	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 12 12 Department of the Treasury Benefit Plan OMB Nos. 12										
De	enefits Security Administration	 This form is required to be filed Income Security Act of 1974 		057(b) and 6058(a) of the I		2018 This Form is Open to					
	enefit Guaranty Corporation	Public Inspection									
Part I		Identification Information									
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/2			/31/2018						
A This ret	turn/report is for:	X a single-employer plan		blan (not multiemployer) (F mployer information in acc		-					
B This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report		rn/report (less than 12 mo	onths)						
C Check	box if filing under:	Form 5558	automatic extension	[DFVC pr	rogram					
		special extension (enter descri	ption)								
Part II		rmation—enter all requested info	ormation								
1a Name		AN			1b Three plan	e-digit number					
TORQUE GI	ORQUE GROUP, LLC 401(K) PLAN					► 001					
			1c Effect	tive date of plan 01/01/2017							
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta			2b Emploit (EIN)	oyer Identification Number 25-1917486					
TORQUE G		e, country, and zir or foreign posta	a code (il loreign, see ins		2c Sponsor's telephone number 800-859-0590						
					2d Business code (see instructions)						
4798 SOUTH LAKELAND,	H FLORIDA AVENUE, FL 33813		TH FLORIDA AVENUE, D, FL 33813	#328	524290						
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN					
				-	3c Admin	nistrator's telephone number					
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN						
	lan, enter the plan spo or's name	nsor's name, EIN, the plan name a	nd the plan number from		4d PN						
C Plan N	lame										
5a Total	number of participants	at the beginning of the plan year			5a	5					
		at the end of the plan year			5b	6					
		account balances as of the end of t			5c	6					
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	5					
• •		rticipants at the end of the plan yea			5d(2)	4					
than	100% vested	terminated employment during the			5e	3					
Caution: A	A penalty for the late	or incomplete filing of this return her penalties set forth in the instruc	/report will be assessed	d unless reasonable cau							
SB or Sche		nd signed by an enrolled actuary, a									
SIGN	Filed with authorized	/valid electronic signature.	04/12/2019	JERRY MUNSELLE II							
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing a	as plan administrator					
SIGN											
HERE	Signature of emplo		Date	Enter name of individu	al signing a	as employer or plan sponsor					
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.		_	Form 5500-SF (2018) v.171027					

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes 🗌 N	١o
b	Are you claiming a waiver of the annual examination and report of a						X Yes 🗌 N	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann							10
с	If the plan is a defined benefit plan, is it covered under the PBGC in					_		d
	If "Yes" is checked, enter the My PAA confirmation number from th							
	-			-				
	rt III Financial Information				<u> </u>			
7	Plan Assets and Liabilities	1	(a) Beginning o				(b) End of Year	
<u>a</u>	Total plan assets	7a		15073			97645	
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		15073			97645	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	ļ	51054				
	(2) Participants	8a(2)	4	43591				
	(3) Others (including rollovers)	8a(3)		1599				
b	Other income (loss)	8b		-8656				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					87588	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5016				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5016	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					82572	
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Pla	an Char	acteris	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:	
1								
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x		
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10u		Х		
c				10c		Х		
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
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.)	her person ne or all of	s by an insurance the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	- 5				

2520.101-3.)

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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10h

10i

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 Schedule SB (Form 5500) and line 11a below)							
11a	Ent	er 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 302 of ERISA?								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 letter granting the waiver								ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

Form 5500-SF	Short Form	n Annual Return/ Benefit		Emp	loyee	OMB I	Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is requir	This form is required to be filed under sections 104 and 4065 of the Employee							
Department of Labor Employee Benefits Security Administration	Retirement Income S	Security Act of 1974 (E of the Internal Revenu		6057(b) and 6058(a)		018		
Pension Benefit Guaranty Corporation		es in accordance wit		o the F	orm 5500-SF.	to Public	m is Open Inspection		
C BELLET NT CTURE	Identification Info								
For calendar plan year 2018 or fi A This return/report is for:				and e		2/31/20			
 B This return/report is C Check box if filing under: 	of participating employer information in accordance with the form instructions.) a one-participant plan the first retum/report an amended return/report a short plan year return/report (less than 12 months)								
TORQUE GROUP, LL	С 401(К) РЬА	N		1b	Three-digit plan number (F	N) 🛌	001		
				1c	Effective date of				
2a Plan sponsor's name (employ Mailing address (include roor City or town, state or provinc TORQUE GROUP, LLC	m. apt., suite no, and st	reet or P.O. Box)	foreign, see instr.)	2b 2c)17486			
4798 SOUTH FLORI				800 859-0590					
LAKELAND	FL 33	813		2d	Business code 52429		ons)		
3a Plan administrator's name an	id address X Same a	as Plan Sponsor.		Зb	Administrator's		······		
				3c	Administrator's	telephone nu	ımber		
4 If the name and/or EIN of the p return/report filed for this plan plan number from the last retu	, enter the plan sponso			4b	EIN				
a Sponsor's name				4d	PN				
C Plan Name									
5a Total number of participants	at the beginning of the	plan vear		5a	[5		
b Total number of participants	at the end of the plan			5b			6		
C Number of participants with		f the end of the plan ye	ear (only defined						
contribution plans complete	this item)		•••••••••••••••••••••••••••••••••••••••	<u>5c</u>			6		
d (1) Total number of active p d (2) Total number of active p	articipants at the begin	ning of the plan year		5d(1)			5		
e Number of participants who				5d(2)			4		
benefits that were less than	100% vested			5e	:		3		
Caution: A penalty for the late	or incomplete filing of	this return/report wi	I be assessed unles	ss reas	onable cause is	s established	· · · · · · · · · · · · · · · · · · ·		
Under penalties of perjury and eff Schedule SB or Schedule MB cor my knowledge and belief, it is true	ier penalties set forth in npleted and signed by , correct, and complete	n the instructions, I dec an enrolled actuary, as e.	clare that I have exar well as the electron	nined t ic versi	his return/report on of this return/	, including, if a report, and to	applicable, a o the best of		
SIGN HERE		4/12/19	JErryN		selle I	I			
Signature of plan admin	isu ator	Date	Enter name of indiv	/idual s	igning as plan ac	dministrator			
SIGN HERE	lan anoraa	Data	Entoy name at the ff						
Signature of employer/p	ian sponsor	Date	Enter name of indiv	ndual s	igning as employ	er or plan sp	onsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X	Yes	No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X	Yes	∏ _N ₀
c	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	_	Not dete (See inst	ermined ructions.)

Part III Financial Information			· · · · · · · · · · · · · · · · · · ·		·····
7 Plan Assets and Liabilities		(a) Beginnir	g of Y	ear	(b) End of Year
a Total plan assets	7a)73	97645
b Total plan liabilities	7b				
C Net plan assets (subtract line 7b from line 7a)	7c		150	73	97645
8 Income, Expenses, and Transfers for this Plan Year		(a) Am			(b) Total
a Contributions received or receivable from:					<u> </u>
(1) Employers	8a(1)		510)54	
(2) Participants	8a(2)		435		
(3) Others (including rollovers)	8a(3)			599	
b Other income (loss) STATEMENT 1	8b		-86		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				87588
d Benefits paid (including direct rollovers and insurance premiums to provide					
benefits)	8d		50	16	
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f				
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1949 (M.C.			5016
i Net income (loss) (subtract line 8h from line 8c)	8i				82572
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension feature of 2E 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature code					
Part V Compliance Questions				<u></u>	
10 During the plan year:			Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within	the time	<u>,</u>	103		Amount
period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta					
Fiduciary Correction Program.)				x	
b Were there any nonexempt transactions with any party-in-interest? (Do not inc		104	1		
transactions reported on line 10a.)		10b		х	
C Was the plan covered by a fidelity bond?				Х	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond	l, that				
was caused by fraud or dishonesty?		10d		Х	
e Were any fees or commissions paid to any brokers, agents, or other persons					
insurance carrier, insurance service, or other organization that provides some	or all of				
the benefits under the plan? (See instructions.)		10e		X	
f Has the plan failed to provide any benefit when due under the plan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end	d.)	10a		X	

 g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions			
 and 29 CFR 2520.101-3.)	10h	X	
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	10i	x	

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Pa	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If ")	'es," see instructions ar	nd comple	ete			_
	Schedule SB (Form 5500) and line 11a below)					Yes	X No
<u>11a</u>	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 requirement	nts of section 412 of the	e Code or				_
	section 302 of ERISA?					Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	ole.)					
а	If a waiver of the minimum funding standard for a prior year is being amortize	d in this plan year, see i	nstruction	ns, a	nd ente	r the date of	the letter
	ruling granting the waiver.	Month	Day			Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line	e 13.				
<u>b</u>	Enter the minimum required contribution for this plan year			12b			
<u> </u>	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			
	Will the minimum funding amount reported on line 12d be met by the funding	deadline?		Τī	res	No	N/A
Pai	t VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			TT	res	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre						
	under the control of the PBGC?					Yes	X No
C	If, during this plan year, any assets or liabilities were transferred from this plan	i to another plan(s), ider	ntify the p	olan(s) to whi		r
	liabilities were transferred. (See instructions.)	• • • • •			,		
1	3c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3)	PN(s)
					·	1	

TORQUE GROUP, LLC		25-19174	486
FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1
DESCRIPTION		AMOUNT	
NET INVESTMENT GAIN (LOSS	5) FROM REGISTERED INV. COMPANIES	-865	56.
TOTAL TO FORM 5500-SF, LI	INE 8B	-865	56.
FORM 5500-SF	BENEFITS PAID	STATEMENT	2
DESCRIPTION		AMOUNT	
PAYMENTS DIRECTLY TO PART	CICIPANTS OR BENEFICIARIES	501	L6.
TOTAL TO FORM 5500-SF, LI	INE 8D	501	L6.

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