Form 5500-SF

Department of the Treasury Internal Revenue Service

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

	Part I		t Identification Information									
	For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	018		and ending 08	3/31/201	18				
	A This retu	urn/report is for:	a single-employer plan a multiple-employer plan (not multiemployer list of participating employer information in									
			a one-participant plan	a foreign plan								
B This re		turn/report is	the first return/report	the final return/report								
	• • • • • •		an amended return/report	_		n year return/report (less than 12 months)						
	C Check b	oox if filing under:	Form 5558 special extension (enter descr		tomatic extension		DFV	C program				
ſ	Dort II	Dania Dlan Infe		' '								
Į	Part II		ormation—enter all requested inf	ormatic	on		1h T	Throo digit				
	1a Name	•	C 401K PROFIT SHARING PLAN AI	ND TRI	IST			hree-digit Dan number				
	FIIARIVICOL	LABORATORIES INC	2 40 IN FROITI SHAKING FLAN AI	ND IN	331			PN) •	001			
							1c E	plan /2014				
-			oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O) Pov)			2b Employer Identification Number					
	City or	town, state or provin	ce, country, and ZIP or foreign posta		(if foreign, see instru	uctions)	(EIN) 59-1901323 2c Sponsor's telephone number					
	PHARMICO L	ABORATORIES INC	,				321-268-1313					
3	3520 SOUTH	IST					2d Business code (see instructions)					
1	TITUSVILLE,	FL 32780					325900					
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.						4b EIN						
	a Sponso						4d PN					
C Plan Name												
5a Total number of participants at the beginning of the plan year							5a 14					
	b Total n	number of participants	s at the end of the plan year				5b 0					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)							5c 0					
						5d(1)		11				
d(2) Total number of active participants at the end of the plan year						5d(2)		0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0						
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, if applicable, a Schedule												
	SB or Sche		and signed by an enrolled actuary, a									
S	SIGN		d/valid electronic signature.		01/08/2019	TELINA E ABELL						
	HERE	Signature of plan	administrator		Date	Enter name of individ	dividual signing as plan administrator					
	SIGN HERE	Filed with authorized	d/valid electronic signature.		01/08/2019	TELINA E ABELL						
- 1	HERE					l –						

Date

Enter name of individual signing as employer or plan sponsor

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Yes 1	No	
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							. X Yes 1	Nο	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						. [103]	NO		
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							Not determine	ed	
								s.)		
Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Paginning	of Voor			(b) En	d of Voor		
<u>'</u>	Total plan assets	. 7a		(a) Beginning of Year			(b) End of Year			
	Total plan liabilities	7b	12	121400						
	Net plan assets (subtract line 7b from line 7a)	7c	12	121480			0			
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amoun	(a) Amount			(b) Total			
	Contributions received or receivable from:		(w) Allount			(2) 10121				
	(1) Employers	. 8a(1)								
	(2) Participants	. 8a(2)		9878						
	(3) Others (including rollovers)	. 8a(3)								
<u>b</u>	Other income (loss)	. 8b		5247						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						15125		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						15125		
j	Transfers to (from) the plan (see instructions)	8j	-13	-136605						
Part IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction							
	Program)			10a		X				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
С	C Was the plan covered by a fidelity bond?							13000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X			0		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	В	Y	′es				
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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 of			∕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, and enter the date of the letter ruling granting the waiver. Day Year								
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?		Yes	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?			X Yes No					
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)				
FRANKCRUM RETIREMENT SAV PLAN 59-2626531				333					