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	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.								
		a one-participant plan	a foreign plan						
B This ref	turn/report is	n/report is the first return/report the final return/report							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC prog	ram			
	_	special extension (enter descr	' '						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name FOOT-LON	e of plan IG INC. PROFIT SHARI	NG PLAN			1b Three-di plan nun (PN) ▶	_			
					1c Effective	e date of plan 01/01/2003			
		yer, if for a single-employer plan)			2b Employe	er Identification Number			
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)	16-0920396			
FOOT-LON		o, oddiniy, and Zii or foreign poot	ar oode (ii foreign, see iii	on donons)	-	r's telephone number 716-662-1411			
					2d Business	ess code (see instructions)			
	TONE LANE				722513				
UKCHARD	PARK, NY 14127								
3a Plan a	administrator's name an	nd address 🏿 Same as Plan Spor	nsor		3b Administ	rrator's FIN			
Ju Hall		d address Modifie as i lair opoi	1301.		OD /tdriiiiot	rator 5 En 4			
						3c Administrator's telephone number			
		e plan sponsor or the plan name ha			4b EIN				
		nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	44 50				
a Sponsor's namec Plan Name									
C Plan	name								
5a Total number of participants at the beginning of the plan year					. 5a 4				
b Total number of participants at the end of the plan year				. 5b					
		account balances as of the end of			5c 4				
d(1) Total number of active participants at the beginning of the plan year					5d(1)				
d(2) Total number of active participants at the end of the plan year			5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Sch		nd signed by an enrolled actuary, a							
SIGN	Filed with authorized/	valid electronic signature.	07/30/2019	NANCY MARTIN					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	of individual signing as plan administrator				
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor			

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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.							Ц		
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine									
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See ii	nstructions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year		(b) End of Year				
a	1775								741	
<u>b</u>	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	5	15519		522741				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(I	o) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	;	36334						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-1	22867						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						134	467	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		6245						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						62	245	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						72	222	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the	instructions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in the ir	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount	<u> </u>	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					7		
	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? (Do not include transactions reported on line 10a.)					X				
С	C Was the plan covered by a fidelity bond?				X				50000	
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?					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.)					X				
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.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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		X				

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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	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)		

Department of Labor Employee Benefits Security Administrati

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

Part Same and part Same	Pension Benefit Guaranty Cox scration	Complete all entrie	s in accorda	nce with	the instructions to	the Fo	rm 5500-SF.		Inspection	
A This return/report is for. 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.) a foreign plan plan final return/report an amendad return/report an amendad return/report an amendad return/report an amendad return/report and participating employer information in accordance with the form instructions.) Part Basic Plan Information - enter all requested information a short plan year return/report (less than 12 months) automatic extension DFVC program DFVC progra				1 (00)						
B This return/report is a one-participant plan the first return/report an amended return/report as bort plan year return/report (less than 12 months) special extension (enter description) Part III Basic Plan Information - enter all requested information 1a Name of plan FOOT-LONG INC. PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) Mailing address (include room, apt., suite no. and street, or P.O. Box) POOT-LONG TOOT-LONG T										
B This return/report is the first return/report the short jilling under: C Check box if filing under: Form 5558 Special extension inetter description 1a Name of plan FOOT-LONG INC. PROFIT SHARING PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan FOOT-LONG INC. PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include roon, apt, suite no. and street, or P.O. Box) FOOT-LONG INC. 71 GRAYSTONE LANE ORCHARD PARK NY 14127 CRCHARD PARK NY 14127 A Jan administrator's name and address Same as Plan Sponsor. 3b Administrator's 12513 3c Administrator's 12513 3d Administrator's name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number of participants at the end of the plan year 4 If the name and/or EIN of the plan sponsor sname, EIN, the plan name and the plan number of participants at the beginning of the plan year 5a Total number of participants at the beginning of the plan year 5a Total number of participants at the beginning of the plan year 6 Number of participants with account belances as of the end of the plan year 6 Number of participants with account belances as of the end of the plan year 6 Number of participants with account belances as the end of the plan year 9 Number of participants with account belances as the end of the plan year 13 O										
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Check box if filing under: Form 5558 automatic extension DFVC program	D This return/report is			7	•					
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Part III Basic Plan Information - enter all requested information 1a Name of plan Thore digit plan number (PN) 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer identification Number (EIN) 16-09 20 39 6 2c Sponsor's telephone number (715 662-1411 2d Business code (see instructions) 72 25 13 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 72 25 13 3d Plan administrator's name and address Same as Plan Sponsor. 4d PN 4 if the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the end of the plan year 5a 4 5b Total number of participants at the end of the plan year 5c 4 6d (2) Total number of participants at the end of the plan year 5d(1) 4 6d (2) Total number of cative participants at the end of the plan year 5d(1) 4 6d (2) Total number of cative participants at the end of the plan year 5d(1) 4 6d (2) Total number of cative participants at the end of the plan year 5d(1) 4 6d (2) Total number of cative participants at the end of the plan year 5d(2) 3 6d(2) 3 7d(1) 4 6d(2) Total number of cative participants at the end of the plan year 5d(2) 3 7d(1) 4 6d(2) Total number of cative participants at the end of the plan year 5d(2) 3 7d(1) 4 7d(2) Total number of cative participants at the end of the plan year 5d(2) 3 7d(1) 4 7d(2) Total number of cative participants at the end of the plan year 5d(2) 3 7d(1) 4 7d(2) Total number of cative participants at the end of the plan year 5d(2) 3 7d(1) 4 7d(2) Total number of cative participants at the end of the plan year 5d(2)	Check box if filing under:	_	L	_	tic extension		L	DFVC progra	m	
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2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) FOCK**—Crown state or province, country, and ZIP or foreign postal code (if foreign, see instr.) CRCHARD PARK NY 14127 Business code (see instructions) 722513 3b Administrator's EIN 3c Administrator's telephone number 4b EIN ### Hith ename and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Sponsor's name 6 Plan Name 4d PN 4d PN 4d PN 5a Total number of participants at the beginning of the plan year 6 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 6 C Number of participants with account balances as of the end of the plan year 9 Number of participants with elementance employment during the plan year 9 Number of participants who terminated employment during the plan year (only defined contribution plans complete this item) 7 Number of participants with terminated employment during the plan year (only defined contribution plans complete this item) 7 Number of participants with terminated employment during the plan year (only defined contribution plans complete this	FOOT-LONG INC. PROP	FIT SHARING	PLAN				plan number (P	'N) 🕨	001	
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FOOT—LONG INC. 71 GRAYSTONE LANE CRCHARD PARK NY 14127 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's ElN 3c Administrator's telephone number 4 If the name and/or ElN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, ElN, the plan name and the plan number from the last return/report. 3 Sponsor's name C Plan Name 4d PN 5a Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the end of the plan year d (2) Total number of active participants at the end of the plan year E Number of participants who terminated employment during the plan year with accound benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Total penalties of participants and the penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a contribution plans declared that is true, correct, and complete. Total penalties of participants and complete filing of this return/report will be assessed unless reasonable cause is established. Signature of plan administrator Date Enter name of individual signing as plan administrator	2a Plan sponsor's name (employer, i	if for a single-employ	rer plan)			miles 3 or ratio attent trained (Ext.)				
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ORCHARD PARK NY 14127 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 if the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 4d PN 5a 4d PN 5a 4d PN 5a 4d PN 6b 4d 6c Number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year Number of participants who terminated employment during the plan year Number of participants who terminated employment during the plan year Number of participants who terminated employment during the plan year (only defined contribution plans complete this item) d (2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year (only defined contribution plans complete filing of this return/report will be assessed unless reasonable cause is established. Junger penalties of parjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a stoppide Sap or Schedule Sap or S		••	•	• •	. ,				र	
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018)

v. 171027

Page 2 Form 5500-SF (2018) 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 \prod_{No} (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, 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 filing for this plan year . (See instructions.) Part III Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 522,741 515,519 a Total plan assets 7a Total plan liabilities 7b 515,519 522,741 C Net plan assets (subtract line 7b from line 7a) 7с (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 36,334 (1) Employers 8a(1) 8a(2) (2) Participants (3) Others (including rollovers) 8a(3) -22,867 b Other income (loss) 8b 13,467 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide 8d Certain deemed and/or corrective distributions (see instructions) 8e 6,245 f Administrative service providers (salaries, fees, commissions) 8f **9** Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 6,245 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 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: 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 Х Fiduciary Correction Program.) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include Х transactions reported on line 10a.) 10b 50,000 X C Was the plan covered by a fidelity bond? 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that X was caused by fraud or dishonesty? 10d e Were any fees or commissions paid to any brokers, agents, or other persons by an

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insurance carrier, insurance service, or other organization that provides some or all of

If 10h was answered "Yes," check the box if you either provided the required notice or

the benefits under the plan? (See instructions.)

and 29 CFR 2520.101-3.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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

one of the exceptions to providing the notice applied under 29 CFR 2520,101-3

X

X

X

X

X

10e

10f

10g

10h

10i