## 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 Report	: Identification Information				
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018	
A This ret	turn/report is for:	X a single-employer plan			_	
_		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	X the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım
	1	<u> </u>	' '			
Part II	Basic Plan Info	>rmation—enter all requested inf	ormation			
	•	FIT SHARING PLAN				
					1c Effective	•
					<b>2b</b> Employer	
				structions)	(EIN)	06-1460674
-		50, 00a.m.), and <u>-</u> 0. 10.0.g., pook	a. ccac (e.e.g, ccc			
					2d Business	code (see instructions)
						541110
FAIRFIELD,	C1 00024					
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN
					3c Administra	ator's telephone number
					4b EIN	
		misor s name, Lin, the plan name a	nd the plan number nom	the last return/report.	4d PN	
•						
Fo. Tatal		and the character of the other case.			52	10
_						10
		· ·				
	· ·			·		0
			-		` '	2
` '	•				5d(2)	0
than	100% vested				5e	0
SB or Sche	edule MB completed a	and signed by an enrolled actuary, a				
SIGN	Filed with authorized	I/valid electronic signature.	04/18/2019	KAREN JEFFERS		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator
SIGN	Filed with authorized	d/valid electronic signature.	04/18/2019	KAREN JEFFERS		
HERE	realendar plan year 2018 or fiscal plan year beginning 0101/2018 and under and ending 1/201/2018 a single-employer plan a single-employer plan list of participating employer information in accordance with the form instruction and plan is to participating employer plan (not multilemployer) (Filers checking this box must list of participating employer plan (not multilemployer) (Filers checking this box must list of participating employer information in accordance with the form instruction and plan is the first return/report of an amended return/report of a short plan year return/report (less than 12 months)  Check box if filing under: Form 5558 under plan year return/report (less than 12 months)  Check box if filing under: Form 5558 under plan year return/report (less than 12 months)  DFVC program PFVC program PFVC program PFVC program Under the plan per return/report (less than 12 months)  In Stane of plan Information—enter all requested information  I Name of plan  I Plan sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O. Box)  All Plan sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2b Employer (learning than 10 months)  2c Employer (learning than 10 months)  2d Business code (see instructions)  File LR CAD File Code State of the plan per state of the plan return and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, 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 filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the l	nployer or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligib							X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)							X Ye	з П No
	If you answered "No" to either line 6a or line 6b, the plan cann							ш	- Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Vear			(b) End	d of Year	
<u>.</u>	Total plan assets	7a		52009			(b) Lite	0	
_	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c	199	52009				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
	Contributions received or receivable from:		<b>(</b> 2, <b>)</b>				<u> </u>		
	(1) Employers	8a(1)		0	_				
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b		65328					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						65328	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	16590					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		747					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2017337	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1952009	
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:	
	2A 2E 2J 3D		la a france than I lat of Dia	- Ch		O			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	ies from the list of Pia	n Chara	acteris	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 Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest			IVa					
	reported on line 10a.)	•		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused						
	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 some								
	the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	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			.011					
	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	<b>a</b> 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	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)		<b>13c(3)</b> PN(s)			

## 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 section 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

F	Part I Annual Repo	rt Identification Information			M:	
Foi	r calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20	18
Α	This return/report is for:	x a single-employer plan	a list of participating	plan (not multiemployer employer information in		
_	9 <u>449</u> 99 19 19 19 19 19 19	a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12	months)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC ;	program
0=		special extension (enter desc	cription)			
P	art II Basic Plan In	formation enter all requested	I information			
1a	Name of plan				1b Three-digi	
	JEFFERS COWHERD P	C. PROFIT SHARING PLAN			plan numb (PN) ▶	001
					1c Effective of 01/01/1	
2a	Mailing Address (include i	ployer, if for a single-employer plan) room, apt., suite no. and street, or P rince, country, and ZIP or foreign pos	.O. Box)	structions)	2b Employer	Identification Number 5-1460674
	JEFFERS COWHERD P		star occo (ir loralgri) coc iric	A. doublio,		telephone number
						code (see instructions)
	55 WALLS DRIVE				541110	oodo (oco mondonono)
	US FAIRFIELD CT 06824					
3a		and address X Same as Plan Sp	oonsor		3b Administra	ator's EIN
					1.544.0348.0140.00040.00040.00040.00040	
					3c Administra	ator's telephone number
4		the plan sponsor or the plan name h			4b EIN	
		ponsor's name, EIN, the plan name a	and the plan number from t	the last return/report.	4.4	
a	Sponsor's name				4d PN	
С	Plan Name					
- -	T-1-1				. 5a	10
b		nts at the beginning of the plan year nts at the end of the plan year				0
C	Number of participants with	th account balances as of the end of	the plan year (only defined	d contribution plans	5c	0
d		participants at the beginning of the pl			F-1/43	2
20000		participants at the end of the plan year			E 1/0\	0
е	Number of participants whiless than 100% vested	no terminated employment during the	10 00		50	0
-Ca	WOLF BY THE RESERVE TO SERVE THE RESERVE T	te or incomplete filing of this retu				
Ur	nder penalties of perjury and	d other penalties set forth in the instru d and signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/	report, including, if	applicable, a Schedule
S	IIGN Quelo	Nera		KAREN JEFFERS		
111111111111111111111111111111111111111	IERE Signature of plan a		Date 4/18/19	Enter name of individ	ual signing as plan	administrator
-	XA. AS	MALL	- Viali	KAREN JEFFERS		
10000	IERE Signature of employ	yer/plan sponsor	Date 4/18/19	Enter name of individe	ual signing as emp	loyer or plan sponsor
-		Notice see the instructions for	11011			Form 5500-SE (2018)

D	200	256	200	•
Н	a	3	е	_

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (\$	See instructions.)						ΧY	es No
b	Are you claiming a waiver of the annual examination and report of a		그렇게 하다 가는 아이들은 사이에 가장 하지 않는데 하는데 하는데 하다 하는데 다른데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는			311 700				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot							•••••	X Y	'esNo
c	If the plan is a defined benefit plan, is it covered under the PBGC in					- 2			yo □ N	ot determined
·	If "Yes" is checked, enter the My PAA confirmation number from the		00 404 404 404 400 400 400 400 400 400					. Ш	11.55545 85	structions.)
_	The second content the way PAA commitment in number from the	a rado pie	emilian ming for this year						(366 111	structions.)
Pa	art III Financial Information									
7	Plan Assets and Liabilities	<b>新型/指</b>	(a) Beginning o	f Yea	r			(b) En	d of Yea	r
a	Total plan assets	7a	1,95	52,0	09	_				0
b	Total plan liabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,95		09					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b	) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)			0	45				116 Marie
_	(2) Participants	8a(2)			0				A THE VENT I	
_	(3) Others (including rollovers)	8a(3)			0	San	SEN.		1972.01	
b	Other income (loss)	8b	(	55,3	28	147	ESTA-	20 15		W 1 - 2 - 20
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	CALL TO A PROPERTY AND A STATE OF	188 E	ad G	g.	NAME OF TAXABLE PARTY.			65,328
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,01	16,5	90	W. O.C.				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	9/3	iHiz.		i arte	
f	Administrative service providers (salaries, fees, commissions)	8f		7	47	400		7		
g	Other expenses	8g			0		Here's			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		To let	TEXIS	8			2,0	17,337
i	Net income (loss) (subtract line 8h from line 8c)	8i				8			(1,95	2,009)
j	Transfers to (from) the plan (see instructions)	8j			0			11H 10	e voe il igra	aven lighter
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan C	harac	terist	ic Coc	les in ti	ne instr	uctions:	
	2A 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aracte	eristic	Code	s in the	e instru	ctions:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
a	Was there a failure to transmit to the plan any participant contribu	tions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	uciary Correction							
	Program)			10a		х	988			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
	and the second s			10c	х	+	TO A			200,000
_	Did the plan have a loss, whether or not reimbursed by the plan's			,00	Λ					200,000
	by fraud or dishonesty?			10d		х	188			
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.)	e or all of the	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		х	N.			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x		1178		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SI (Form 5500 and line 11a below)						No
	tributions for all years from Schedule SB		11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or set ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						No
ng the waiver	dard for a prior year is being amortized in	Month		er the date	e of the letter ruli Year	ing
npleted line 12a, complete lines	3, 9, and 10 of Schedule MB (Form 55	00), and skip to line 13.		r		
the minimum required contribution	for this plan year		12b			
the amount contributed by the emp	ployer to the plan for the plan year		12c			
40	amount in line 12b. Enter the result (en		12d			
e minimum funding amount report	ed on line 12d be met by the funding dea	dline?		Yes [	] No	4
Plan Terminations and 1	Transfers of Assets					
resolution to terminate the plan be	een adopted in any plan year?		[	X Yes	☐ No	
," enter the amount of any plan as	sets that reverted to the employer this ye	ear	13a			
	articipants or beneficiaries, transferred to			x	Yes 🗌 No	
ng this plan year, any assets or lia assets or liabilities were transferre	bilities were transferred from this plan to ed. (See instructions.)	another plan(s), identify the plar	ı(s) to			
ame of plan(s):		13c(2) E	EIN(s)		13c(3) PN(s	)
	d. (See instructions.)	13c(2) E	EIN(s)		13c(	3) PN(s