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	2018	and ending 12	2/31/2018	
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) (Femployer information in ac	_	
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
_		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC progra	m
		special extension (enter desc	• •			
Part II	Basic Plan Info	ormation—enter all requested in	formation	T		
1a Name RW BLOCK	•	401K PROFIT SHARING PLAN TR	UST		1b Three-digi plan numb (PN) ▶	
					1c Effective of	date of plan 01/01/2014
		oyer, if for a single-employer plan)) Payl			Identification Number
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	54-2078311 telephone number
RW BLOCK	CONSULTING INC					7-897-5354
071 OLITED	RD., SUITE B				2d Business	code (see instructions)
ORLANDO,						531390
3a Plan a	ıdministrator's name a	ınd address X Same as Plan Spo	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		ne plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN	
	sor's name	one on anno, and, the plan hame t		and lade retain, reports	4d PN	
C Plan N	Name					
5a Total	number of participants	s at the beginning of the plan year.			5a	52
		s at the end of the plan year		F	5b	6
		account balances as of the end of		'	5c	6
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	48
		articipants at the end of the plan ye		Fig. 1	5d(2)	0
		o terminated employment during the			5e	
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 instruction and signed by an enrolled actuary, and the control of the control o				
SIGN		d/valid electronic signature.	03/01/2019	TARRYN WALSH		
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	an administrator
SIGN	Filed with authorized	d/valid electronic signature.	03/01/2019	TARRYN WALSH		
HERE	l c:		15.	1		

Date

Enter name of individual signing as employer or plan sponsor

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a Total plan assets 7a 313365 b Total plan liabilities 7b 87 c Net plan assets (subtract line 7b from line 7a) 7c 313278	No Not determined
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	End of Year 6948 6948 b) Total
Part III Financial Information 7 Plan Assets and Liabilities 7a 313365 b Total plan assets 7a 313365 b Total plan liabilities 7b 87 c Net plan assets (subtract line 7b from line 7a) 7c 313278 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) 152108 (3) Others (including rollovers) 8a(3) 32883 b Other income (loss) 8b -22296 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 1c provide benefits paid (including direct rollovers and insurance premiums to provide benefits) 1c provide benefits paid (including direct rollovers and insurance premiums to provide benefits) 1c provide benefits 1c provide service providers (salaries, fees, commissions) 8c 1 provides (salaries, fees, commissions) 8c 1 provides providers (salaries, fees, commissions) 8c 1 provides	6948 6948 b) Total
7 Plan Assets and Liabilities (a) Beginning of Year (b) E a Total plan assets	6948 6948 b) Total
7 Plan Assets and Liabilities (a) Beginning of Year (b) E a Total plan assets	6948 6948 b) Total
a Total plan assets	6948 6948 b) Total
C Net plan assets (subtract line 7b from line 7a)	b) Total
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b) Total
a Contributions received or receivable from: (1) Employers	
(1) Employers	162695
(3) Others (including rollovers)	162695
b Other income (loss)	162695
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	162695
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	162695
to provide benefits)	
f Administrative service providers (salaries, fees, commissions)	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions)	469025
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 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in Part V Compliance Questions	-306330
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in Part V Compliance Questions	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in Part V Compliance Questions	
Part V Compliance Questions	instructions:
	nstructions:
10 During the plan year: Yes No	
ů i i	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)	
reported on line 10a.)	
C Was the plan covered by a fidelity bond?	31000
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.)	1749
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	

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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 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	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 _	er ruling
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 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).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corpor	ation Complete all entries in a	noordonaa wiili il	TITA	and worthers	Pub	lic Inspection	
Part I Annual Rep	Complete all entries in a	iccordance with the ii	istructions to the Form 5	500-SF.			
For calendar plan year 2018	or fiscal plan year beginning	01/01/2018	and ending	127	31/201	0	
A This return/report is for:	🗵 a single-employer plan	ilst or participating	r plan (not multiemployer) (i employer information in ac	Filers check	ing this bo	y must attach a	
B This return/report is	a one-participant plan	a foreign plan				,	
	the first return/report	the final return/repo					
	an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558 special extension (enter descrip	automatic extensio	n [DFVC pr	ogram		
Part II Basic Plan I	nformation—enter all requested info						
1a Name of plan	Cities all requested fillio	rmation		4h ==		74	
RW BLOCK CONSULTI	NG INC. 401K PROFIT SHAN	RING PLAN		1b Three plan r	-digit iumber		
TRUST				(PN)	>	001	
2				1c Effecti	ive date of 01/2014	plan 1	
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.O.	Box)		2b Emplo	yer Identifi	ication Number	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RW BLOCK CONSULTING INC			structions)	(EIN)54-2078311 2c Sponsor's telephone number			
				(407)897-5354			
871 OUTER RD., SU	ITE B			2d Busine	ess code (s	ee instructions)	
ORLANDO		F	L 32814	5313	200		
3a Plan administrator's name	e and address X Same as Plan Sponso	Or.		3b Admini		IN	
				3c Admini	strator's te	lephone number	
4 If the name and/or EIN of this plan, enter the plan s	the plan sponsor or the plan name has	changed since the last	return/report filed for	th EIN			
a Sponsor's name c Plan Name	ponsor's name, EIN, the plan name and	i the plan number from		ld PN			
5a Total number of participar	nts at the beginning of the plan year			5a			
b Total number of participar	nts at the end of the plan year			5b	***	52	
o realitibel of participants with	till account balances as of the end of the	i nian yaar (antu dafina	d nontribustion atoms			6	
complete this item)	***************************************			5c		6	
d(2) Total number of active	participants at the beginning of the plan	year		5d(1)		48	
wullider of participants wi	participants at the end of the plan year ho terminated employment during the pla	on vene with a control to		5d(2)		0	
utan 100% vested	***************************************			5e			
Under penalties of perjury and	other penalties set forth in the instruction	port will be assessed	unless reasonable cause			ole, a Schedule nowledge and	
SIGN Letry	Welsh	3-1-19	TARRYN WALSH				
Signature of plan	administrator	Date	Enter name of individual	signing as	olan admin	istrator	
SIGN JUNE	Walsh	3-1-19	TARRYN WALSH	3 113 63		NA GLUI	
Signature of emp	loyer/plan sponsor	Date	Enter name of individual	signing as e	emplover o	r plan sponsor	
STATE OF THE PROPERTY OF THE P	ICD 900 the instructions for Francisco or			Annual Property of the last of	manufacture of the second	The second second	

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6a b	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility	fan indepen- and condition	dent qualified public ons.)	accour	ntant (l	QPA)		X Yes ☐ No
¢	If you answered "No" to either line 6a or line 6b, the plan cann 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	n <mark>ot use For</mark> nsurance pr	m 5500-SF and m u ogram (see ERISA :	st inste	ead us 4021)	e Form 5	500. (es	Not determined (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End o	f Voar
a	Total plan assets	7a	1.2	313,			15/Lila o	6,948
<u>b</u>	Total plan liabilities	7b			87			
C	Net plan assets (subtract line 7b from line 7a)	7c		313,	278			6,948
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Tot	
a 	Contributions received or receivable from: (1) Employers	8a(1)						
-	(2) Participants	8a(2)		152,	108	18		
	(3) Others (including rollovers)	8a(3)		32,	883			
	Other income (loss)	8b		-22,	296			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						162,695
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		466,	199			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g		2,	826			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						469,025
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-306,330
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature code	s from the List of P	lan Cha	racterí	stic Code:	s in the instruc	tions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Char	acteris	ic Codes	in the instructi	ons:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Δm	ount
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 Vi Program)	oluntary Fidi	ciary Correction	10a		-x	Aut	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not inc	lude transactions	10b		х		
C	Was the plan covered by a fidelity bond?			10c	Х			27 000
d		idelity bond	that was caused	10c	Λ	х	- 140	31,000
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b	y an insurance	10e	х			1,749
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			10g		X		
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)	See instructi	ons and 29 CFR	10g	Х			
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	10i	Х			

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Page	3-	l

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)	edule S	6B		Yes	X No
_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 ERISA?	302 c			Yes	X No
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	enter Da		of the le		ng
If	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				
C	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						
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				(
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) twhich assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s): 13c(2) E	EIN(s)		13c	(3) PN(s)