Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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

Parti	Annual Repor	t identification information										
For calend	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018											
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 reti	urn/report is											
		an amended return/report	a short plan year retur	the final return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension	[DFVC progra	am						
		special extension (enter desc	ription)									
Part II	Basic Plan Inf	ormation—enter all requested in	formation									
1a Name	of plan				1b Three-dig	jit						
		NC. 401(K) PROFIT SHARING PLA	۸N		plan num							
					(PN) •	001						
					1c Effective	date of plan						
						01/01/1995						
		oyer, if for a single-employer plan)			2b Employer	Identification Number						
		om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos		ructions)	(EIN)	06-0756769						
	STICS COMPANY, I		iai code (ii ioreigri, see irisi	i detions)	2c Sponsor's	s telephone number						
COLIGIEN	71100 00Mi 71141, II			-		60-774-2277						
D 0 D 0 V 4 0					2d Business	code (see instructions)						
P.O. BOX 42 DAYVILLE. (326100						
-, · · · · · · · · · · · · · · · · · · ·	0.002											
3a Plan a	ıdministrator's name a	and address Same as Plan Spo	nsor.		3b Administra	 ator's EIN						
	STICS COMPANY, II	<u> </u>				06-0756769						
OOLIGILA	OTTOO OOMI ANT, II		E, CT 06241		3c Administra	ator's telephone number						
					8	60-774-2277						
		ne plan sponsor or the plan name h			4b EIN							
		onsor's name, EIN, the plan name	and the plan number from t	the last return/report.	4d PN	_						
a Spons C Plan N	sor's name				4u PN							
C Flair	Name											
5a Total	number of participant	s at the beginning of the plan year.			5a	72						
b Total	number of participant	s at the end of the plan year			5b	72						
		account balances as of the end of		-	5c	37						
	,	articipants at the beginning of the p			5d(1) 65							
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		. 5d(2)							
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 retur	n/report will be assessed	l unless reasonable cau								
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.										
SIGN	Filed with authorize	d/valid electronic signature.	05/02/2019	MARC S. BATES								
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pl	an administrator						
SIGN												
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan sponsor							

Form 5500-SF (2018) Page **2**

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	res 🗌 No
Part III Financial Information Financial Information	determined
Part III Financial Information Financial Information Telephaneses and Liabilities Telephaneses Tele	structions.)
7 Plan Assets and Liabilities 7 To 1834711 18457 18457 1845711 18457 18457 18 Total plan assets 5 Total plan assets 5 Total plan assets (subtract line 7b from line 7a) 7b 1845711 18457 1	
a Total plan assets	
b Total plan liabilities	42
C Net plan assets (subtract line 7b from line 7a)	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or received from: (1) Employers	42
a Contributions received or receivable from: (i) Employers	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8 d 5760 e Certain deemed and/or corrective distributions (see instructions). 8 d 90 g Other expenses	
e Certain deemed and/or corrective distributions (see instructions)	81
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions)	
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)	350
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 instructions 2E 2F 2G 2J 2K 3D 1 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 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 e 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.) 10e X 10e X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X	31
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 instructions 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) 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.) 100 100 100 100 100 100 100 1	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions	
Part V Compliance Questions 10 During the plan year: 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)	
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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)	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? 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.) The tast he plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? 106 X 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? 10e X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	250000
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.)	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
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	

Form 5500-SF (2018)	Page 3 - 1
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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	o
	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

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).

Short Form Annual Return/Report of Small Employee

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 Repo	ort Identification Informatio	n		10/21/0	010
For calenda	ar plan year 2018	or fiscal plan year beginning	01/01/2018	and ending	12/31/2	
A This reti	urn/report is for:	X a single-employer plan	list of participating en	an (not multiemployer) (File aployer information in accor	rs checking the	e form instructions.)
		a one-participant plan	a foreign plan			
B This retu	irn/report is	☐ the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mont	hs)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	m k
		special extension (enter des	cription)			
Part II	Basic Plan I	nformation—enter all requested	information			
1a Name	of plan				b Three-digition plan number	ACCOUNT OF THE PROPERTY OF THE
COLT	S PLASTICS	COMPANY, INC. 401(K)	PROFIT SHARING PI	LAN	(PN)	001
				1	C Effective of	late of plan
					01/01/	
2a Plan e	nonsor's name (er	mployer, if for a single-employer plan)	2	b Employer	Identification Number
Mailing	address (include	room, apt., suite no, and street, or F	O. Box)	ruetions)	(EIN) 06-	0756769
		vince, country, and ZIP or foreign po	estal code (if foreign, see inst	ructions) 2		telephone number
COLT	S PLASTICS	COMPANY, INC.				4-2277
PO	BOX 429			2	d Business	code (see instructions)
1.0.	DOI: 123					
DAYV	/ILLE	CT 06	241		326100	
3a Plan a	dministrator's nam	ne and address Same as Plan Sp	oonsor.	3	b Administra	
		COMPANY, INC.			06-075	
COLL				3	C Administra	ator's telephone number
P.O.	BOX 429					
	/ILLE	CT 06241		To the state of th	860-77	4-2277
4 If the	name and/or EIN	of the plan sponsor or the plan name	has changed since the last	return/report filed for	b EIN	
		sponsor's name, EIN, the plan nam	e and the plan number from	the last return/report.	d PN	
c Plan N	or's name			0.0		
C Plan I	varne					
5a Total	number of particin	ants at the beginning of the plan year	r		5a	7
		ants at the end of the plan year			5b	7
D Total	number of particip	with account balances as of the end	of the plan year (only define	d contribution plans	5c	
comp	lete this item)	with account balances as of the end			50	3
20 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		e participants at the beginning of the			5d(1)	6
		re participants at the end of the plan			5d(2)	6
e Numl	her of participants	who terminated employment during	the plan year with accrued b	enefits that were less	5e	
than	100% vested				197105	ad
Caution: A	A penalty for the	late or incomplete filing of this ret nd other penalties set forth in the inst	urn/report will be assessed	examined this return/repo	rt including if	applicable, a Schedule
SB or Sch	edule MB complet	ed and signed by an enrolled actuar	y, as well as the electronic ve	ersion of this return/report, a	and to the bes	t of my knowledge and
	true, correct, and	complete.	1/2/16	MARC S. BATES		
SIGN		0	3/4/17		van een saaraan een	Consultation of Assertation
HERE	Signature of p	lan administrator	Date	Enter name of individua	I signing as pl	an administrator
SIGN	n	-6	5/2/19	MARC S. BATES		
HERE	Signature of e	mployer/plan sponsor	Date	Enter name of individua	l signing as er	mployer or plan sponsor
	July Indiana of o	THE RESERVE THE PARTY OF THE PA	NAME AND ADDRESS OF THE OWNER, WHEN PERSON O			Earm 5500 SE (201

-			2
₽a	a	e	1

6a	Were all of the plan's assets during the plan year invested in eligible	le assets? (See instructions.)				2	Yes No	
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cann	and condition	ons.)) 0.	Yes No	
C	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	surance pro	ogram (see ERISA see	ction 40	021)?	Ye	es No No	ot determined e instructions.)	
Par									
	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Ye	ar	
_	Total plan assets	7a	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWNER	834,				1,845,742	
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	1,	834,	711			1,845,742	
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		12,					
	(2) Participants	8a(2)		76,	909	100	La Caración de la Car		
	(3) Others (including rollovers)	8a(3)				Pinterson.			
	Other income (loss)	8b		-72,	355	100			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16,881	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5,	760				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			90				
g	Other expenses	8g				F 05			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				5,850			
i	Net income (loss) (subtract line 8h from line 8c)							11,031	
j	Transfers to (from) the plan (see instructions)	8j							
Pai 9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Pla	an Cha	racteri	stic Code:	s in the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare to	feature code	es from the List of Plan	n Chara	acteris	tic Codes	in the instruction	ns:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amo	unt	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X			250,000	
d		fidelity bor	nd, that was caused	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her persons ne or all of	s by an insurance the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i					

		Form 5500-SF (2018) Page 3 -					
Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple rm 5500) and line 11a below)					Yes No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or SA?	section				Yes X No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructionting the waiver	ns, and	enter i	he date o	of the let	tter ruling r
If	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	er 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		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a pative amount)	3	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	s a resolution to terminate the plan been adopted in any plan year?			Yes	X	No
	If "Y	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?					
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ich assets or liabilities were transferred.	plan(s)	to			
9	13c(1) Name of plan(s):	13c(2)	EIN(s)		130	c(3) PN(s)