Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 Report	: Identification Information							
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This ret	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 retu	urn/report is	i.							
		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		DFVC progra	ım			
		special extension (enter descr	<u> </u>						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name SCRUFARI	•	1(K) PROFIT SHARING PLAN			1b Three-dig plan numl (PN) ▶				
					1c Effective	date of plan 01/01/1991			
		oyer, if for a single-employer plan)	D)			Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		etructions)	(EIN)	16-1386297			
	CONSTRUCTION, IN		ai code (ii foreign, see ins	structions)		s telephone number 16-282-1225			
					2d Business	code (see instructions)			
3925 HYDE	PARK BLVD.					236200			
NIAGARA F	ALLS, NY 14305					230200			
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
					, tarrimier	ator o toropriorio riambor			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	or's name	whose o marrie, Env, the plan name a	ina the plan number nom	the last return/report.	4d PN				
C Plan N									
_		s at the beginning of the plan year			5a	9			
		s at the end of the plan year			5b	0			
		account balances as of the end of		·	5c	0			
d(1) Tot	al number of active pa	articipants at the beginning of the plant	an year		. 5d(1)				
` '		articipants at the end of the plan yea			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	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau					
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and lete.							
SIGN	Filed with authorized	d/valid electronic signature.	04/14/2019	GARY SANKES					
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN	Filed with authorized	d/valid electronic signature.	04/14/2019	GARY SANKES		_			
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	individual signing as employer or plan sponsor				

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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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	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							☐ Not determined. (See instructions.)
Pai	rt III Financial Information			ian you				(866 mondenens.)
7			(a) Danimina	-f V			(h) F.	l of Voor
	Plan Assets and Liabilities	7-	(a) Beginning	50246			(D) End	d of Year 0
	Total plan assets	7a	30.	30240				0
	Total plan liabilities	7b	36	50246				0
	Net plan assets (subtract line 7b from line 7a)	7c						
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		4368				
	(2) Participants	8a(2)	2	25041				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		59523				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						88932
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	370	08812				
e	Certain deemed and/or corrective distributions (see instructions)	8e		17000				
	Administrative service providers (salaries, fees, commissions)	8f	,	13366				
a	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3739178
	Net income (loss) (subtract line 8h from line 8c)	8i						-3650246
÷	Transfers to (from) the plan (see instructions)							0000240
, Da		8j		0				
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footure co	udos from the List of Di	an Chai	ractori	etic Co	ados in the inc	tructions:
Ja	2E 2F 2G 2J 2K 2R 2T 3D	icature ce	des from the List of the	an Ona	acton	olio Oc		didelions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	cteris	tic Cod	des in the inst	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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		>		
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X		
	reported on line 10a.)			10b		X		
C	, , ,			10c	X			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	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.)			10e		X		
f				10f		X		
<u>g</u>				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				
	, , , , , , , , , , , , , , , , , , , ,							

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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 (Form 5500) and line 11a below)		SB	Yes 🛚 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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		of the letter ruling Year
lf y	ou 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 Ye	s 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 control of the PBGC?	the		X Yes 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.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2018 or fiscal plan year beginning

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.

Annual Report Identification Information

and ending

01/01/2018

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

12/31/2018

A This return/report is for:	X a single-employer plan	1-1	a multiple-employer plan (not multiemployer) (Filers checking this box must list of participating employer information in accordance with the form instru						
,	a one-participant plan	a foreign plan			,				
B This return/report is	the first return/report	X the final return/report	port						
	an amended return/report	H	n/report (less than 12 mont	hs)					
C Check box if filing under:	Form 5558	automatic extension	П	DFVC program					
	special extension (enter desc		П	zi ve pregram					
Part II Basic Plan In	formation—enter all requested in	nformation							
1a Name of plan		Į.	11	b Three-digit					
Scrufari Construct				plan number (PN) ▶	001				
401(k) Profit Shar	ring Plan		10	C Effective date of 01/01/199	f plan				
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.			b Employer Identii (EIN)16-138	fication Number				
City or town, state or provi Scrufari Construct	ince, country, and ZIP or foreign pos	stal code (if foreign, see inst	ructions) 20	Sponsor's telep					
3925 Hyde Park Blv	rd.		20	d Business code ((see instructions)				
Niagara Falls		NY	14305	236200					
3a Plan administrator's name	and address 🛛 Same as Plan Spo	onsor.	31	3b Administrator's EIN					
			_		- Ho HO UR				
			1.36	C Δdminietrator'e t	falanhona numbar				
			30	C Administrator's t	telephone number				
			30	C Administrator's t	telephone number				
					telephone number				
	the plan sponsor or the plan name h		eturn/report filed for 4I	b EIN	lelephone number				
this plan, enter the plan s a Sponsor's name	the plan sponsor or the plan name h ponsor's name, EIN, the plan name		eturn/report filed for ne last return/report.		lelephone number				
this plan, enter the plan s			eturn/report filed for ne last return/report.	b EIN	lelephone number				
this plan, enter the plan s a Sponsor's name c Plan Name	ponsor's name, EIN, the plan name	and the plan number from th	eturn/report filed for ne last return/report.	b EIN d PN	elephone number				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar		and the plan number from the	eturn/report filed for ne last return/report.	b EIN	,				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participar c Number of participants wi	ponsor's name, EIN, the plan name	and the plan number from the	eturn/report filed for ne last return/report. 40 contribution plans	b EIN d PN 5a	9				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participar c Number of participants wire complete this item)	ponsor's name, EIN, the plan name onts at the beginning of the plan year. onts at the end of the plan year with account balances as of the end of	and the plan number from the plan number from the plan year (only defined	eturn/report filed for ne last return/report. 40 contribution plans	b EIN d PN 5a 5b	9				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participar c Number of participants wi complete this item)	ponsor's name, EIN, the plan name nts at the beginning of the plan year th account balances as of the end of	and the plan number from the plan year (only defined	eturn/report filed for ne last return/report. 40 contribution plans	b EIN d PN 5a 5b 5c	9 0				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participars c Number of participants wire complete this item)	ponsor's name, EIN, the plan name ats at the beginning of the plan yearth account balances as of the end of participants at the beginning of the p participants at the end of the plan year the terminated employment during the	and the plan number from the plan year (only defined plan year (only defined plan year with accrued be	contribution plans 5 snefits that were less	5a 5b 5c d(1) d(2) 5e	9 0 0				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat	ponsor's name, EIN, the plan name ats at the beginning of the plan year ats at the end of the plan year th account balances as of the end of participants at the beginning of the plan year the terminated employment during the plan year the or incomplete filing of this retur	and the plan number from the plan year (only defined plan year	contribution plans 5 snefits that were less unless reasonable cause	5a 5b 5c d(1) d(2) 5e is established.	9 0 9 0				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat Under penalties of perjury and	ponsor's name, EIN, the plan name nots at the beginning of the plan year and the account balances as of the end of participants at the beginning of the participants at the end of the plan year to terminated employment during the cor incomplete filing of this return other penalties set forth in the instrument of the plan beginning of the problem of the penalties and signed by an enrolled actuary,	and the plan number from the plan year (only defined plan year	contribution plans contribution plans funding the form of the last return/report. contribution plans funding the form of the last return/report. supplies reasonable cause examined this return/report.	5a 5b 5c d(1) d(2) 5e is established. i, including, if applic	9 0 0 9 0				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed	ponsor's name, EIN, the plan name nots at the beginning of the plan year and at the end of the plan year articipants at the beginning of the participants at the end of the plan year to terminated employment during the terminated employment in the instruction of the penalties set forth in the instruction and signed by an enrolled actuary, implete.	and the plan number from the plan year (only defined plan year	contribution plans contribution plans funding the form of the last return/report. contribution plans funding the form of the last return/report. supplies reasonable cause examined this return/report.	5a 5b 5c d(1) d(2) 5e is established. i, including, if applic	9 0 0 9 0				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	ponsor's name, EIN, the plan name name name name name name name na	and the plan number from the plan year (only defined plan year	contribution plans contribution plans 5 melist reasonable cause examined this return/report, ar	5a 5b 5c d(1) d(2) 5e is established. in including, if application to the best of my	9 0 9 0 0 cable, a Schedule				
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the lad Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	ponsor's name, EIN, the plan name name name name name name name na	f the plan year (only defined plan year	contribution plans contribution plans 5 enefits that were less unless reasonable cause examined this return/report, ar Gary Sankes	5a 5b 5c d(1) d(2) 5e is established. in including, if application to the best of my	9 0 9 0 0 cable, a Schedule				

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	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public	accoun	tant (I	QPA)		_	
	If you answered "No" to either line 6a or line 6b, the plan can							. 🖺 100	
С	If the plan is a defined benefit plan, is it covered under the PBGC i							☐ Not dete	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pr	emium filing for this p	olan yea	ar			(See instru	ıctions.)
Pa	rt III Financial Information							h	
7	Plan Assets and Liabilities		(a) Beginning	of Year	r		(b) En	d of Year	
a	Total plan assets	. 7a		650,			(2) 111	u or rour	0
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)		3,	650,	246				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour				(h)	Total	
а	Contributions received or receivable from:		(17)						
	(1) Employers	. 8a(1)			368	MINE IN			
	(2) Participants	8a(2)		25,			Alfrication of the		
	(3) Others (including rollovers)	8a(3)	, , , , , , , , , , , , , , , , , , ,		0				
b	Other income (loss)	8b		59,	523	The state of			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8	38,932
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3.	708,	812				
	Certain deemed and/or corrective distributions (see instructions)			17,	_				
-		8e		13,	_				
	Administrative service providers (salaries, fees, commissions)	8f		10,	0				
<u>g</u>	Other expenses (Addition Od October 19)	8g					3,739,178		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-3,650,246			
-	Net income (loss) (subtract line 8h from line 8c)	8i				-3,630,246			
	Transfers to (from) the plan (see instructions)	8j			0	Os., e	Land to		
9a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare f								
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 Normal Program)	oluntary Fig	luciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	2		10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			50	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of th	e benefits under	10e		Х			
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-en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		24597991	
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	he required	notice or one of the	10i					

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Part	VI	Pension Funding Compliance							-	
11		nis a defined benefit plan subject to minimorm 5500) and line 11a below)					edule S	В	Yes	s X No
11a		er the unpaid minimum required contribution					11a			
12	ERI	his a defined contribution plan subject to tl SA? "Yes," complete line 12a or lines 12b, 12c,			of the	Code or section	n 302 o	f 	Yes	s 🛚 No
a	If a	waiver of the minimum funding standard for	or a prior year is being amortized in	this plan yea			d enter t		the letter r	uling
If		completed line 12a, complete lines 3, 9,								
b	Ente	r the minimum required contribution for this	s plan year				12b			
		r the amount contributed by the employer t					12c			
d		tract the amount in line 12c from the amou ative amount)					12d			
е	Will	the minimum funding amount reported on	line 12d be met by the funding dea	adline?				Yes	No 🗌	N/A
Part	VII	Plan Terminations and Transfe	ers of Assets							
13a	Has	a resolution to terminate the plan been adop	ted in any plan year?					X Yes	No	
	If "Y	es," enter the amount of any plan assets t	hat reverted to the employer this ye	ear			13a			(
b		re all the plan assets distributed to particip trol of the PBGC?						X	Yes 📗 I	No
С		uring this plan year, any assets or liabilitie		another plan	(s), ide	ntify the plan(s) to		_	

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):