Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be file			065 of the Employee R	etirement	2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974		, and sections 6057 ie Code (the Code)		This Form is Open				
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordar	nce with the instru	uctions to the Form 5	500-SF.	Public Inspection			
Part I		Identification Information								
For calenda	ar plan year 2018 or fi	scal plan year beginning 01/01/2				2/31/2018				
A This ret	urn/report is for:	X a single-employer plan	list	of participating emp			king this box must attach a vith the form instructions.)			
P This rate	urn/report is	a one-participant plan	afo	reign plan						
		the first return/report								
		an amended return/report	a sh	ort plan year return	/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	auto	omatic extension		DFVC p	rogram			
		special extension (enter descr	ription)							
Part II	Basic Plan Info	rmation—enter all requested inf	formation)						
1a Name	•					1b Thre				
BARTON & (BARTON & GUESTIER USA, INC. BGP/SEC 401(K) PLAN					plan (PN)	number 001			
							tive date of plan			
							01/01/2018			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)			2b Employer Identification Number (EIN) 27-4287261				
	town, state or provinc GUESTIER USA, INC.	e, country, and ZIP or foreign posta	tal code (i	if foreign, see instru	uctions)	2c Sponsor's telephone number				
						240-304-0818 2d Business code (see instructions)				
12550 BISCA	AYNE BLVD. , SUITE	900				445310				
NORTH MIA	MI, FL 33181					445510				
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor			3b Administrator's EIN				
						3c Administrator's telephone number				
		e plan sponsor or the plan name ha			•	4b EIN				
•	an, enter the plan spo or's name	nsor's name, EIN, the plan name a	and the pl	lan number from th	e last return/report.	4d PN				
C Plan N										
5a Total r	number of participants	at the beginning of the plan year				5a	19			
		at the end of the plan year				5b	21			
		account balances as of the end of t	• •		•	5c	5			
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	lan year			5d(1)	19			
• •		rticipants at the end of the plan yea				5d(2)	21			
than '	100% vested	terminated employment during the				5e	0			
Caution: A	penalty for the late	or incomplete filing of this returr	n/report	will be assessed u	unless reasonable cau					
SB or Sche	edule MB completed a	her penalties set forth in the instructed actuary, a signed by an enrolled actuary, a solution								
SIGN	true, correct, and com Filed with authorized	/valid electronic signature.	0)7/01/2019	CHARLES POCZIK	лк				
HERE	Signature of plan a	<u> </u>		Date	Enter name of individ	ual signing	as plan administrator			
SIGN				2010		aar orgining i				
HERE	Signature of angle	wor/plan ananaar		Data	Enter name of the Post					
	Signature of emplo	yer/pian sponsor		Date	Enter name of individ	uai signing	as employer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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6a								
b 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.								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	rt III Financial Information							
-								

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year	
а	Total plan assets	7a					9582	
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c					9582	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	0					
	(2) Participants	8a(2)	10530					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b		-807				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9723	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
e	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		141				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					141	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				9582		
j	Transfers to (from) the plan (see instructions)	8j		0				
Ра	rt IV Plan Characteristics							
9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare for							
Par	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c		Х		
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		Х		
e	 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.) 	ne or all of	the benefits under	10e	x		112	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х		
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		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er 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.) 								X No
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver							
lf	you o	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	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 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)		13	:(3) PN	۱(s)

	m 5500-SF	Short Form Anr	and the second	ort of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089					
	ment of the Treasury al Revenue Service	This form is required to be	Benefit Pla filed under sections 104	IN and 4065 of the Employee R	etirement		2018				
	partment of Labor		74 (ERISA), and section:	s 6057(b) and 6058(a) of the		This Fe	orm is Open to				
	nefits Security Administration nefit Guaranty Corporation		Revenue Code (the		Public Inspectio						
Part I	A 100 - 2 6 6 6 10 10 4 10 10 10	Identification Information		instructions to the Form 5	000-SF.						
		fiscal plan year beginning 01/01/		and ending 12/3	81/2018						
		X a single-employer plan		er plan (not multiemployer) (
A This retu	urn/report is for:	a one-participant plan	a foreign plan	g employer information in ac	cordance wi	th the loni	instructions.)				
B This return/report is		X the first return/report	the final return/re	port							
		an amended return/report		return/report (less than 12 m	onths)						
C Check b	ox if filing under:	 □ Form 5558	automatic extens	ion	DFVC pr	ogram					
		special extension (enter de				ogram					
Part II	Basic Plan Infe	ormation—enter all requested									
1a Name o			momaton		1b Three	-digit					
Barton & Guestier USA, Inc. BGP/SEC 401(k) Plan					plan r (PN)	number	001				
					1c Effect		f plan				
					01/01	1/2018					
		oyer, if for a single-employer plan om, apt., suite no. and street, or l			2b Employer Identification Number						
City or	town, state or provin	ce, country, and ZIP or foreign p		instructions)	(EIN) 27-4287261 2c Sponsor's telephone number						
Barton & Gue	estier USA, Inc.				(240) 304-0818						
					2d Business code (see instructions)						
12550 Biscay	ne Blvd., Suite 900				44531	10					
North Miami,	FL 33181										
3a Plan ad	Iministrator's name a	ind address 🗙 Same as Plan S	ponsor.		3b Admir	histrator's E	EIN				
					3c Admir	nistrator's t	telephone number				
					2						
		4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for				4b EIN					
					4b EIN						
	an, enter the plan spo	e plan sponsor or the plan name onsor's name, EIN, the plan nam			4b EIN 4d PN						
this pla	an, enter the plan spo or's name										
this pla a Sponso c Plan Na	an, enter the plan spo or's name ame	onsor's name, EIN, the plan nam	e and the plan number fr	om the last return/report.	4d PN						
this pla a Sponso c Plan Na 5a Total n	an, enter the plan spo or's name ame umber of participant	onsor's name, EIN, the plan nam s at the beginning of the plan yea	e and the plan number fr	om the last return/report.	4d PN 5a		19				
this pla a Sponso c Plan Na 5a Total n b Total n	in, enter the plan spo or's name ame umber of participant: umber of participant:	onsor's name, EIN, the plan nam	ar	om the last return/report.	4d PN 5a 5b		21				
this pla a Sponso c Plan Na 5a Total n b Total n Numbe comple	an, enter the plan spo or's name ame umber of participants umber of participants er of participants with ete this item)	onsor's name, EIN, the plan names at the beginning of the plan year s at the end of the plan year	e and the plan number fr ar of the plan year (only de	om the last return/report.	4d PN 5a 5b 5c		21 5				
this pla a Sponso c Plan Na 5a Total n b Total n c Numbe comple d(1) Tota	an, enter the plan spo or's name ame umber of participants umber of participants or of participants with ate this item)	onsor's name, EIN, the plan names at the beginning of the plan year at the end of the plan year account balances as of the end	e and the plan number fr ar of the plan year (only de e plan year	om the last return/report.	4d PN 5a 5b 5c 5d(1)		21 5 19				
this pla a Sponso c Plan Na 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota	an, enter the plan spo or's name ame umber of participants umber of participants of participants with ete this item)	onsor's name, EIN, the plan names at the beginning of the plan year at the end of the plan year account balances as of the end articipants at the beginning of the articipants at the end of the plan	e and the plan number fr ar of the plan year (only de e plan year	om the last return/report.	4d PN 5a 5b 5c 5d(1) 5d(2)		21 5 19 21				
this pla a Sponso c Plan Na 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe than 1	an, enter the plan spo or's name ame umber of participants umber of participants of participants with ate this item)	onsor's name, EIN, the plan names as at the beginning of the plan year at the end of the plan year account balances as of the end articipants at the beginning of the articipants at the end of the plan to terminated employment during	ar and the plan number fr ar of the plan year (only de e plan year year the plan year with accrue	om the last return/report. fined contribution plans ed benefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e		21 5 19				
this pla a Sponso c Plan Na 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe than 1 Caution: A	an, enter the plan spo or's name ame umber of participants umber of participants of participants with ate this item)	onsor's name, EIN, the plan names as at the beginning of the plan year account balances as of the end articipants at the beginning of the articipants at the end of the plan to terminated employment during or incomplete filing of this ret	ar and the plan number fr ar of the plan year (only de plan year year the plan year with accrue turn/report will be asses	om the last return/report. fined contribution plans ed benefits that were less sed unless reasonable car	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab		21 5 19 21 0				
this pla a Sponso c Plan Na 5a Total n b Total n c Number comple d(1) Tota d(2) Tota e Number than 1 Caution: A Under penal SB or Sched	an, enter the plan spo or's name ame umber of participants umber of participants of participants with the this item)	s at the beginning of the plan names at the beginning of the plan year account balances as of the end articipants at the beginning of the articipants at the end of the plan be terminated employment during or incomplete filing of this ref ther penalties set forth in the instand and signed by an enrolled actuar	ar of the plan year (only de e plan year year the plan year with accrue turn/report will be asses tructions, I declare that I	om the last return/report. fined contribution plans ed benefits that were less sed unless reasonable can have examined this return/re	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includin	ig, if applic	21 5 19 21 0 able, a Schedule				
this pla a Sponso c Plan Na 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under penal SB or Schee belief, it is tr	an, enter the plan spo or's name ame umber of participants umber of participants of participants with ete this item)	s at the beginning of the plan names at the beginning of the plan year account balances as of the end articipants at the beginning of the articipants at the end of the plan be terminated employment during or incomplete filing of this ref ther penalties set forth in the instand and signed by an enrolled actuar	ar of the plan year (only de e plan year year the plan year with accrue turn/report will be asses tructions, I declare that I	om the last return/report. fined contribution plans ed benefits that were less sed unless reasonable can have examined this return/re	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includin	ig, if applic	21 5 19 21 0 able, a Schedule				
this pla a Sponso c Plan Na 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under pena SB or Schee belief, it is tr	an, enter the plan spo or's name ame umber of participants umber of participants of participants with et this item) I number of active participants who 00% vested penalty for the late lities of perjury and o dule MB completed a use, correct, and com	ansor's name, EIN, the plan names as at the beginning of the plan year as at the end of the plan year account balances as of the end articipants at the beginning of the articipants at the end of the plan to terminated employment during or incomplete filing of this ref ther penalties set forth in the inst and signed by an enrolled actuar applete.	ar of the plan year (only de e plan year year the plan year with accrue turn/report will be asses tructions, I declare that I	om the last return/report. fined contribution plans ed benefits that were less seed unless reasonable can have examined this return/repor	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includin t, and to the	ng, if applic best of my	21 5 19 21 0 xable, a Schedule / knowledge and				
this pla a Sponso c Plan Na 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under penal SB or Schee belief, it is tr	an, enter the plan spo or's name ame umber of participants umber of participants of participants with ete this item)	ansor's name, EIN, the plan names as at the beginning of the plan year as at the end of the plan year account balances as of the end articipants at the beginning of the articipants at the end of the plan to terminated employment during or incomplete filing of this ref ther penalties set forth in the inst and signed by an enrolled actuar applete.	ar of the plan year (only de a plan year year the plan year with accrue turn/report will be asses tructions, I declare that I I y, as well as the electroni	om the last return/report. fined contribution plans ed benefits that were less sed unless reasonable can have examined this return/re c version of this return/repor Charles Poczik	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includin t, and to the	ng, if applic best of my	21 5 19 21 0 xable, a Schedule / knowledge and				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Yes No
D	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.)	Yes 🗌 No
	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	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filling for this plan year	. (See instructions.)
Pa	rt III Financial Information	

7		1					
	Plan Assets and Liabilities	1	(a) Beginning () Beginning of Year			(b) End of Year
	Total plan assets	7a	- alege and a				9582
	Total plan liabilities	7b	a second state of the second st		_		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c					9582
8	Income, Expenses, and Transfers for this Plan Year	1.00	(a) Amoun	t			(b) Total
a 	Contributions received or receivable from: (1) Employers	8a(1)			0		
	(2) Participants	8a(2)		105	30		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		-8	07		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.5	1.11		9723
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0	1.4	
e	Certain deemed and/or corrective distributions (see instructions)	80			0		
f	Administrative service providers (salaries, fees, commissions)	8f		14	11	all street of	Service of the servic
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						141
1	Net income (loss) (subtract line 8h from line 8c)	81				9582	
T	Transfers to (from) the plan (see instructions)	8j	and the second		0	1.5.2.5	
Pa	t IV Plan Characteristics	9			<u> </u>		
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for		-				
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		x	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		Fig. 5. A series of the second state and the second state of th	10b		x	
c	Was the plan covered by a fidelity bond?			10c		x	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	
0	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.)	ne or all of t	he benefits under	10e	x		112
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x	
g		a set of the set of the set of the		10g		x	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x	
1	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101			

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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 comple (Form 5500) and line 11a below)							Yes	XN	0
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11	a						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?								Yes	XN	o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
H	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		12	ь						
C Enter the amount contributed by the employer to the plan for this plan year									2 X	
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)				d						
	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?		1		Ye	8	X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					י 🛛	/es		0	
C										
1	13c(1) Name of plan(s):	3c(2) EIN	EIN(s)			13c(3) PN(s)			
-										