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 calend	ar plan year 2018 or fi	iscal plan year beginning 03/01/2	2018	and ending 02	2/28/2019			
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac	_			
_		a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	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 = . =	special extension (enter descr	' '					
Part II	Basic Plan Info	ormation—enter all requested inf	formation					
1a Name BOUDREAU	•	ANY, INC. PROFIT SHARING PLAI	N		1b Three-dig plan numl (PN) ▶			
	1c Effective	date of plan 11/01/1975						
		oyer, if for a single-employer plan)			2b Employer	Identification Number		
	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)				(EIN)	06-0794616		
BOUDREAU'S WELDING COMPANY, INC.				ar dollorio)		s telephone number 60-774-2771		
					2d Business	code (see instructions)		
1029 NORTH MAIN STREET						332300		
P.O. BOX 339 DAYVILLE, CT 06241-0339						002000		
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN		
					3c Administra	ator's telephone number		
					, tarriinioti	ator o toropriorio riambor		
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN			
	or's name	who o name, and plan name o	and the plan number nom	the last return/report.	4d PN			
C Plan N								
_		s at the beginning of the plan year			5a 5b	18		
		s at the end of the plan year			5b	18		
		account balances as of the end of		· ·	5c	18		
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		. 5d(1)			
		articipants at the end of the plan yea			. 5d(2)			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 1			
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau				
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and the actuary, and the actuary and the actuary.						
SIGN	Filed with authorized	d/valid electronic signature.	06/24/2019	RANDALL JUSSAUM	E			
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pl	an administrator		
SIGN	Filed with authorized	d/valid electronic signature.	06/24/2019	RANDALL JUSSAUM	E			
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor		

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							-	Yes No Yes No
	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	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes		Not determined e instructions.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b)	End of Ye	ear
a	Total plan assets	7a	124	46076				117	76461
<u>b</u>	Total plan liabilities	7b		0					0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	124	1246076				117	76461
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount				(b) Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		64383					
	(2) Participants	8a(2)		33390					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		-8698					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8	39075
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	14	47486					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	,	11204					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					158690		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-69615		
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 2A 2E 2F 2G 2T 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the	e instructio	ons:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the	instruction	ns:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	ınt
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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				124608
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X			
е	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			
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		Χ			
i	If 10h was answered "Yes," check the box if you either provided the 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)			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	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
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?		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		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

A This return/report is for:

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

x a single-employer plan

For calendar plan year 2018 or fiscal plan year beginning

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.

03/01/2018

and ending

a multiple-employer plan (not multiemployer) (Filers checking this box must attach

a list of participating employer information in accordance with the form instructions.)

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

02/28/2019

В	This return/report is:	a one-participant plan the first return/report an amended return/report	a foreign plan the final return/repo	rt turn/report (less than 12 months)						
Co	Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		_	program				
	art II Basic Plan Info	rmation enter all requested in	nformation							
1a	Name of plan BOUDREAU'S WELDING	COMPANY, INC. PROFIT SE	ARING PLAN		1b Three-dig plan numl (PN) ▶					
					1c Effective (
za	Plan sponsor's name (emplo Mailing Address (include roo City or town, state or province	(EIN) 0	Identification Number 6-0794616							
	BOUDREAU'S WELDING	COMPANY, INC.			(860)	stelephone number 774-2771				
	1029 NORTH MAIN STI P.O. BOX 339 US DAYVILLE CT 06241-033				2d Business 332300	code (see instructions)				
3a	a Plan administrator's name and address X Same as Plan Sponsor				3b Administrator's EIN					
			-		3c Administr	ator's telephone number				
4	If the name and/or EIN of th this plan, enter the plan spo	e plan sponsor or the plan name hansor's name, EIN, the plan name ar	s changed since the last	st return/report filed for	4b EIN					
	Sponsor's name Plan Name	, , ,		Tale local estallinepole.	4d PN					
5a	Total number of participants	at the beginning of the plan year		/	5a	18				
b	Total number of participants	at the end of the plan year			5b	18				
С	Number of participants with	account balances as of the end of t	he plan vear (only defin	ed contribution plans	5c	18				
d	(1) Total number of active pa	ticipants at the beginning of the pla	n year	*************************************	5d(1)	16				
d		ticipants at the end of the plan yea		***************************************	5d(2)	15				
е —	Number of participants who less than 100% vested	terminated employment during the		benefits that were	5e	1				
Ç	aution: A penalty for the late	or incomplete filing of this return	n/report will be assess	sed unless reasonable ca	use is establish	ned.				
3	nder penalties of perjury and c B or Schedule MB completed elief, it is true, correct, and cor	ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.	ctions, I declare that I h as well as the electronic	ave examined this return/re version of this return/repor	port, including, i t, and to the bes	if applicable, a Schedule st of my knowledge and				
	SIGN A DW		X 6/24/19	RANDALL L. JUSS	AUME					
Į.	HERE Signature of plan add	ninistrator	Date	Enter name of individua	al signing as plai	n administrator				
	SIGN				<u> </u>					
00.00	HERE Signature of employe	r/plan sponsor	Date	Enter name of individua	al signing as em	ployer or plan sponsor				
F	or Paperwork Reduction Act	Notice, see the instructions for F	orm 5500-SF.		<u> </u>	Form 5500-SF (2018) v.171027				

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	••••••	******			******	X Yes N			
b	Are you claiming a waiver of the annual examination and report of an	n independ	dent qualified public accou	ntant	(IQP/	۹)						
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							******	XYes N	10			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins							□ Na		- !		
	If "Yes" is checked, enter the My PAA confirmation number from the					_						
Pite se		- BGC pi	emidin ming for this year _					(See instructions	s.)		
Pa	art III Financial Information		·									
7_	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End	of Year			
<u>a</u>	Total plan assets	7a	1,246,076				1,176,461					
<u>b</u>	Total plan liabilities	7b	-		0	ļ			0)		
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c	1,24	6,07	6	-			1,176,461	<u>- </u>		
$\frac{\sigma}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			26 Kin 8	· 225.257.000	(b) T	otal	akdar 27 8 50		
	(1) Employers	8a(1)	6	4,38	3	in the second						
	(2) Participants	8a(2)	3	3,39	0		18.					
	(3) Others (including rollovers)	8a(3)			0							
<u>b</u>	Other income (loss)	8b	(8	, 698	3)					76		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		547					89,075	5		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14	7,48	36				10 mg/s			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	The state of the s						
f	Administrative service providers (salaries, fees, commissions)	8f	1	1,20)4							
g	Other expenses	8g		<u> </u>	0	10.202				7		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				158,690)		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					(69,615)					
j	Transfers to (from) the plan (see instructions)	8j			0		3.7					
P	art IV Plan Characteristics								-			
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	les from the List of Plan Cl	narac	teristi	c Coc	les in th	e instruc	tions:			
	2A 2E 2F 2G 2T 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	aracte	ristic	Code	s in the	instructi	ons:			
82												
	art V Compliance Questions					r—		-				
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	.41			Yes	No	N/A		Amount			
•	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 1 of the plan and policy of the plan any participant contribution.					İ						
	Program)	•	· · · · · · · · · · · · · · · · · · ·	10a		x	14					
ī	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions									
	reported on line 10a.)			10b		Х						
	Was the plan covered by a fidelity bond?		**	10c	Х		7		124,	608		
•	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-	•	10d		x						
	Were any fees or commissions paid to any brokers, agents, or ot	her persor	s by an insurance									
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			40-		x						
	the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?			10e 10f		x						
_	Did the plan have any participant loans? (If "Yes," enter amount a			10g		x						
	If this is an individual account plan, was there a blackout period?			9		 	5/ 3/ S					
	2520.101-3.)		***************************************	10h		х	1.0					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	40:								
	exceptions to providing the notice applied under 29 GFR 2520.10	1-0	***************************************	10i		<u> </u>		15.5	27			

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Par	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)	chedule	SB		Yes X] No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a								
	granting the waiver	Da		Yea				
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						
c	Enter the amount contributed by the employer to the plan for the 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				/A		
Par	Plan Terminations and Transfers of Assets	· · · · · · · · · · · · · · · · · · ·	***					
_13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			10.00			
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	1		
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		130	(3) PN((s)		