Form 5500-SF Short Form Annual Return/Report of Small Em Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	nal Revenue Service	etirement Internal	2017						
De Employee B	This Form is Open to Public Inspection								
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the in	structions to the Form 5	500-SF.	r ubic inspection			
Part I		dentification Information							
For calenda	ar plan year 2017 or fise	cal plan year beginning 11/01/20			0/31/2018				
A This ret	turn/report is for:	X a single-employer plan	list of participating	plan (not multiemployer) (employer information in ac		king this box must attach a vith the form instructions.)			
B This retu	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/repo		and the a				
		an amended return/report		turn/report (less than 12 m	-				
C Check I	box if filing under:	X Form 5558	automatic extension	n	DFVC p	rogram			
		special extension (enter descri	,						
Part II		mation—enter all requested info	ormation		41				
1a Name	of plan I WATER SYSTEMS, II				1b Thre	e-digit number			
AQUA SUFI	WATER STSTEWS, II	NC. 401(K) PLAN			(PN)				
					1c Effect	tive date of plan 11/01/1997			
		er, if for a single-employer plan)			2b Employer Identification Number				
	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN)				
AQUA SOFT	WATER SYSTEMS, IN	NC.			20 Spor	nsor's telephone number 561-753-7700			
					2d Busir	ness code (see instructions)			
	SS PARK WAY M BEACH, FL 33411					335200			
3a Plan a	dministrator's name and	d address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the las	t return/report filed for	4b EIN				
•	an, enter the plan spon or's name	sor's name, EIN, the plan name ar	nd the plan number from	n the last return/report.	4d PN				
C Plan N									
		at the beginning of the plan year			5a	26			
		at the end of the plan year ccount balances as of the end of th			5b	32			
				•	5c	22			
• •		ticipants at the beginning of the pla	-		5d(1)	26			
• •		ticipants at the end of the plan yea			5d(2)	32			
than	100% vested	terminated employment during the			5e	0			
		r incomplete filing of this return							
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as lete							
SIGN		/alid electronic signature.	08/06/2019	DEBORAH SUFTKO					
HERE	Signature of plan ad		Date	Enter name of individ	ual signing	as plan administrator			
SIGN	0				J				
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor			
L					uai siyilliy				

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Form 5500-SF (2017) v.170203

6a b	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 a		,	QPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	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.)								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	1001598	1013705				
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	1001598	1013705				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)						
			20100					

(2) Participants..... 28196 8a(2) (3) Others (including rollovers)..... 8a(3) -10990 **b** Other income (loss)..... 8b 17206 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c d Benefits paid (including direct rollovers and insurance premiums 1411 to provide benefits)..... 8d e Certain deemed and/or corrective distributions (see instructions) 8e 3688 f Administrative service providers (salaries, fees, commissions)..... 8f g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 5099 12107 Net income (loss) (subtract line 8h from line 8c)..... 8i i. Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2F 2G 2J 2K 2T 3D 3H 2F 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** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10h **C** Was the plan covered by a fidelity bond?..... Х 10c 200000 **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e Х 4103 f Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) x 10g 41149 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

	orm 5500-SF	Short Form Annu	ual Return/Repo Benefit Plan	rt of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089						
Int	Department of Labor	This form is required to be fill	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									
Employee	Benefits Security Administratio	()	Revenue Code (the Co	057(b) and 6058(a) of th de).	e Internal	This Form is Open to						
	Benefit Guaranty Corporation	Complete all entries in	accordance with the in	structions to the Form	5500-SF.	Public Inspection						
Part I	Annual Repor	rt Identification Informatior fiscal plan year beginning	1									
1 Of Calefi	dai plan year 2017 or		11/01/2017	and ending		1/2018						
A This re	eturn/report is for:	a single-employer plan	list of participating	plan (not multiemployer) employer information in a	(Filers checki ccordance wi	ing this box must attach a the form instructions.)						
B This re	turn/report is	the first return/report	the final return/repor	•								
		an amended return/report		urn/report (less than 12 n	nonths)							
C Check	box if filing under:	工 Form 5558			-							
		special extension (enter desc	automatic extension		DFVC pr	ogram						
Part II	Basic Plan Inf	ormation—enter all requested in										
1a Name	e of plan	enter an requested in	Iomation		1b Three	aliait						
	100	cems, Inc. 401(k) Plan	n		ADAPTER A	umber 002						
					1c Effect	ive date of plan						
Mailin	ig address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post	D. Box)	4	2b Emplo	yer Identification Number 59-2094296						
Aqua S	oft Water Sys	stems, Inc.	lai code (il foreign, see in:	structions)		or's telephone number						
220 Bu:	siness Park W	ay				ess code (see instructions)						
Royal 1	Palm Beach	FL 33411										
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Admin	istrator's EIN						
					3c Admin	istrator's telephone number						
4 If the	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN							
a Spons	sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN							
C Plan N	Valle											
		s at the beginning of the plan year			5a	26						
b Total	number of participants	s at the end of the plan year			5b	32						
C Numb compl	er of participants with lete this item)	account balances as of the end of	the plan year (only define	d contribution plans	5c	22						
		articipants at the beginning of the pl			5d(1)	26						
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	32						
than	100% vested	o terminated employment during the			5e	0						
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a	tions I declare that I have	unless reasonable cau	nort including	ished.						
SIGN	h e la	and and	8-10-19	Deborah Suftko)							
HERE	Signature of plan a	administrator	Date	Enter name of individu		nlan administrator						
SIGN					aar arginnig as	plan auministrator						
HERE	01											

Date

HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Enter name of individual	signing	as	employer or	plan sponsor
			Form	5500-SF (2017)

v.170203

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
	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.	X Yes 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined . (See instructions.)
	t III Financial Information	

Part III Financial Information							
7 Plan Assets and Liabilities	-	(a) Beginning o	CHARLES IN THE			(b) End of Year	
a Total plan assets	7a	1,	001,	598		1,01	13,70
b Total plan liabilities							
C Net plan assets (subtract line 7b from line 7a)	7c	1,	001,	598	_	1,01	13,70
B Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total	
a Contributions received or receivable from: (1) Employers							
(2) Participants	. 8a(2)		28,	196			
(3) Others (including rollovers)	. 8a(3)						
b Other income (loss)			-10,	990			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	Alexandra Carriera				1	7,206
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1,	411	1-1-44		
e Certain deemed and/or corrective distributions (see instructions)	. 8e					and a subscript of	
f Administrative service providers (salaries, fees, commissions)	. 8f		З,	688			
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	Condition of the	20.00				5,099
i Net income (loss) (subtract line 8h from line 8c)	. 8i					1	2,10
j Transfers to (from) the plan (see instructions)	- 8j						
Part IV Plan Characteristics	<u> </u>						
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	es from the List of Pla	n Cha	racteri	stic Codes	in the instructions:	
2E 2F 2G 2J 2K 2T 3D 3H							
b If the plan provides welfare benefits, enter the applicable welfare t	feature code	s from the List of Plan	Chara	acterist	ic Codes i	in the instructions:	
Part V Compliance Questions							
0 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		x		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not in	clude transactions	10b		х		
c Was the plan covered by a fidelity bond?			10c	Х		20	0,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bond	d, that was caused	10d		x		- / 000

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		х	
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.)		х		4,103
f	Has the plan failed to provide any benefit when due under the plan?			Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		41,149
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance						
11	ls th (For	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	chedule SB				Yes	No
11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		a				
12	Is t ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 30	2 of	r		Yes	X No
	lf a grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ting the waiver		ert Day		the let Year		ng
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter	r the minimum required contribution for this plan year	12	b				
	Enter	the amount contributed by the employer to the plan for this plan year	12	с				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12	d				
е		the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	No		N/A
Part		Plan Terminations and Transfers of Assets		-				
13a	Has	a resolution to terminate the plan been adopted in any plan year?		-	Yes	X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			_		
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the rol of the PBGC?	ie [Yes X No		
С	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)	to					
1	3c(1)	Name of plan(s): 13c(2)	EIN(s)		13c	3) PN	(s)
_								