributions to the participants or other persons entitled to distributions as the employer or administrator directs in accordance with the provisions of the Plan. In the absence of such instructions and unless the Plan otherwise provides, the Trustee shall notify the employer or administrator of such situation and the Trustee shall be under no duty to make any distributions under the Plan until it receives written instructions from the employer or administrator. Upon the completion of such distributions, the Trust shall terminate, the Trustee shall be relieved from all liability under the Trust, and no participant or other person shall have any claims thereunder, except as required by applicable law.

Note 2—Summary of Significant Accounting Policies

Date of Management's Review

Subsequent events were evaluated through September 30, 2020, which is the date financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined by Oaks 401(K) Plan and Trust as of December 31, 2019 and 2018. 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. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefits are recorded when paid.

Note 3—Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy under Accounting Standards Codification ("ASC") 820-10 that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were Level 1 and Level 2 inputs included for the years ended December 31, 2019 and 2018.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The fair values of common stocks and corporate bonds are based on the closing price reported on the active market where the individual securities are traded.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 2019 and 2018:

		Fair Value Measurements at the End of the Report Period Using:	
December 31, 2019	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)
Mutual Funds:			
Index Fund	$ 4,889,468	$ 4,889,468	
Money Market and Gov't Bond Fund	3,611,018		$ 3,611,018
Growth & Value Funds	12,891,395	12,891,395	
Total Mutual Funds	$ 21,394,881	$ 17,780,863	$ 3,611,018
Common Stock	$ 591,167	$ 591,167	
Total Assets at Fair Value	$ 21,983,048	$ 18,372,030	$ 3,611,018

Note 3—Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 2019 and 2018:

December 31, 2018	Fair Value	Fair Value Measurements at the End of the Report Period Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)
Mutual Funds:			
Index Fund	$ 3,726,028	$ 3,726,028	
Money Market and Gov't Bond Fund	3,175,611		$ 3,175,611
Growth & Value Funds	10,115,240	10,115,240	
Total Mutual Funds	$ 17,016,879	$ 13,841,268	$ 3,175,611
Common Stock	$ 613,234	$ 613,234	
Total Assets at Fair Value	$ 17,630,113	$ 14,454,502	$ 3,175,611

Note 4—Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	2019	%	2018	%
IS S&P 500 Index Fund	3,884,923	17.7	2,851,919	16.2
Col Contrarian Fund	3,830,994	17.4	3,058,149	17.4
Fidelity Asset Freedom 2020 Fund	1,128,843	5.1	1,144,679	6.5
Fidelity Government Money Market Fund	2,342,269	10.6	2,340,902	13.3
Total	$11,187,029	50.6	$9,395,649	53.4

During 2019 and 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as held throughout the year) appreciated (decreased) in value by $3,544,681 and ($2,368,101) respectively.

Note 5—Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements was obtained from data that has been prepare and certified to as complete and accurate by the trustee.

	2019	2018
Investment at fair market value*:*		
Equity mutual funds	17,780,863	13,841,268
Common stocks	591,167	613,234
U.S. government securities	2,664,584	2,458,395
Money market funds	946,434	717,216
Investment income (loss)	4,313,952	(1,297,820)

Note 6—Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019, to Form 5500:

Net assets available for benefits per the financial statements	$ 22,411,725
Net assets available for benefits per Form 5500, Schedule H	$ 22,417,725

The following is a reconciliation of total income per the financial statements at December 31, 2019, to Form 5500:

Total income (loss) per the financial statements	$ 5,718,316
Total income (loss) per Form 5500, Schedule H	$ 5,718,316

Note 7—Tax Status

The United States Treasury Department has advised that the Plan from its inception, January 1, 1987, constitutes a qualified trust under Section 401(a) of the Internal Revenue Code and therefore is exempt from federal income taxes under provisions of Section 501(a). The date of the most recent determination letter is February 1995.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market rate, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9 -Subsequent Events

The Plan evaluated its December 31, 2019 financial statements for subsequent events through September 30, 2020, the filing date of this report. The Plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

OAKS CLUB ROOM
401(K) PLAN AND TRUST

SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4I

Oaks 401(k) Plan and Trust
SUMMARY OF NET TRUST ASSETS
Total Plan Assets as of 12/31/2019

Fund Name	are Balance 12/31/2019	Historical Cost	Price	Total Market Value
BROKERAGELINK				
SEE DETAIL OF BROKERAGELINK ASSETS ATTACHED		$2,194,634.56		$2,160,728.74
COL MID CAP IDX A	62,862.648	$1,034,098.63	$15.98	$1,004,545.12
IS S&P 500 IDX A	10,156.131	$3,322,165.58	$382.52	$3,884,923.23
ABF LG CAP VAL ADV	881.662	$22,229.70	$24.67	$21,750.60
COL CONTRARN CORE A	143,429.213	$3,676,720.13	$26.71	$3,830,994.28
NUVEEN INTL GRTH A	69.637	$3,056.90	$47.55	$3,311.24
HARBOR CAP APP ADM	2,329.039	$165,295.31	$73.99	$172,325.60
VICTORY S SM CO OP A	1,242.497	$44,187.15	$45.14	$56,086.31
J H MID CAP VAL S	2,301.135	$42,950.65	$16.36	$37,646.57
J H SMALL CAP VAL S	0.000	$0.00	$22.81	$0.00
PIM STKPLUS SM A	136.656	$1,276.36	$9.63	$1,316.00
FA BIOTECHNOLOGY A	3,053.228	$70,476.23	$27.79	$84,849.21
FA SEMICONDUCTORS A	7,416.483	$159,468.54	$27.61	$204,769.10
FA HEALTH CARE A	13,730.422	$431,676.95	$55.68	$764,509.90
FA FINANCIAL SVCS A	8,058.396	$114,838.95	$23.38	$188,405.30
FA INDUSTRIALS A	7,143.652	$232,231.03	$37.65	$268,958.50
FA CONSUMER DISC A	5,432.250	$130,681.48	$30.43	$165,303.37
FA UTILITIES A	1,932.486	$57,511.17	$33.94	$65,588.57
FA TECHNOLOGY A	11,157.938	$503,515.88	$58.89	$657,090.97
FA ENERGY A	2,220.370	$73,834.27	$27.62	$61,326.62
FA STK SEL MID CAP A	17,330.367	$455,569.69	$35.57	$616,441.15
FA EMERG ASIA A	19,501.201	$600,496.33	$40.56	$790,968.71
FA REAL ESTATE A	4,465.596	$98,751.03	$21.78	$97,260.68
FA FREEDOM 2010 I	2,243.679	$27,668.93	$12.01	$26,946.58
FA FREEDOM 2020 I	84,431.043	$1,159,702.84	$13.37	$1,128,843.04
FA FREEDOM 2030 I	75,493.512	$1,110,655.50	$14.60	$1,102,205.28
FA FREEDOM 2040 I	21,997.755	$337,410.37	$15.33	$337,225.58
FA FREEDOM INC I	192.443	$2,090.47	$11.07	$2,130.34
FA FREEDOM 2005 I	306.400	$3,619.36	$11.65	$3,569.56
FA FREEDOM 2015 I	1,216.053	$15,054.50	$12.06	$14,665.60
FA FREEDOM 2025 I	26,302.103	$361,235.12	$13.52	$355,604.43
FA FREEDOM 2035 I	4,633.129	$65,841.31	$14.28	$66,161.08
FA INTL DISCOVERY I	5,426.725	$244,934.71	$45.30	$245,830.64
FA FREEDOM 2045 I	16,744.881	$199,698.86	$11.97	$200,436.23
FA FREEDOM 2050 I	5,556.636	$66,244.69	$11.96	$66,457.37
FA GOV INCOME I	30,725.882	$315,089.69	$10.49	$322,314.50
FA ASSET MGR 20% I	5,935.981	$79,572.35	$13.62	$80,848.06
FA CONS STAPLES A	737.963	$63,103.82	$87.35	$64,461.07
FA GOLD A	1,994.518	$36,797.90	$23.67	$47,210.24
FA MATERIALS A	108.458	$7,364.65	$68.88	$7,470.59
FA TELECOMM A	215.276	$12,696.86	$60.86	$13,101.70
FA CHINA REGION A	9,442.337	$280,021.26	$39.16	$369,761.92
FA FREEDOM 2055 I	353.892	$4,521.18	$13.32	$4,713.84
FA FREEDOM 2060 I	3,473.898	$42,423.27	$12.01	$41,721.51
FID GOVT MMKT DM	2,342,269.130	$2,342,269.13	$1.00	$2,342,269.13
OUTSTANDING LOAN BALANCE				$428,676.71
			NET ASSETS 12/31/2019:	$22,411,724.77

Oaks 401(k) Plan and Trust

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2019

DETAIL OF BROKERAGELINK ASSETS

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	946,434.390	$1.00	$946,434.39	$946,434.39
	COMMON STOCK				
G5876H105	MARVELL TECHNOLOGY GROUP LTD	45.000	$26.56	$1,195.20	$1,195.90
G7303A109	QIAO XING UNIVERSAL TELEPHONE	2,000.000	$0.00	$0.00	$3,802.62
L8681T102	SPOTIFY TECHNOLOGY S.A. COM EUR0.000625	7.000	$149.55	$1,046.85	$984.95
N59465109	MYLAN N V SHS EURO ISIN #NL0011031208	3,514.000	$20.10	$70,631.40	$70,559.98
00206R102	AT&T INC COM	53.170	$39.08	$2,077.88	$1,567.28
00507V109	ACTIVISION BLIZZARD INC COM	25.000	$59.42	$1,485.50	$960.36
007903107	ADVANCED MICRO DEVICES INC	44.000	$45.86	$2,017.84	$1,200.04
024870107	AMERICAN CANNABIS CO INC COM	400.000	$0.10	$38.80	$147.95
037833100	APPLE COMPUTER INC NFS LLC IS A MARKET	28.000	$293.65	$8,222.20	$7,414.40
040047607	ARENA PHARMACEUTICALS INC	70.000	$45.42	$3,179.40	$6,167.88
05156V102	AURINIA PHARMACEUTICALS INC	235.000	$20.26	$4,761.10	$1,026.05
05156X108	AURORA CANNABIS INC COM NPV	2,577.000	$2.16	$5,566.32	$16,000.82
060505104	BANK OF AMERICA CORP	2,800.000	$35.22	$98,616.00	$35,617.96
075896100	BED BATH & BEYOND INC	100.000	$17.30	$1,730.00	$1,122.58
10316T104	BOX INC CL A ISIN #US10316T1043	400.000	$16.78	$6,712.00	$10,132.95
110122108	BRISTOL MYERS SQUIBB NFS LLC IS A	100.000	$64.19	$6,419.00	$6,802.95
138035100	CANOPY GROWTH CORPORATION COM NPV	1,181.000	$21.09	$24,907.29	$25,887.06
16106R109	CHARLOTTES WEB HOLDINGS INC COM NPV	850.000	$7.67	$6,515.51	$13,847.84
22717L101	CRONOS GROUP INC COM NPV	65.000	$7.67	$498.55	$1,035.17
232806109	CYPRESS SEMICONDUCTR CORP	58.763	$23.33	$1,370.94	$940.91
25460E125	DIREXION SHS ETF TR DAILY SM CP BEAR	15.000	$35.13	$526.95	$4,275.45
25460E166	DIREXION SHS ETF TR DAILY JR GLD MIN	65.163	$83.47	$5,439.16	$8,417.45
254687106	DISNEY WALT CO DEL (HOLDING COMPANY)	20.125	$144.63	$2,910.68	$2,317.65
282914100	8X8 INC NEW	500.000	$18.30	$9,150.00	$4,402.41
30303M102	FACEBOOK INC COM USD0.000006 CL A	50.000	$205.25	$10,262.50	$1,183.57
31816Q101	FIREEYE INC COM USD0.0001	600.000	$16.53	$9,918.00	$22,139.37
345370860	FORD MTR CO DEL COM	53.351	$9.30	$496.16	$455.44
369604103	GENERAL ELECTRIC CO NFS IS A SPECIALIST	800.000	$11.16	$8,928.00	$14,404.95
370334104	GENERAL MILLS INC NFS LLC IS A	370.000	$53.56	$19,817.20	$19,443.50
37959M203	GLOBAL GAMING TECHNOLOGIES CORP	600.000	$0.00	$3.00	$3,146.25
38089W103	GOLDEN DEVELOPING SOLUTIONS IN COM	3,000.000	$0.00	$6.00	$154.95
38141G104	GOLDMAN SACHS GROUP INC	28.000	$229.93	$6,438.04	$7,158.07
416515104	HARTFORD FINL SVCS GROUP INC	100.000	$60.77	$6,077.00	$2,870.70
423258201	HELI ELECTRONICS CORP COM NEW	100.000	$0.00	$0.00	$257.95
45074T102	IANTHUS CAPITAL HOLDINGS INC COM NPV	200.000	$1.47	$293.04	$1,038.15
457187102	INGREDION INC COM USD0.01	280.000	$92.95	$26,026.00	$23,472.40
46573A107	ITRACKR SYS INC COM	2,000.000	$0.00	$0.00	$0.00
496902404	KINROSS GOLD CORP NEW COM NO PAR	200.000	$4.74	$948.00	$648.40
53680L109	LITHIUM &BORON TECHNOLOGY INC COM	400.000	$0.39	$156.80	$13,000.08
53680Q207	LITHIUM AMERICAS CORP COM NPV (POST	1,000.000	$3.17	$3,170.00	$2,604.73
55302P202	MGT CAP INVTS INC COM NEW	575.000	$0.02	$10.35	$1,157.89
55616P104	MACYS INC	900.000	$17.00	$15,300.00	$19,251.16
591408109	METAVERSE CAPITAL CORP COM NPV	6,000.000	$0.00	$22.80	$0.00
595112103	MICRON TECHNOLOGY NFS IS A SPECIALIST	57.000	$53.78	$3,065.46	$874.59
62914V106	NIO INC ADS EACH REP 1 ORD SHS	1,000.000	$4.02	$4,020.00	$2,724.30
62987D108	NAMASTE TECHNOLOGIES INC COM NPV	3,000.000	$0.24	$717.30	$7,202.35
64157V108	NEW AGE BEVERAGES CORP COM	100.000	$1.82	$182.00	$374.95
651639106	NEWMONT MNG CORP NFS IS A SPECIALIST	1.403	$43.45	$60.96	$76.98
67066G104	NVIDIA CORP NFS LLC IS A MARKET	10.054	$235.30	$2,365.71	$1,727.72
680223104	OLD REPUBLIC INTL CORP	61.438	$22.37	$1,374.37	$1,152.81
68620P101	ORGANIGRAM HLDGS INC COM NPV	75.000	$2.45	$183.75	$576.23
70450Y103	PAYPAL HLDGS INC COM	15.000	$108.17	$1,622.55	$1,009.50
71715W106	PHARMAGEN INC COM	2,000.000	$0.00	$2.00	$0.00
74347G408	PROSHARES TR ULTRAPRO SHT QQQ	3,500.000	$22.39	$78,365.00	$81,789.72
744320102	PRUDENTIAL FINL INC	10.108	$93.74	$947.52	$874.14
744674300	PUDA COAL INC COM PAR $.001	2,000.000	$0.00	$0.20	$19,840.95
75509Q100	RAYSTREAM INC COM USD0.001	3,000.000	$0.00	$0.00	$0.00

Oaks 401(k) Plan and Trust
SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2019

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
75584Q108	REAL BRANDS INC COM	1,000.000	$0.03	$25.50	$106.50
81689B103	SENECA BIOPHARMA INC COM	177.000	$0.99	$175.23	$48,097.41
83088V102	SLACK TECHNOLOGIES INC COM CL A	800.000	$22.48	$17,984.00	$24,762.10
83304A106	SNAP INC CL A	1,190.000	$16.33	$19,432.70	$15,861.13
852234103	SQUARE INC CL A	35.000	$62.56	$2,189.60	$2,474.79
852857200	STAMPS COM INC COM NEW	30.000	$83.52	$2,505.60	$3,440.54
867652406	SUNPOWER CORP COM	2,500.000	$7.80	$19,500.00	$15,379.00
88160R101	TESLA MOTORS INC COM USD0.001	15.000	$418.33	$6,274.95	$3,361.53
881624209	TEVA PHARMACEUTICAL INDS LTD ADS	1,000.000	$9.80	$9,800.00	$6,989.85
88338N107	THERAPEUTICSMD INC COM	1,600.000	$2.42	$3,872.00	$6,467.77
891160509	TORONTO DOMINION BK ONT COM NEW	41.684	$56.13	$2,339.72	$2,154.79
90138F102	TWILIO INC CL A	200.000	$98.28	$19,656.00	$17,149.28
90470J100	UNIFIED SIGNAL INC COM	50.000	$0.00	$0.00	$0.00
919794107	VALLEY NATL BANCORP	1,000.000	$11.45	$11,450.00	$11,721.65
92766K106	VIRGIN GALACTIC HOLDINGS INC COM	125.000	$11.55	$1,443.75	$1,015.81
929740108	WABTEC	4.000	$77.80	$311.20	$0.00
94106L109	WASTE MANAGEMENT INC NFS LLC IS A	49.919	$113.96	$5,688.77	$4,764.20
962879102	WHEATON PRECIOUS METALS CORP COM NPV	177.846	$29.75	$5,290.92	$5,513.44
98462Y100	YAMANA GOLD INC ISIN #CA98462Y1007	146.105	$3.95	$577.11	$604.92
98974P100	ZIXIT CORP	2,000.000	$6.78	$13,560.00	$7,727.95
98986T108	ZYNGA INC COM USD0.00000625 CLASS	550.000	$6.12	$3,366.00	$0.00
	FIDELITY FUND				
315793869	FIDELITY FREEDOM INDEX 2050 FD	3,582.437	$18.98	$67,994.65	$67,535.63
315911750	FIDELITY 500 INDEX INSTITUTIONAL PREM	1,449.223	$112.02	$162,341.96	$102,944.30
316069723	FIDELITY ASSET MANAGER 30%	5,633.765	$11.39	$64,168.58	$60,816.14
31634R109	FIDELITY FOUR-IN-ONE INDEX	197.877	$49.01	$9,697.95	$8,811.88
316390475	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	310.842	$60.18	$18,706.47	$15,801.47
	OPTION				
3433689GC	CALL (BBBY) BED BATH & BEYOND	(1.000)	$497.00	($497.00)	$0.00
4173359MI	CALL (M) MACY S INC COM	(9.000)	$1.00	($9.00)	$0.00
4173359SO	PUT (M) MACY S INC COM	(14.000)	$4.00	($56.00)	$0.00
4258109KE	PUT (TZA1) DIREXION SHS ETF TR	(1.000)	$180.00	($180.00)	$0.00
4280569BB	PUT (OMI) OWENS & MINOR INC	(25.000)	$60.00	($1,500.00)	$0.00
4280569FF	PUT (OMI) OWENS & MINOR INC	(6.000)	$280.00	($1,680.00)	$0.00
4315389IC	PUT (CHK) CHESAPEAKE ENERGY	(9.000)	$74.00	($666.00)	$0.00
4320659FB	PUT (MYL) MYLAN NV	(1.000)	$525.00	($525.00)	$0.00
4320659JF	PUT (MYL) MYLAN NV	(40.000)	$175.00	($7,000.00)	$0.00
4462859WQ	PUT (MYL) MYLAN NV	(6.000)	$50.00	($300.00)	$0.00
4470069CA	PUT (LB) L BRANDS	(10.000)	$95.00	($950.00)	$0.00
4470419GC	PUT (MYL) MYLAN NV	(2.000)	$61.00	($122.00)	$0.00
3433589PP	PUT (AAL) AMERICAN AIRLINES	(9.000)	$158.00	($1,422.00)	$0.00
3392619TR	CALL (MYL) MYLAN N V SHS EURO	(14.000)	$2.00	($28.00)	$0.00
3392619SQ	PUT (MYL) MYLAN N V SHS EURO	(9.000)	$60.00	($540.00)	$0.00
3392619MK	CALL (MYL) MYLAN N V SHS EURO	(19.000)	$69.00	($1,311.00)	$0.00
3392089FZ	PUT (CHK) CHESAPEAKE ENERGY	(10.000)	$216.00	($2,160.00)	$4,662.60
3392619KI	PUT (MYL) MYLAN N V SHS EURO	(4.000)	$282.00	($1,128.00)	$0.00
	UNIT				
464287473	ISHARES TR RUSSELL MIDCAP VALUE INDEX	116.935	$94.77	$11,081.93	$10,449.82
464287309	ISHARES TR S&P 500/ BARRA GROWTH INDEX	66.924	$193.64	$12,959.16	$10,296.26
464287598	ISHARES TR RUSSELL 1000 VALUE INDEX FD	84.181	$136.48	$11,489.02	$10,499.59
464287614	ISHARES TR RUSSELL 1000 GROWTH INDEX FD	75.685	$175.92	$13,314.51	$10,256.81
464287655	ISHARES TR RUSSELL 2000 INDEX FD	66.668	$165.67	$11,044.89	$10,252.44
464288273	ISHARES TR MSCI EAFE SMALL CAP INDEX FD	1.612	$62.28	$100.40	$103.54
74347B383	PROSHARES TR ULTRASHRT S&P500	85.784	$24.86	$2,132.59	$3,437.56
74347X849	PROSHARES TR SHORT 20+ YR TREASURY	2,349.308	$19.61	$46,069.93	$59,528.03
74347Y805	PROSHARES TR II ULTRAPRO 3X SHOR	7,000.000	$10.58	$74,060.00	$79,086.07
78463V107	SPDR GOLD TR GOLD SHS	341.000	$142.90	$48,728.90	$44,117.04
78467X109	SPDR DOW JONES INDL AVERAGE ETF TR UNIT	41.629	$285.10	$11,868.43	$10,337.96
92189F791	VANECK VECTORS ETF TR JR GOLD MINERS E	619.928	$42.26	$26,198.16	$49,986.04
25490K323	DIREXION SHS ETF TR SP BIOTCH BL NEW	150.013	$57.50	$8,625.75	$8,758.70

Oaks 401(k) Plan and Trust

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2019

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
25490K281	DIREXION SHS ETF TR DLY EMG MK BL 3X	50.000	$89.40	$4,470.00	$4,407.95
25490K273	DIREXION SHS ETF TR DLY RUSSIA BL 3X	50.000	$69.68	$3,484.00	$10,267.54
00214Q401	ARK ETF TR WEB X.0 ETF	30.000	$57.59	$1,727.70	$1,578.26
464287481	ISHARES TR RUSSELL MIDCAP GROWTH INDEX	84.297	$152.58	$12,862.04	$10,231.47
			NET ASSETS :	$2,160,728.74	$2,194,63456