Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Part I | Annual Repor | t identification information | 1 | | | | | |
|--|--------------------------|---|-------------------------------|-------------------------------|------------------------------------|-----------------------------------|--|--|
| For calend | dar plan year 2018 or | fiscal plan year beginning 01/01/ | 2018 | and ending 12 | 2/31/2018 | | | |
| A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) | | | | | | | | |
| | · | a one-participant plan | a foreign plan | , , , , | | , | | |
| B This ret | turn/report is | the first return/report | the final return/report | | | | | |
| | | an amended return/report | a short plan year retu | urn/report (less than 12 m | onths) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | 1 | DFVC progr | am | | |
| | T | special extension (enter desc | • / | | | | | |
| Part II | | ormation—enter all requested in | nformation | | | | | |
| 1a Name GROSS & F | • | 01K PROFIT SHARING PLAN & TF | RUST | | 1b Three-dig plan num (PN) ▶ | | | |
| | | | 1c Effective | date of plan 01/01/1990 | | | | |
| | sponsor's name (emp | | 2b Employer | Identification Number | | | | |
| | | om, apt., suite no. and street, or P. ace, country, and ZIP or foreign pos | | etructions) | (EIN) | 13-3662203 | | |
| | FLORES, DDS, PC | ice, country, and zir or foreign pos | nai code (ii foreign, see inc | structions) | • | s telephone number 45-473-4565 | | |
| | | | | | 2d Business | code (see instructions) | | |
| 12 DAVIS A | VE EPSIE, NY 12603 | | | | | 621210 | | |
| 1 OOOTIIKEE | 1. 0.2, 11. 12000 | | | | | | | |
| 3a Plan administrator's name and address 🛛 Same as Plan Sponsor. | | | | 3b Administrator's EIN | | | | |
| | | | | | 3c Administr | rator's telephone number | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ne plan sponsor or the plan name honsor's name, EIN, the plan name | | | 4b EIN | | | |
| | sor's name | • | · | · | 4d PN | | | |
| C Plan | Name | | | | | | | |
| 5a Total | number of participant | s at the beginning of the plan year | | | 5a 2 | | | |
| _ | | s at the end of the plan year | | | 5b | 14 | | |
| C Numb | per of participants with | account balances as of the end o | f the plan year (only define | ed contribution plans | 5c | 14 | | |
| • | • | articipants at the beginning of the r | | | | | | |
| d(1) Total number of active participants at the beginning of the plan yeard(2) Total number of active participants at the end of the plan year | | | | | 5d(2) | 7 | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less | | | | | 5e | 0 | | |
| | | or incomplete filing of this yet. | | | | | | |
| Under pen SB or Sch | alties of perjury and o | e or incomplete filing of this retu- other penalties set forth in the instru- and signed by an enrolled actuary, nplete. | uctions, I declare that I hav | e examined this return/re | port, including, i | f applicable, a Schedule | | |
| SIGN | | d/valid electronic signature. | 03/04/2019 | CORAZON FLORES | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | ual signing as p | lan administrator | | |
| SIGN | | | | | | | | |
| HERE | Signature of emp | over/plan sponsor | Date | Enter name of individ | ual signing as e | mnlover or plan sponsor | | |

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

| C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | _ | | |
|--|----------|--|-------------|--------------------------|---------|---------|---------|-----------------|-------------|-----|--|
| 7 | С | | | | | | | | | | |
| a Total plan assets | Pa | rt III Financial Information | | | | | | | | | |
| b Total plan liabilities. 7b 0 0 0 0 2406295 c Net plan assets (subtract line 7b from line 7a) 7c 3010441 2406295 all Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2406295 all Contributions received or receivable from: (1) Employers. 8a(2) 3370 (2) Participants. 8a(2) 3370 (3) Others (including rollovers). 8a(3) 0 b Other income (loss) 8a(3), 30 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b - 219851 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b - 219851 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c - 219851 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 385909 e Certain deemed and/or corrective distributions (see instructions). 8e 0 g Other expenses. 8d 385909 e Certain deemed and/or corrective distributions (see instructions). 8f 40977 g Other expenses. 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 390006 i Net income (loss) (subtract line 8h from line 8b). 8f 0 j Transfers to (from) the plan (see instructions). 8g 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H J 2H Z 82 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H J Z 82 30 b Using the plan year: 4V Compliance Questions 10 During the plan year: 4V See Instructions with any party-in-interest? (Do not include transactions reported on line 10a). 4V See Instructions with any party-in-interest? (Do not include transactions reported on line 10a). 4V See Instructions with any party-in-interest? (Do not include transactions of both reported on line 10a). 4V See Instructions with any party-in-interest? (Do not include transactions of both party for dishnersely? 4c of shorted party for dishnersely? 4c of dishnersely? 4c of shorted party for dishnersely? 4c of shorted party for dishners | 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) En | d of Year | | |
| C Net plan assets (subtract line 7b from line 7a) | a | Total plan assets | 7a | 30 | 10441 | | | | 2406295 | | |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers | b | Total plan liabilities | 7b | | 0 | | | | 0 | | |
| a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | С | Net plan assets (subtract line 7b from line 7a) | 7c | 30 | 10441 | | | | 2406295 | | |
| (1) Employers | 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) | Total | | |
| (3) Others (including rollovers) | a | | 8a(1) | | 2141 | | | | | | |
| b Other income (loss) | | (2) Participants | 8a(2) | | 3570 | | | | | | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | b | Other income (loss) | 8b | -2 | 19851 | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) 8e 0 0 f Administrative service providers (salaries, fees, commissions) 8f 4097 g Other expenses 8g 0 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 390006 i Net income (loss) (subtract line 8h from line 8c) 8i -604146 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 350000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 350000 f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If 10h was answered "Yes," check the box if you either provided the required notice or one of the life in the plan's control the plan's 10h X If 10h was answered "Yes," check the box if you either provided the required notice or one of the | C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | -214140 | | |
| f Administrative service providers (salaries, fees, commissions) | d | | 8d | 3 | 85909 | | | | | | |
| g Other expenses | е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | 8f | | 4097 | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | g | Other expenses | 8g | 0 | | | | | | | |
| Transfers to (from) the plan (see instructions) | h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 390006 | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 4 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10f X | <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -604146 | | |
| Part V Compliance Questions | j | Transfers to (from) the plan (see instructions) | 8j | 0 | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 | Pai | t IV Plan Characteristics | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 9a | | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in the in | structions: | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | des in the inst | ructions: | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | Par | t V Compliance Questions | | | | | | | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10 | During the plan year: | | | | Yes | No | | Amount | | |
| reported on line 10a.) | а | described in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | iduciary Correction | 10a | | X | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b | | | | 10b | | X | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | С | Was the plan covered by a fidelity bond? | | | 10c | X | | | 350 | 000 | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bo | nd, that was caused | 10d | | X | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under | | | 10e | | Х | | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | f | f Has the plan failed to provide any benefit when due under the plan? | | | 10f | | X | | | | |
| 2520.101-3.) | | | | | 10g | X | | | | 0 | |
| ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | 2520.101-3.) | · ····· | | 10h | | X | | | | |
| | i | · | | | 10i | | | | | | |

| Form 5500-SF (2018) | Page 3 - 1 |
|---------------------|-------------------|
| | |

| 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) | | В | | Yes X No | | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | | | | Yes X No | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | 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 letter ruling granting the waiver | | | | | | |
| 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? | | X Yes | | lo | | |
| | 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 | 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 | 3c(1) Name of plan(s): 13c(2) | EIN(s) | | 13c(3 | B) PN(s) | | |
| | | | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Aulministration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2040

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | t Identification Informatio | | | | | | | | | | |
|--|---|----------------|----------------------|--|-------------------------------------|---------------------------|-------------------------|--|--|--|--|
| For calendar plan year 2018 or | fiscal plan year beginning 01/01/2 | 018 | | and ending 12/3 | 1/2018 | | | | | | |
| A This return/report is for: | X a single-employer plan | | | in (not multiemployer) (ployer information in ac | | | | | | | |
| P. This makes the continu | a one-participant plan | a foreign plan | | | | | | | | | |
| B This return/report is | the first return/report | = | final return/report | / 1 | | | | | | | |
| C Oharl havif film and an | an amended return/report | _ | | /report (less than 12 m | _ | | | | | | |
| C Check box if filing under: | Form 5558 special extension (enter des | | tomatic extension | | ☐ DFVC pro | ogram | | | | | |
| Part II Basic Plan Inf | formation—enter all requested | <u> </u> | n | | | | | | | | |
| 1a Name of plan | officiation—enter an requested | inionnauo | | | 1b Three | -digit | | | | | |
| GROSS & FLORES, DDS, PC 401K PROFIT SHARING PLAN & TRUST | | | | | | umber | 003 | | | | |
| | | | | | | ive date of /1990 | plan | | | | |
| 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) | | | | | | yer Identifi 13-366220 | ication Number | | | | |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GROSS & FLORES, DD3, PC | | | | uctions) | 2c Spons | | none number 173-4565 | | | | |
| 12 DAVIS AVE | | | | | 2d Busine 62121 | • | see instructions) | | | | |
| POUGHKEEPSIE, NY 12603 | | | | | | | | | | | |
| 3a Plan administrator's name and address X Same as Plan Sponsor. | | | | | 3b Administrator's EIN | | | | | | |
| | | | | | 3c Administrator's telephone number | | | | | | |
| A ## 501-41 | | h | | A | 4h su | | | | | | |
| this plan, enter the plan sp | he plan sponsor or the plan name consor's name, EIN, the plan name | | | | 4b EIN | | | | | | |
| a Sponsor's namec Plan Name | | | | | 4d PN | | | | | | |
| 5a Total number of participan | ts at the beginning of the plan year | r | | | 5a | | 25 | | | | |
| b Total number of participan | ts at the end of the plan year | | | | 5b | | 14 | | | | |
| | h account balances as of the end o | | , , , | • | 5c | | 14 | | | | |
| d(1) Total number of active p | participants at the beginning of the | plan year | | | 5d(1) | | 7 | | | | |
| • • | participants at the end of the plan y | | | | 5d(2) | | 0 | | | | |
| Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | 5e | | 0 | | | | |
| Under penalties of perjury and | e or incomplete filing of this retu other penalties set forth in the instr | ructions, I | declare that I have | examined this return/re | port, includin | g, if applic | | | | | |
| | and signed by an enrolled actuary | | s the electronic ver | | | | | | | | |
| SIGN | | | 3/4/17 | CORAZON FLORES | | | | | | | |
| HERE Signature of plan | administrator | | Date | Enter name of individ | ual signing a | s plan adn | ninistrator | | | | |
| I SIGN 1/ | | | | | | | | | | | |

Date

HERE

Enter name of individual signing as employer or plan sponsor

| | | | • |
|----|---|---|---|
| ъa | а | е | Z |

| 62 | Were all of the plan's spects during the plan year invested in cligib | lo occote? | (See instructions.) | | | | | X Yes No | |
|------------|--|-------------|---------------------------|-------------|----------------|---------|---|---------------------|--|
| | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of | | | | | | | | |
| - | under 29 CFR 2520.104-46? (See instructions on waiver eligibility | and condit | ions.) | | | | | X Yes No | |
| | If you answered "No" to either line 6a or line 6b, the plan cann | ot use Fo | rm 5500-SF and mus | t instea | ıd use | Form | 5500. | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA se | ection 4 | 021)? . | 🗌 | Yes No | Not determined | |
| | If "Yes" is checked, enter the My PAA confirmation number from the | e PBGC p | remium filing for this pl | lan yea | r | | | (See instructions.) | |
| Pa | rt III Financial Information | | | | | | _ | | |
| 7 | Plan Assets and Labilities | | (a) Beginning of | of Year | | | (b) End | l of Year | |
| a | Total plan assets. | 7a | | 301044 | | | <u> </u> | 2406295 | |
| b | Total plan liabilities | 7b | | | 0 | | | 0 | |
| | Net plan assets (subtract line 7b from line 7a) | 7с | | 301044 | 11 | | | 2406295 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 1.11 | (a) Amoun | ıt | | | (p) | Total | |
| a | Contributions received or receivable from: | | (, | | | 1.7 | THE STATE | 25 | |
| | (1) Employers | 8a(1) | | 214 | - | | <u> </u> | | |
| | (2) Participants | 8a(2) | | 357 | - + | - 13 % | | | |
| | (3) Others (including rollovers) | 8a(3) | _ | | 0 | · | | | |
| <u>b</u> | Other income (loss) | 8b | | -21985 | 51 | | 1 | T. T. Gald | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | -214140 | |
| d | Benefits paid (including direct rollovers and insurance premiums | ا ا | | 38590 | 19 | | | | |
| | to provide benefits) | 8d | | | 0 | | | | |
| _ <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | 409 | - | | *** ** ** *** *** | 3 | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 408 | 0 | | | · | |
| <u>g</u> | Other expenses | | | | - | | and the second | 200006 | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 390006 | |
| <u> </u> | Net income (loss) (subtract line 8h from line 8c) | | 8i <u> </u> | | | -604146 | | | |
| | Transfers to (from) the plan (see instructions) | | | | 0 | | <u> </u> | 1 | |
| | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provid∈s pension benefits, enter the applicable pension 2E 2H 2J 2K 2R 3D | feature co | des from the List of Pl | an Cha | racteris | stic Co | des in the ins | structions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | es from the List of Pla | n Chara | cterist | ic Cod | les in the inst | ructions: | |
| | | _ | _ | | | | | | |
| Pai | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| a | Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \u2213 | | | | | х | | | |
| | Program) | | | 10a | | ^ | | | |
| k | Were there any nonexempt transactions with any party-in-interest | - | | 10b | | Х | | | |
| _ | reported on line 10a.) | | | | X | | | 350000 | |
| | | | | 10c | <u> </u> | | | | |
| | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | ridelity bo | nd, that was caused | 10d | | Х | | | |
| e | Were any fees o commissions paid to any brokers, agents, or other | | | | | | | | |
| | carrier, insurance service, or other organization that provides son the plan? (See instructions.) | | | 10e | | × | | | |
| f | | | | 10f | | х | | - | |
| | | | | 10g | Х | x | | | |
| | If this is an individual account plan, was there a blackout period? | (See instru | uctions and 29 CFR | Ť | | × | | | |
| | 2520.101-3.) | | | 10 h | | | À. | | |
| ' | If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | |) 1 km | |
| | | | | | | | | | |

| Form | 5500 | SF | (2018) |
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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 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 section 302 of ERISA? | | | | | | | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | 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 letter ruling granting the waiver | | | | | | |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | |
| | 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) | | | | | | | |
| е | Will the minimum unding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N | l/A |
| Part ' | VII Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | X Yes | | No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | 0 |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGiC? | | | | | | X No |) |
| 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) |
| | | | | | | | |