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**

For calcular plan year 2019 or fiscal plan year beginning 0101/2018 and ending 12/21/2018 A This return/report is for: a single-employer plan (not multisemployer) Filers checking this box must attach a ist of participating employer plan (not multisemployer) Filers checking this box must attach a ist of participating employer plan (not multisemployer) Filers checking this box must attach a ist of participating employer plan (not multisemployer) Filers checking this box must attach a ist of participating employer information in accordance with the form instructions.) B This return/report the first return/report the first return/report a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 a utomatic extension DPVC program Part II Basic Plan Information—enter all requested information 1a Name of plan TERNINSON, LLC 401K() PROFIT SHARINS PLAN 1b Three-digit plan to under (PN) 001 1c Effective date of plan 1c Effective date of pl	Part I Ann	ual Report Id	dentification Information	1							
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B This return/report is	A This return/rep	ort is for:	a single-employer plan					_			
Internal return/report Internal return/rep			a one-participant plan	_					,		
C Check box if filing under:	B This return/repo	ort is	the first return/report	the	final return/report						
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 001 1c Effective date of plan 0101/2018 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 47-5468890 2c Sponsor's telephone number 046-266-2433 2d Business code (see instructions) 550 W. 45TH STREET 24 24 25 25 26 2d Business code (see instructions) 541600 3a Plan administrator's name and address Same as Plan Sponsor. 3b 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. 5a Total number of participants at the beginning of the plan year 5b 2c 5b Total number of participants at the beginning of the plan year 5c 2c 2c 4d D 10 10 10 10 10 10 10			an amended return/report	a s	hort plan year return	n/report (less than 12 m	onths)			
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Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF					04/22/2019	SARAH TENNYSON					
SIGN HERE	HERE Signa	ature of plan adr	ministrator		Date	Enter name of individ	lual si	gning as plan adr	ministrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	_										
	HERE Signa	ature of employe	er/plan sponsor		Date	Enter name of individ	lual si	gning as employe	er or plan sponsor		

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes ☐ No
	Are you claiming a waiver of the annual examination and report of	ndent qualified public a	account	ant (IC	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann							X Yes ∐ No
C	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th							
Da	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Paginning	of Voor			/b) En	d of Your
<u>'</u>	Total plan assets	7a	(a) Beginning (0 Tear	+		(D) EII	d of Year 27158
	Total plan liabilities	7a 7b			1			27.100
	Net plan assets (subtract line 7b from line 7a)	7c		0				27158
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а	Contributions received or receivable from:		, ,				• •	
	(1) Employers	8a(1)		8580				
	(2) Participants	8a(2)		19069				
	(3) Others (including rollovers)	8a(3) 8b		-491				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		701				27158
	Benefits paid (including direct rollovers and insurance premiums	80						27 100
	to provide benefits)	8d			_			
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)							0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						27158
	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics	f t	des from the List of Di	01			ada a Sanda a Sa	-1
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 2R 3D	reature co	ides from the list of Pi	an Chai	racteri	Stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	1	Amount
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					Amount
	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							
	reported on line 10a.)			10b		X		
C	Was the plan covered by a fidelity bond?			10c	X			10000
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?			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		Χ		
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		Х		
	If 10h was answered "Yes," check the box if you either provided the			1011				
	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 Sche (Form 5500) and line 11a below)		В	Y	es 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?		:	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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	× 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?			Yes X	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)	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 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**

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018 and ending	10/04/04	
A This art and a second	X a single-employer plan	a multiple-employer plan (not multiemployer	12/31/20	18
A This return/report is for:	a one-participant plan	list of participating employer information in a foreign plan	n accordance with the fo	om instructions.)
B This return/report is	the first return/report	the final return/report		
	an amended return/report	_		
C Check box if filing under:	-	a short plan year return/report (less than 1)	2 months)	
o thock box it ming under.	Form 5558	automatic extension	DFVC program	
Part II Basic Plan Info	special extension (enter des	cription)	_	
1a Name of plan	ormation—enter all requested i	nformation		
	1(k) Profit Sharing	Dlan	1b Three-digit	
		. 1411	plan number (PN)	001
			1c Effective date	
2a Plan sponsor's name (emple	oyer, if for a single-employer plan)		01/01/20	18
walling address (include roc	m, ant suite no and street or D.	O Band	2b Employer Ider	
City or town, state or province Tennyson, LLC	ce, country, and ZIP or foreign pos	o. Box) tal code (if foreign, see instructions)	(EIN) 47-54	
remiyson, LLC			2c Sponsor's tele	phone number
550 W. 45th Stree	et		646-266-2 2d Business code	
Apartment #2303			_G Dusiness Code	(see instructions)
New York	NY 100	36		
3a Plan administrator's name a	nd address X Same as Plan Spo	nsor.	541600	
			3b Administrator's	EIN
	3c Administrator's	telephone number		
			i	,
4 If the name and/or EIN of the	nian snonsor or the plan name b	as changed since the last return/report filed for		
i / biois opo	nsor's name, EIN, the plan name a	as changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	
		The result of the last retaining port.	4d PN	
C Plan Name			70 110	
5a Total number of participants	at the best of the state of			
b Total number of participants	at the beginning of the plan year		. 5a	2
C Number of participants with a	at the end of the plan year	the plan year (only defined contribution plans	. 5b	2
1	***************************************	***************************************	5c	2
u(1) Total number of active par	ticipants at the beginning of the pla	an year	5d(1)	
u(Z) Total number of active par	ticipants at the end of the plan yea	ar	5d(2)	2
Transport of participatits WIIO	terminated employment during the	nian voor with access to the		2
Caution: A penalty for the late of	r incomplete filing of this and	1	5e	0
Under penalties of perjury and oth	er penalties set forth in the instruc	freport will be assessed unless reasonable cations, I declare that I have examined this return/research as the electronic version of this return free	use is established.	able a October
belief, it is true, correct, and comp	o signed by an enrolled actuary, a lete.	tions, I declare that I have examined this return/ress well as the electronic version of this return/repo	rt, and to the best of my	knowledge and
SIGN SCORME	mon .	4 22 2019 Sarah Tennyso		
HERE Signature of plan ac	Iministrator			
SIGN Spetier		Lines hance of more	luai signing as plan adn	ninistrator
HERE Signature of employ	er/plan sponsor	D-4-		
For Paperwork Reduction Act Notice	, see the Instructions for Form 5500-	Date Enter name of individ	lual signing as employe	r or plan sponsor

Form 5500-SF (2018

raue z	Pa	g	e	2
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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 If you answered "No" to either line 6a or line 6b, the plan can if the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition not use For	dent qualified public ons.) m 5500-SF and mu	accou	ntant (IQPA)			Yes No
0	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this	plan ye			Yes ∐No	_	determined structions.)
Pa	rt III Financial Information							-	
7	Plan Assets and Liabilities	TON PE	(a) Beginning	of Vos			/hi Pad	-4.V	
_a	Total plan assets	7a	(=) = vgiiiinig	OI TEE	0		(D) End	of Year	27 15
_ <u>b</u>		7b							27,15
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			0				27,15
8	Income, Expenses, and Transfers for this Plan Year	THE STATE OF	(a) Amou	nt			/b) 7	-4-1	27,130
	(1) Employers	8a(1)	(4) 741102		,580		(b) T	otai	100
	(2) Participants			19,	069	118 11		Colonia Colonia	
	(3) Others (including rollovers)	8a(3)				57.15	SD TES		The Name
	Other income (loss)	8b		_	491) VOI		alc. To	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	PER MANAGEMENT		235				27,158
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							Sec. 1
f_	Administrative service providers (salaries, fees, commissions)	8f							ST. FOR
<u>g</u>	Other expenses	8g							THE RE
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		THE ST	100				0
÷	Net income (loss) (subtract line 8h from line 8c)	81	THE PROPERTY.	THE PLAN	0				27,158
	Transfers to (from) the plan (see instructions)	8j				LX VIII	A UNIVERSE	A COSE	27,120
Pai	t IV Plan Characteristics								E COUR
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 2F 2G 2R 3D	feature code	s from the List of P	an Cha	racteri	stic Code	es in the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Chara	acteris	tic Codes	s in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Δ	mount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	duntary Fide	ciant Correction	40		x		inount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Dametina)	hada ta ta	10a		х			
C	Was the plan covered by a fidelity bond?				х				4.0.00
d		idelity bond	that was save at	10c	Λ	х			10,000
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons by	y an insurance	10d		х			
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?			10e 10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as					х			
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ons and 29 CFR	10g 10h		х	ta Taran		in the
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-	required no	tica or one of the	1011					

	Form 5500-SF (2018) Page 3 -						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d complete Sc	hedule	SB	Т	П	Yes ∏ N
11a	Enter the unpaid minimum required contributions for all years from Schedulo SD (Form 5500) to the						
12	ERISA?	Code or section	on 302 (∕es 🗓 N
- a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	nstructions, an	d enter	the date	of th	he lette	r ruling
	you sempleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13	Da	У		Year	
<u>b</u>	Enter the minimum required contribution for this plan year		12b		_		
C	Enter the amount contributed by the employer to the plan for this plan year						
	negative amount) 126 from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	П	Na	1 11/4
Part	VII Plan Terminations and Transfers of Assets	***************************************		163	Ц	No [N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************		Yes	<u> </u>	X No)
b	control of the PRGC2	ght under the	13a		<u> </u>		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idenwhich assets or liabilities were transferred.	lify the plan(s)	to			es X	NO
1	3c(1) Name of plan(s):						
		13c(2)	EIN(s)			13c(3)	PN(s)