## Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

## 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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t identification information								
For calend	ar plan year 2017 or f	fiscal plan year beginning 07/01/2	2017		and ending 06	6/30/2018				
A This re	turn/report is for:	X a single-employer plan			in (not multiemployer) ( ployer information in ac		-			
		a one-participant plan	_	oreign plan				,		
<b>B</b> This ret	urn/report is	the first return/report	브	final return/report						
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	au	tomatic extension		DFVC p	rogram			
		special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	on						
1a Name	of plan					<b>1b</b> Thre	e-digit			
LINEAR LIG	HTING CORP. 401(k	() PROFIT SHARING PLAN				•	number			
						(PN)		001		
						1C Effec	ctive date of	•		
20 Diam o		:: :				2h =		)/1972		
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0		/if foreign ago instri	uotiono)	ZD Empl (EIN)	-	ication Number 910532		
•	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  INEAR LIGHTING CORP.				2c Sponsor's telephone number 718-361-7552					
				2d Business code (see instructions)						
	1-30 HUNTERS POINT AVENUE					335100				
LONG ISLA	ND CITY, NY 11101									
3a Plan a	dministrator's name a	and address X Same as Plan Spo	onsor.			<b>3b</b> Admi	inistrator's E	ΞΙΝ		
						3c Admi	inistrator's t	elephone number		
		ne plan sponsor or the plan name h				<b>4b</b> EIN				
		onsor's name, EIN, the plan name	and the	plan number from th	e last return/report.	4d DN				
<b>C</b> Plan N	sor's name					4d PN				
C Flair	Name									
<b>5a</b> Total	number of participant	s at the beginning of the plan year.				5a		20		
		s at the end of the plan year				5b		1		
		account balances as of the end of				5c		1		
	,	articipants at the beginning of the p				5d(1)		1		
d(2) Total number of active participants at the end of the plan year			5d(2)	1						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0		
Caution: A	A penalty for the late	or incomplete filing of this retur	n/repor	t will be assessed u	unless reasonable cau	use is esta	blished.			
Under pen	alties of perjury and o	ther penalties set forth in the instru	ıctions, I	declare that I have	examined this return/re	port, includi	ing, if applic			
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, and signed by an enrolled actuary, and an enrolled actuary, and are signed.	as well a	as the electronic vers	sion of this return/repor	t, and to the	e best of my	knowledge and		
SIGN		d/valid electronic signature.		12/12/2018	LAWRENCE DEUTSO	CH				
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signing	as plan adr	ninistrator		
SIGN	Filed with authorized	d/valid electronic signature		12/12/2018	LAWRENCE DEUTSO	CH				

Date

**HERE** 

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III   Financial Information	1	Γ					
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year
a	Total plan assets	7a	586	62964				1427926
<u>b</u>	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	586	52964				1427926
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)			_			
	(3) Others (including rollovers)	8a(3)			_			
<u>b</u>	Other income (loss)	8b	29	95765				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						295765
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	472	29421				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1382				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4730803
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-4435038
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

Form 5500-SF 2017	Page <b>3-</b> 1		
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Part	VI Pension Funding Compliance				
11	B	Y	′es 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 section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	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			
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 N	0
	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 the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor e Benefits Security Admir

## 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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to

Pension I	Benefit Guaranty Corporation	- Complete all autilias in	negations with the les	structions to the Form F		Pub	lic Inspection
Part I	Annual Report	► Complete all entries in Identification Information		structions to the roim 5	1500-SF.	J	
	dar plan year 2017 or fis		07/01/2017	and ending	06.	/30/201	8
	eturn/report is for: turn/report is	a single-employer plan  a one-participant plan  the first return/report  an amended return/report	a multiple-employer list of participating of a foreign plan the final return/report	plan (not multiemployer) employer information in a t t urn/report (less than 12 m	(Filers checi ccordance v	king this bo	x must attach a
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC p	rogram	
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name Linear	e of plan	o. 401(k) Profit Sha			(PN)	number	001
						30/197	•
Mailin City o	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C s, country, and ZIP or foreign post		structions)	(EIN) <b>2c</b> Spon (71	13-2910 sor's telep 8) 361-	hone number
31-30	Hunters Point	Avenue					•
Tona T	sland City		NI	z 11101	225	100	
		d address X Same as Plan Spor		( 11101	335 <b>3b</b> Admir		
this p	lan, enter the plan spon or's name	plan sponsor or the plan name ha sor's name, EIN, the plan name a	s changed since the last on the plan number from the plan number from the plan number from the plan is	return/report filed for the last return/report.	<ul><li>4b EIN</li><li>4d PN</li></ul>	nistrator's to	elephone number
C Plan N	vame						
_		tt the beginning of the plan year			5a		20
C Numb	er of participants with a	at the end of the plan year occount balances as of the end of t	he plan year (only defined	contribution plans	5b 5c		1
		cipants at the beginning of the pla		F	5d(1)		1 1
<b>d(2)</b> Tota	al number of active part	icipants at the end of the plan yea	ır		5d(2)		1
e Numb	per of participants who to 100% vested	erminated employment during the	plan year with accrued be	enefits that were less	5e		0
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and other	r incomplete filing of this return or penalties set forth in the instruct I signed by an enrolled actuary, as	/report will be assessed tions. I declare that I have	unless reasonable cau examined this return/rep	ort including	o if apolica	ible, a Schedule knowledge and
SIGN	Jun To	that	12/12/18	Lawrence Deuts	ch		
HERE	Signature of plan add	ministrator /	Date	Enter name of individua	al signing as	s plan admi	inistrator
SIGN	Lun G	to	12/12/18	Lawrence Deutso			
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individua	al signing as	employer	or plan sponsor

	Form 5500-SF 2017		Page <b>2</b>					
b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indepe and cond not use F	endent qualified public itions.)orm 5500-SF and mus	accoun	tant (IC ad use	QPA)  • Form	5500.	X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC i  If "Yes" is checked, enter the My PAA confirmation number from the  Int III Financial Information							Not determined . (See instructions.)
7	Plan Assets and Liabilities				Т			
		_	(a) Beginning				(b) End	of Year
	Total plan liabilities	7a	٥,	862,	964			1,427,926
	Total plan liabilities	. 7b		0.60	0.64			1 405 000
	Net plan assets (subtract line 7b from line 7a)	7c_		862,	964			1,427,926
8 a	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	8a(1)	(a) Amoui	nt			(b)	Total
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		295,765				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						295,765
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4,	729,	421			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1,	382			
g	Other expenses	8g						
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4,730		4,730,803
i	Net income (loss) (subtract line 8h from line 8c)	8i				-4,435,03		
j	Transfers to (from) the plan (see instructions)	8i						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 2T 3D	feature c	odes from the List of P	lan Cha	racteri	stic Co	odes in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Char	acteris	tic Cod	des in the insti	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary l	Fiduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		100,000
e	Were any fees or commissions paid to any brokers, agents, or oth							

10e

10f

10g

10h

10i

Χ

Χ

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? .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

**g** Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ......

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Page	J-

Part	VI Pension Funding Compliance						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tion 302	2 of		Yes X No		
a 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 granting the waiver							
lf	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	12	,				
	Enter the amount contributed by the employer to the plan for this plan year		;				
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)	120	1				
<u>e</u>	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	es 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 to control of the PBGC?	ne		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.)	(s) to					
13c(1) Name of plan(s): 13c(2)			s)	13c	(3) PN(s)		
		`			,		