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**

	rt identification information											
For calendar plan year 2018 o	r fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018								
A This return/report is for:	a single-employer plan		olan (not multiemployer) (F mployer information in acc		=							
·	a one-participant plan	a foreign plan										
B This return/report is	X the first return/report	the final return/report		ro/roport (loss than 12 months)								
	an amended return/report	a short plan year retu	ear return/report (less than 12 months)									
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram							
	special extension (enter desc	ription)										
Part II Basic Plan In	formation—enter all requested in	formation										
1a Name of plan	•			1b Three-o	digit							
•	(K) PROFIT SHARING RETIREMEN	T PLAN		plan nu (PN)	ımber							
				1c Effectiv	re date of plan 01/01/2018							
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)			2b Employ	er Identification Number							
Mailing address (include re	oom, apt., suite no. and street, or P.0 ince, country, and ZIP or foreign pos		tructions)	(EIN)	80-0482831							
GEMINI BROTHERS, INC.	aractions)	2c Sponso	or's telephone number 646-872-4223									
		2d Busines	ss code (see instructions)									
11891 US HIGHWAY 1, SUITE 204 NORTH PALM BEACH, FL 33408					315240							
NORTH ALM BEACH, LE 33400												
3a Plan administrator's name	and address X Same as Plan Spo	nsor.		3b Adminis	strator's EIN							
Tall dall missiator e hame and address in the control of the contr												
				3c Adminis	strator's telephone number							
	the plan sponsor or the plan name h ponsor's name, EIN, the plan name			4b EIN								
a Sponsor's name	pondor o namo, Em, mo piam namo (and the plan number nom	ino last retam/report.	4d PN								
C Plan Name												
_	nts at the beginning of the plan year.		F	5a	4							
	nts at the end of the plan year th account balances as of the end of		<u> </u>	5b	4							
			-	5c	4							
d(1) Total number of active	participants at the beginning of the p	lan year		5d(1)	4							
* *	participants at the end of the plan ye			5d(2)	4							
than 100% vested	ho terminated employment during th			5e	0							
Caution: A penalty for the la	te or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau	se is establi	shed.							
	other penalties set forth in the instrud and signed by an enrolled actuary, a complete.											
	ed/valid electronic signature.	07/25/2019	DANIEL KARO									
HERE Signature of plan	n administrator	Date	Enter name of individu	ıal signing as	plan administrator							
SIGN												
HERE Signature of emp	ployer/plan sponsor	Date	Enter name of individu	ıal signing as	employer or plan sponsor							

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_	Were all of the plan's assets during the plan year invested in eligib							. X Yes No
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							. X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		· · · · · · · · · · · · · · · · · · ·					
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
a	Total plan assets	7a		0				48819
<u>b</u>	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		0				48819
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		10538				
	(2) Participants	8a(2)		40500				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-2075				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48963
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f		144	_			
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						144
	Net income (loss) (subtract line 8h from line 8c)	8i						48819
		8j						
_	rt IV Plan Characteristics	ft	alaa fuama tha Liat of Di	Ch -		-4i- C-		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 3H	reature co	odes from the List of Pi	an Cha	racteri	Siic Cc	odes in the in	istructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10					Yes	No		Amount
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		162	NO		Amount
_	described in 29 CFR 2510.3-102? (See instructions and DOL's V	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		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	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			144
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
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		X		
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 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	0
	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

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

			Identification Information]				10/21/0010			
For	calendar	plan year 2018 or fi	iscal plan year beginning		/2018	and ending		L2/31/2018			
A	This retur	n/report is for:	X a single-employer plan	a mu list	ultiple-employer plan of participating empl	(not multiemployer) (Floyer information in acc	ilers corda	checking this bo nce with the form	x must attach a n instructions.)		
		•	a one-participant plan	a fo	reign plan						
B.	This returi	n/report is	X the first return/report	the	final return/report						
			an amended return/report	a sh	ort plan year return/r	report (less than 12 mo	onths)				
	Chook bo	x if filing under:	П г 5550		omatic extension	Г	□ DE	VC program			
U	Check bo	ox ii iiiiiig under.	Form 5558		omatic extension	L	٦,	vo program.			
			special extension (enter desc								
	art II		ormation—enter all requested in	nformation	1		1h	Three-digit	1		
1a	Name o	fplan	Inc. 401(k) Profit S	Charin	a Petirement	Plan	110	plan number			
	Gemin	il Brothers,	Inc. 401(k) Plotic :	311a1 111	g Recifement			(PN) •	001		
							1c	Effective date of 01/01/201	•		
2a	Plan spo	onsor's name (emple	oyer, if for a single-employer plan)				2b		ification Number		
	Mailing	address (include roo	om, ant, suite no, and street, or P.	O. Box)	(if foreign see instru	ctions)		(EIN) 80-048			
		own, state or proving ni Brothers,	ce, country, and ZIP or foreign pos	stai code i	(II Toreign, see mand	Ctions)	2c	Sponsor's telep			
							2d		(see instructions)		
	11891	. US Highway	1, Suite 204				Zu	Dusiness code	(ood mendenene)		
North Palm Beach FL 33408							315240 3b Administrator's EIN				
3a Plan administrator's name and address X Same as Plan Sponsor.						310	Administrators	EIN			
-					the lack was	www.kanat filad for		EIN	telephone number		
4	this pla	ın, enter the plan sp	he plan sponsor or the plan name consor's name, EIN, the plan name	nas chang and the p	ged since the last re- plan number from the	e last return/report.		PN			
	Sponso							1 14			
•	Plan Na	ame									
E-	3 Total n	umber of participant	ts at the beginning of the plan year	r			5	ia	4		
			ts at the end of the plan year				5	ib	4		
	: Numbe	er of participants with	h account balances as of the end of	of the plar	n year (only defined o	contribution plans	B	5c			
	comple	ete this item)			,,			I(1)			
			participants at the beginning of the				-	1(2)			
(d(2) Tota	al number of active p	participants at the end of the plan y	year		- Ct - U - I I					
		2021	no terminated employment during t					5e	(
C		11 6 11 1-4	in a small to filling of this rote	urn/ranar	t will be seeseed I	iniess reasonable ca	use i	s established.			
U	nder pena B or Sche		other penalties set forth in the insti and signed by an enrolled actuary						ny knowledge and		
		TO CONTROL AND COL				Daniel Karo					
	IGN ERE	Clamatura at la	administrator		Date 7-25-19	Enter name of individ	dual s	igning as plan a	dministrator		
-		Signature of plan	i auministrator		Date / Date						
	IGN ERE		7.1		Data	Enter name of individ	dual e	igning as emplo	ver or plan sponsor		
1 .,		Signature of emp	oloyer/plan sponsor		Date	Litter hame of marvic	addi 3	.g.mig ac ciripic	Form 5500-SF (2018)		

Pac	e	2
rau		4

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public a ions.)	ccount	ant (IQ	PA)		X Ye	П
c	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 ir If "Yes" is checked, enter the My PAA confirmation number from th	surance p	rogram (see ERISA se	ction 4	021)? .		Yes No	Not de	termined ructions.)
Pa	rt III Financial Information			-					
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	
a	Total plan assets	7a			0				48,819
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c			0				48,819
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		10,					
	(2) Participants	8a(2)		40,	500				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-2,	075				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							48,963
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			144				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						*	144
i	Net income (loss) (subtract line 8h from line 8c)	8i							48,819
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								Samuel Scientific principles of the Contract of Scientific Scienti
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 3H	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Pai	rt V Compliance Questions								2-18-20-20-2
10	During the plan year:				Yes	No		Amount	
â	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	Fiduciary Correction	10a	-	Х			
k	Were there any nonexempt transactions with any party-in-interes 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			
6	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	Х				144
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			Market Commission (Commission Commission Commission Commission Commission Commission Commission Commission Com
Ç				10g		Х			
ŀ	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 to exceptions to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	10i					

	Form 5500-SF (2018)	Page 3-					
Part	VI Pension Funding Compliance			and the second second			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye (Form 5500) and line 11a below)				В		Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule S	B (Form 5500) line	e 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirement ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicated the subject to the minimum funding requirement.	s of section 412 of	the Code or section	n 302 of	f 		Yes X No
a	If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver.	in this plan year, s	see instructions, and	l enter i	the date	of the lett Year	ter ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to	o line 13.				
b	Enter the minimum required contribution for this plan year			12b			
	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 (enegative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding of	leadline?			Yes	No	N/A
Part	CONTROL						
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	s X	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 control of the PBGC?			,		Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred.	to another plan(s)	, identify the plan(s)) to			
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c((3) PN(s)
I Section 1							