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

Part I	Annual Report	Identification Information							
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This re	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.)								
D		a one-participant plan	a foreign plan						
B This ret	urn/report is								
_		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am			
		special extension (enter descr	<u> </u>						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation		T				
1a Name FLAG AND	of plan ANTHEM 401(K) PLAN	N			1b Three-dig plan num (PN) ▶	·			
					1c Effective	date of plan 08/01/2017			
		yer, if for a single-employer plan)	, Davi)			Identification Number			
		m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		tructions)	(EIN)	47-4833808			
-	ANTHEM, LLC			,		s telephone number 01-906-4579			
					2d Business	code (see instructions)			
214 WEST 39TH STREET, SUITE 602 NEW YORK, NY 10018					448190				
	,								
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.				3b Administrator's EIN					
						3c Administrator's telephone number			
					JC Administr	ator s telephone number			
A 15 4h a .	and a TINI of the	- ulan ananan antha ulan massa ba			4b EIN				
this p	lan, enter the plan spo	e plan sponsor or the plan name hansor's name, EIN, the plan name a							
•	sor's name				4d PN				
C Plan N	vame								
5a Total	number of participants	at the beginning of the plan year			5a	11			
b Total	number of participants	at the end of the plan year			5b	12			
		account balances as of the end of t		•	5c	6			
d(1) Total number of active participants at the beginning of the plan year					5d(1)	11			
d(2) Total number of active participants at the end of the plan year				5d(2)	12				
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 returr	n/report will be assessed	l unless reasonable ca					
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.							
SIGN		/valid electronic signature.	07/25/2019	BRAD GARTMAN					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN									
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	e of individual signing as employer or plan spon				

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes	No
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.)								X 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 determi	ned
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	remium filing for this p	lan yea	r			(Se	e instructio	ns.)
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b)	End of Y	ear	
а	Total plan assets	7a		0				1	15003	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0				1	15003	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			((b) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		-0000	-					
	(2) Participants	8a(2)		52909	-					
	(3) Others (including rollovers)	8a(3)		71908						
	Other income (loss)			-9814					45000	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	15003	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1	15003	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the	instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	es in the i	nstructio	ns:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
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)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	`		10b		X				
С	C Was the plan covered by a fidelity bond?			10c		X				
d	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				
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	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
h	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 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 Schedule SB (Form 5500) and line 11a below)										
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	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									
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

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

For colon		rt Identification Information								
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/					
A This re	eturn/report is for:	X a single-employer plan	☐ a multiple-employer p	lan (not multiemployer) nployer information in a	(Filers checking ccordance with t	this box must attach a he form instructions.)				
R This rei	tum/report is									
D IIIIS IC	tum/report is									
	an amended 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				
	VI	special extension (enter descr								
Part II		ormation—enter all requested in	formation							
1a Nam e Flag	e of plan g and Anthem	401(k) Plan			1b Three-dig plan num (PN) ▶	ber 001				
					1c Effective 08/01					
2a Plan s	sponsor's name (emp	loyer, if for a single-employer plan)	· · · · · · · · · · · · · · · · · · ·		2b Employer	Identification Number				
City o	r town, state or provin	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post). Box) al code (if foreign, see inst	ructions)	(EIN) 47	-4833808				
	g and Anthem,		a. coco (il loroign, coc illoi	14040110)		s telephone number				
214	West 39th St	reet, Suite 602				code (see instructions)				
New York NY 10018						448190				
3a Plan administrator's name and address 🗓 Same as Plan Sponsor.					3b Administrator's EIN					
	3c Administrator's telephone number									
4 If the	name and/or EIN of th	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	is changed since the last r	eturn/report filed for	4b EIN					
	or's name	onsor's hame, Env, the plan hame a	nd the plan number from t	ne last return/report.	4d PN					
C Plan N	Name									
5a Total	number of participants	s at the beginning of the plan year			5a	11				
_		s at the end of the plan year			5b	12				
C Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c	6				
		articipants at the beginning of the pla			5d(1)	11				
d(2) Total number of active participants at the end of the plan year					5d(2)	12				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	use is establish	ed.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN HERE	1/ hrm	South	7/25/19	Brad Gartman						
	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	an administrator				
SIGN HERE	1220									
	Signature of emple	oyer/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor				

b Total plan liabilities	6a b	Were all of the plan's assets during the plan year invested in eligible. 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	ndent qualified public a	accoun	tant (IC	QPA)		_	Yes No
7 Plan Assets and Liabilities		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	1021)?		Yes \[\n		
a Total plan assets	Pa	rt III Financial Information	_							
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Yea			(b) E	nd of Ye	ear
E Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a			0				115,003
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers). 8a(3) 71, 998 b Other income (loss). 8a(3) 71, 998 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b -9, 814 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 6 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 79, 814 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 R Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 R Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 9 R Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses 8d 9 R Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 1 9d Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 0 115, 00	<u>b</u>	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			0				115,003
a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) 52,909 (3) Others (including rollovers) 8a(3) 71,908 (b) Other income (loss) 8a(3) 71,908 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -9,814 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -9,814 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -9,814 (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d -99,814 (e) Certain deemed and/or corrective distributions (see instructions) 8d -99,814 (e) Certain deemed and/or corrective distributions (see instructions) 8e -99 (f) Administrative sorvice providers (selaries, fees, commissions) 8f -99 (g) Other expenses	_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			- (1) Total	
(3) Other (including rollovers)	_a 		8a(1)							
b Other income (loss)		(2) Participants	8a(2)		52,	909				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers).	8a(3)		71,	908				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). g Other expenses f Administrative service providers (salaries, fees, commissions)	<u>b</u>	Other income (loss)	8b		-9,	814				
to provide benefits). 8 Certain deemed and/or corrective distributions (see instructions). 8 Administrative service providers (salaries, fees, commissions). 8 Ag 9 Other expenses. 8 Ag 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Abh 1 Notal expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 15, 00 8 Bl 1 Expense (from the List of Plan Characteristic Codes in the instructions: 2 Exp 2f 2F 2G 3D 8 Bh 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8 Bh 1 15, 00 1 Total expenses (add line 8d, 8e, 18 (and 8g). 1 Total expenses (add line 8d, 8e, 18 (and 8g). 1 Total expenses (add line 18g, 9d). 1 Total expe	c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							115,003
f Administrative service providers (salaries, fees, commissions)	d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
g Other expenses (add lines 8d, 8e, 8f, and 8g) h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) j Transfer to (from) the plan (see instructions) 8j Part IV Plan Characteristics all if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2G 3D 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? f Has the plan failed to provide any benefit when due under the plan? f Has the plan failed to provide any benefit when due under the plan? f Has the plan failed to provide any sthere 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	<u> e </u>	Certain deemed and/or corrective distributions (see instructions)	8e							
i Net income (loss) (subtract line 8h from line 8c) 8i 115,000 j TransFers to (from) the plan (see instructions) 8j 115,000 j TransFers to (from) the plan (see instructions) 8j 115,000 j TransFers to (from) the plan (see instructions) 8j 115,000 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 2J 2K 2F 2G 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: Yes No Amount 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) 10a X 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? 10c X 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 f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10h X if this was answered "Yes," check the box if you either provided the required notice or one of the	f_	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c) 8i 1115,00 j Transfers to (from) the plan (see instructions) 8j 1 Part IV Plan Characteristics ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2G 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: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 GFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 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? 10c X 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.) 10g X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes." enter amount as of year-end.) 10g X if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3). 10h X	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C
Part IV Plan Characteristics			8i							115,003
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i							
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: 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)	Par	t IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: 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)	9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 2F\ 2G\ 3D$	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the i	nstructio	ns:
During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 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.) Has the plan failed to provide any benefit when due under the plan? John Tibic X Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 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	b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan	n Chara	acteris	tic Cod	les in the in	struction	s:
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)	Par	V Compliance Questions								
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i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	_ <u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)			-			
If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	2520.101-3.)		**************	10h		Х			
	i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10i					

	Form 5500-SF (2018)	Page 3-						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes (Form 5500) and line 11a below)	," see instructions and	complete Sch	edule S	В		Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule St					1		
12	Is this a defined contribution plan subject to the minimum funding requirements ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	of section 412 of the C	ode or section	າ 302 ຄ	f 		Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized i granting the waiver.	n this plan year, see ins	structions, and	l enter t		of the let Year		ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	500), and skip to 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 (en negative amount)	ter a minus sign to the	left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding de				Yes	No	ΠN	1/A
Part '								
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 y			13a				
b						Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan t which assets or liabilities were transferred.	o another plan(s), ident	ify the plan(s)	to				
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN((s)

13c(3) PN(s)



95 CONNECTICUT DRIVE SUITE C BURLINGTON, NJ 08016-4180

> 609-632-9159 FAX: 609-387-1791

BRIDGET WINERING RETIREMENT PLAN CONSULTANT BWINERING@CBGINC.COM

July 17, 2019

Brad Gartman Flag and Anthem, LLC 214 West 39th Street Suite 602 New York NY 10018

Re: 2017 Form 5500-SF and Plan Administration for the Flag and Anthem 401(K) Plan

Dear Brad:

Enclosed you will find the Valuation Report for the plan year ending December 31, 2018. The items Continental Benefits Group, Inc. ("CBGI") has completed are based on data from your company and John Hancock. Please review all items found in the Valuation Report and contact me if changes are needed. The items are as follows:

- Form 5500-SF
- Valuation Report
- Summary Annual Report. Please copy and distribute to all participants and beneficiaries of the plan.

PLAN ADMINISTRATOR'S RESPONSIBILITIES

- 1. **Submission of the Form 5500-SF.** The DOL requires that Forms 5500-SF be filed electronically. To assist you in this process, we are requesting filing authorization. Please sign the attached forms and return them to us on or before **July 26, 2019**.
- 2. Valuation Report. Please review all the information provided in this report. The accounts of Key Employees represented more than 60% of Plan assets at the end of this Plan Year, and therefore, the Plan is Top Heavy for this Plan Year. The minimum vesting and contribution requirements are satisfied due to the Safe Harbor contribution.
- 3. Fidelity Bond Coverage. Your Plan should be covered by a Fidelity Bond to protect the Plan against fraud and dishonesty. The bond should be for at least 10% of the current market value of the Plan's assets with a minimum bond of \$1,000 and a maximum bond of \$500,000. Our records indicate that you currently do not hold a bond. Please contact your insurance agent to obtain this coverage.

Timing of Salary Reduction Deposits

The Department of Labor (DOL) issued regulations establishing a safe harbor for the timely deposit of employee contributions/loan repayments to small retirement plans. Under the safe harbor participant contributions/loan repayments deposited to the trust will be treated as complying with the regulations if the contributions/loan repayments are deposited no later than the 7th business day following the day on which the amounts would have been payable to the participant in cash or following the day on which such amount is received by the employer. Deposits not made in accordance with DOL regulations are deemed to be prohibited transactions, subject to reporting on Form 5500-SF and 5330 and subject to excise penalties. In addition to which the employer is responsible for making up the late deposit along with any applicable earnings adjustment.

Filing Requirements

The completed 2018 Form 5500-SF must be received electronically by the EBSA within 7 months of your plan year-end, unless you have filed for an Extension of Time by submitting Form 5558 to the Internal Revenue Service (IRS) by the original filing deadline.

The deadline for your Form 5500-SF is July 31, 2019.

If you do not file a completed 2018 Form 5500-SF by the due date (or extension date, if applicable), the IRS may impose a penalty on your company of \$25 per day (up to a maximum of \$15,000). In addition, the Department of Labor may impose a penalty of up to \$2140 per day for each day the company fails to, or refuses to, file a completed report. If you miss the extension deadline, late penalties are charged from the original filing deadline.

If you have any questions, please do not hesitate to contact us. Thank you for your time and continued business with CBGI.

Regards,

Bridget winering

Retirement Plan Consultant