_	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee						
	artment of the Treasury ernal Revenue Service	This form is required to be file	d under sections 104 and			2018			
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		nternal	This Form is Open to Public Inspection			
	Benefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 550	00-SF.	r ubic inspection			
For calence		Identification Information scal plan year beginning 01/01/2	018	and ending 12/	31/2018				
	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) (Fi	ilers check	-			
		a one-participant plan	a foreign plan						
B This ret	turn/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	nths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	rogram			
Dent II	Part II Basic Plan Information—enter all requested information								
Part II 1a Name		rmation—enter all requested inf	ormation		1b Three	a-digit			
		HARING PLAN & TRUST			plan ı	number			
				-	(PN) 1c Effect	tive date of plan			
		······································				01/01/2015			
Mailin	sponsor's name (employ og address (include roor or town, state or province		2b Employer Identification Number (EIN) 47-2355423						
KOHL TAX			2c Spon	sor's telephone number 914-310-6322					
					2d Busin	ess code (see instructions)			
29 PLAINVI ARDSLEY, I						541213			
3a Plan a	administrator's name an	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admir	nistrator's telephone number			
		e plan sponsor or the plan name ha			4b EIN				
•	blan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from		4d PN				
C Plan	Name								
5a Total	number of participants	at the beginning of the plan year			5a	1			
b Total	number of participants	at the end of the plan year			5b	1			
		account balances as of the end of t		-	5c	1			
d(1) Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	1			
• •		rticipants at the end of the plan yea			5d(2)	1			
than	100% vested	terminated employment during the	• •		5e	0			
Under pen SB or Sch	nalties of perjury and oth	or incomplete filing of this return ner penalties set forth in the instruc- nd signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/repo	ort, includii	ng, if applicable, a Schedule			
SIGN		valid electronic signature.	05/21/2019	RAVPREET KOHLI		_			
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing a	as plan administrator			
SIGN									
HERE	Signature of emplo		Date	Enter name of individua	al signing a	as employer or plan sponsor			
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 5500	- э г.			Form 5500-SF (2018) v.171027			

 6a Were all of the plan's assets during the plan year invested in eligibl b 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 If you answered "No" to either line 6a or line 6b, the plan cannot 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 	an indeper and condit ot use Fo surance p	ndent qualified public accountant (IQPA) ions.) rm 5500-SF and must instead use Form 550 rogram (see ERISA section 4021)? [] Yes	⊻ Yes ☐ No 0. s ☐ No ☐ Not determined
Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	36362	46933
b Total plan liabilities	7b	0	0
C Net plan assets (subtract line 7b from line 7a)	7c	36362	46933

-				
С	Net plan assets (subtract line 7b from line 7a)	7c	36362	46933
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	12000	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-1087	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10913
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	342	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		342
i	Net income (loss) (subtract line 8h from line 8c)	8i		10571
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt IV Plan Characteristics		·	
9a	If the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 3D	feature co	odes from the List of Plan Characte	eristic Codes in the instructions:

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:	Yes	No	Amount
а	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) 10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Х	
С	Was the plan covered by a fidelity bond?		Х	
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		х	
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.)		x	
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 of year-end.) 10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h		Х	
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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

	orm 5500-SF	Short Form Annu	al Datum /Da							
C	Department of the Treasury	Short Form Annu	Benefit Pl	oort of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089				
	Internal Revenue Service Department of Labor	This form is required to be file Income Security Act of 1974	d under sections 104 (ERISA), and sectior	and 4065 of the Employee I	Retirement	2018				
	ee Benefits Security Administration	-	Revenue Code (the	Code).	e internal	This Form is Open to				
	on Benefit Guaranty Corporation	 Complete all entries in 	accordance with the	instructions to the Form	5500-SF.	Public Inspection				
Part		Identification Information								
For cale	endar plan year 2018 or f		01/01/2018	and ending		31/2018				
A This	return/report is for:	X a single-employer plan	list of participati	yer plan (not multiemployer) ng employer information in a	(Filers check accordance w	ing this box must attach a ith the form instructions.)				
R Thie	return/report is	a one-participant plan	a foreign plan							
U This	return/report is	the first return/report	the final return/re	port						
		an amended return/report	a short plan year	return/report (less than 12 r	nonths)					
C Che	ck box if filing under:	Form 5558	automatic exten	sion	DFVC pr	rogram				
		special extension (enter desci	headed			ogram				
Part I	Basic Plan Info	ormation-enter all requested in								
1a Nar	me of plan				1b Three	diait				
Ko	hl Tax Inc. 401	(k) Profit Sharing P	lan & Trust			number				
					(PN)					
					1c Effect	tive date of plan 01/2015				
2a Plan	n sponsor's name (emplo	yer, if for a single-employer plan)				over Identification Number				
City	or town, state or provinc	m, apt., suite no. and street, or P.C. e, country, and ZIP or foreign post). Box) al code (if foreign_see	instructions)	(EIN) 47-2355423					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Kohl Tax Inc.						2c Sponsor's telephone number 914-310-6322				
29	Plainview Ave.				2d Busine	ess code (see instructions)				
	dsley	NY 1050			5412	213				
3a Plar	n administrator's name ar	nd address X Same as Plan Spor	nsor.		3b Admin	nistrator's EIN				
					3c Admin	nistrator's telephone number				
A										
4 If th this	e name and/or EIN of the plan, enter the plan spore	e plan sponsor or the plan name ha nsor's name, EIN, the plan name a	is changed since the l	ast return/report filed for	4b EIN					
a Spo	insor's name		in the provident of the	on the last return report.	4d PN					
C Plan	n Name									
5a Tota	al number of participants	at the beginning of the plan year			5a					
		at the end of the plan year				1				
C Nun	nber of participants with a	account balances as of the end of t	he plan vear (only de	ined contribution plans		1				
					5c	1				
a(1) 1	otal number of active par	ticipants at the beginning of the pla	an year			1				
d(2) T	mber of participants who	ticipants at the end of the plan yea terminated employment during the	Plan year with econy	al han a fite at a state of the	5d(2)	1				
d(2) ⊤	nucl of participants whith	and a subjectment during the			5e	0				
d(2) T e Nur tha	in 100% vested			and such as the	use is establ	labed.				
d(2) T e Nur tha Caution:	A penalty for the late of	or incomplete filing of this return	report will be asses	sed unless reasonable ca	add id colubi	Torro di				
d(2) T e Nur tha Caution: Under per SB or Sch	In 100% vested A penalty for the late of natives of perjury and other hedule MB completed and	Incomplete filing of this return r penalties set forth in the instruction signed by an enrolled actuary as w	/report will be asses	examined this returning nort	n leveling if ad	milianhla a flater dat				
d(2) T e Nur tha Caution: Under per SB or Sch brehef, it is	In 100% vested A penalty for the late of nallies of periory and othe	Incomplete filing of this return r benaties set forth in the instruction signed by an emolist actuary as w	Ireport will be asses s. i deciare that I have all as the electronic va	examined this return/report, rsion of this return/report, and	n leveling if ad	milianhla a flater dat				
d(2) T e Nur tha Caution: Under per SB or Scr	In 100% vested	Princomplete filing of this return r benaties set forth in the instruction signed by an enrolled actuary, as w	/report will be asses s, i deciare that I have all as the electronic ve	examined this return/report, rsion of this return/report, and RAVPREET KOHLI	ncluding, if ac to the best of	pplicable, a Schedule f my knowledge and				
d(2) T e Nur tha Caution: SB or Sch belief, it is SIGN HERE	In 100% vested A penalty for the late of nalties of perjury and other hedule MB completed and s frue, correct, and completed	Princomplete filing of this return r benaties set forth in the instruction signed by an enrolled actuary, as w	Ireport will be asses s. i deciare that I have all as the electronic va	examined this return/report, rsion of this return/report, and	ncluding, if ac to the best of	pplicable, a Schedule f my knowledge and				
d(2) T e Nur tha Caution: Under per SB or Sch behef, it is SIGN	In 100% vested	Princomplete filing of this return r benaties set forth in the instruction signed by an enrolled actuary, as we	/report will be asses s, i deciare that I have all as the electronic ve	examined this return/report, rsion of this return/report, and RAVPREET KOHLI	ncluding, if ap to the best of gning as plan	pplicable, a Schedute f my knowledge and administrator				

6a b	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 cam	f an indepen and conditi	dent qualified public accountant (IQPA)	
С	If the plan is a defined benefit plan, is it covered under the PBGC i If "Yes" is checked, enter the My PAA confirmation number from the	insurance pr	ogram (see ERISA section 4021)?[Not determined
Pa	t III Financial Information			
7	Dian Assets and Liphilities			

7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Yea	r
а	Total plan assets	. 7a	and the second se	36,36	52			46,933
b	Total plan liabilities	. 7b			0		1.1.1	0
	Net plan assets (subtract line 7b from line 7a)			36,36	52			46,933
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)			0		(b) rotur	
	(2) Participants	. 8a(2)		12,00	00			
	(3) Others (including rollovers)	. 8a(3)			0		Contraction of the local	- Contest
b	Other income (loss)	8b		-1,08	37			ie desta
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The state of the s	10.000	1			10,913
					0			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	Res and		Sa Participan
f	Administrative service providers (salaries, fees, commissions)	8f		34	12		N-101-18	10-10-10
g	Other expenses	8g			0	17.184		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						342
i	Net income (loss) (subtract line 8h from line 8c)	81					1.	10,571
j	Transfers to (from) the plan (see instructions)	8j			0		The second	and the state
b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f							
Pa	t V Compliance Questions							
10	During the plan year:			Y	'es	No	Amoun	t
	 Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's View Program) 	√oluntary Fid	uciary Correction	10a		x		et da ser
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	15.2.0
C	Was the plan covered by a fidelity bond?			10c		Х		A-312.48
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	l, that was caused	10d		x	1.1.1	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons l ne or all of th	by an insurance e benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	and a second	the second s	10f		х		6 N. A. Y.
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-en	d.)	10g	-	x		
	If the is an individual account also were the set of the set of the			109	-+-			

Х

10h

10i

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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-

Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum function (Form 5500) and line 11a below)	ling requirements? (If "Yes," see instructions and comple	ete Schedule	SB	Yes N
11a Enter the unpaid minimum required contributions for	all years from Schedule SB (Form 5500) line 40	140	T	4
12 Is this a defined contribution plan subject to the mini	mum funding requirements of section 412 of the Code or	section 202	of	Yes X No
a If a waiver of the minimum funding standard for a price	or year is being amortized in this plan year, see instruction	ns, and enter		of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line 13.	Da	iy	rear
b Enter the minimum required contribution for this plan y		12b	1	
C Enter the amount contributed by the employer to the p		the second s	1	
a Subtract the amount in line 12c from the amount in line	e 12b. Enter the result (enter a minus sign to the left of	2	1	
e Will the minimum funding amount reported on line 12	d be met by the funding deadline?	1	Yes	No N/A
art VII Plan Terminations and Transfers of	Assets			
13a Has a resolution to terminate the plan been adopted in ar			7 Yes	X No
If "Yes," enter the amount of any plan assets that reve	arted to the employer this year	13a	1	
b Were all the plan assets distributed to participants or	beneficiaries, transferred to another plan, or brought uno	lor the	<u>† г</u>	Yes X No
C If, during this plan year, any assets or liabilities were which assets or liabilities were transferred.	ransferred from this plan to another plan(s), identify the	plan(s) to	<u></u>	
13c(1) Name of plan(s):		13c(2) EIN(s		13c(3) PN(s)
				3
	and the second			