

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan
B This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input checked="" type="checkbox"/> special extension (enter description) THOUGHT PLAN WAS TERMINATED

Part II Basic Plan Information —enter all requested information			
1a Name of plan TENN-TOM RUBBER & BELTING CO., INC. PROFIT SHARE	1b Three-digit plan number (PN) ►	001	
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TENN-TOM RUBBER & BELTING CO. INC, 5548 PALMER CIR UNIT 205 BRADENTON, FL 34211-2568		1c Effective date of plan	11/01/1987
2b Employer Identification Number (EIN) 64-0667007		2c Sponsor's telephone number 941-993-5731	
2d Business code (see instructions) 326100		3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. TENN-TOM RUBBER & BELTING CO., INC, 5548 PALMER CIR UNIT 205 BRADENTON, FL 34211-2568	
3b Administrator's EIN 64-0667007		3c Administrator's telephone number 941-993-5731	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name		4b EIN	
5a Total number of participants at the beginning of the plan year		4c PN	
b Total number of participants at the end of the plan year.....		5a	4
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		5b	1
d(1) Total number of active participants at the beginning of the plan year.....		5c	1
d(2) Total number of active participants at the end of the plan year		5d(1)	0
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		5d(2)	0
5e		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 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	Filed with authorized/valid electronic signature.	08/22/2019	ANGELA NEAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2019	ANGELA NEAL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	164879	966
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	164879	966
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	2056	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2056
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	165899	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	70	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		165969
i Net income (loss) (subtract line 8h from line 8c)	8i		-163913
j Transfers to (from) the plan (see instructions)	8j		

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:
2S
- 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	N/A	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		
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.)	10e		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		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
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		X		

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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 302 of ERISA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(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. Month _____ Day _____ Year _____	
If 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
c 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
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a 0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	<input checked="" type="checkbox"/> Design-based safe harbor	<input type="checkbox"/> "Prior year" ADP test
	<input type="checkbox"/> "Current year" ADP test	<input type="checkbox"/> N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test <input checked="" type="checkbox"/> N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attn: IRS

I filed this through the mail and it was returned to me at my parent's home. They brought it over to my house, left it on my windshield in the rain and my neighbor got it and opened it and tore the pages apart to try to dry them. It has dates from the IRS on it but smeared.

Angela Neal

Why Are You Getting This Notice?

The Internal Revenue Service received the enclosed Form 5500 Series Annual Return/Report. The Annual Return/Report is being returned because it can not be processed by the Internal Revenue Service.

Effective January 1, 2010, all Plan Year 2009 and later Form 5500 and Form 5500-SF Annual Return/Report, as well as late and amended Annual Return/Reports must be submitted electronically via the ERISA Filing Acceptance System II (EFAST2) an all-electronic system.

What You Need To Do

You must file your 2009 Form 5500 or Form 5500-SF Return/Report electronically. You may file on-line, using EFAST2's web-based filing system, or you may file through an EFAST2-approved vendor. Detailed information on electronic filing is available at www.efast.dol.gov. For telephone assistance, call the EFAST2 Help Line at 1-866-GO-EFAST (1-866-463-3278). The EFAST2 Help Line is available Monday through Friday from 8:00 am to 8:00 pm, Eastern Time.

How To Get Help

For more information on Form 5500 Series Return/Report electronic filing requirements, visit the DOL web site at www.efast.dol.gov or call the EFAST2 Help Line at 1-866-GO-EFAST (1-866-463-3278).

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 05-06-2019
TAXPAYER IDENT. NUM: 64-0667007
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 10-31-2017

TENN-TOM RUBBER AND BELTING CO IN
C
11842 FOUST PARK CIRCLE
BRADENTON FL 34211

000521

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form Employer Identification
Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement Plan Number
number:

Section II

Not Required to file

Please check the box that applies to you, a form was not filed
because:

- ☐ Plan in question is a Savings Incentive Match Plan for
Employees of Small Employers (SIMPLE) that involves
SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must
still file a "Final" return showing zero end-of-year assets,
zero participants, and mark "the final return filed for
the plan" box in part 1 of the form.
- ☒ Other: *See Letter for Explanation*

Section III

Reason for not filing on time

Explain why you did not file on time:

** IF YOU HAVE ANY QUESTIONS, **
** REFER TO THIS INFORMATION: **
NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 05-06-2019
TAXPAYER IDENT. NUM: 64-0667007
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 10-31-2017

OGDEN UT 84201-0018

TENN-TOM RUBBER AND BELTING CO IN
C
11842 FOUST PARK CIRCLE
BRADENTON FL 34211



021

JUL 15 2019

RECEIVED ENTITY DEPT

REQUEST FOR INFORMATION ABOUT YOUR FORM 5500 or FORM 5500-SF
WRITTEN RESPONSE REQUIRED

Why Are You Getting This Notice?

We do not have a record of receiving your Form 5500SF information from the Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) for the plan number and/or plan period ending indicated below:

Plan Number	Plan Period Ending
001	10-31-2017

What You Need To Do

We urge you to review the items below, complete the appropriate section of this notice and return it to us by 06-06-2019.

1. If you filed the return within the last four weeks and used the name, employer identification number (EIN) and plan number shown above, disregard this notice.
2. Complete Section I of this notice if you have already filed the return.
3. Complete Section I of this notice if you filed the return using an EIN, plan name, plan number, or plan year ending different from those shown above.
4. Complete Section II of this notice if you are not required to file for the plan number and/or plan year ending shown above.
5. If you are required to file a Form 5500 or Form 5500-SF electronically and you need more information, go to www.efast.dol.gov.
6. If you are required to file a Form 5500 and have not filed, you may be eligible to participate in the DOL Delinquent Filer Voluntary Compliance Program (DFVCP), which allows for substantially reduced EBSA penalties for delinquent filers and eliminates the IRS penalty. Information about the DFVCP is available on DOL's website, www.dol.gov/ebsa. If you are eligible for and have satisfied the requirements for participation in the DFVCP, check the box below and enter the date that you applied for participation in the DFVCP.

☐ DFVC Program

Date applied _____

Response for IRS Notice CP-403

Tenn-Tom Rubber & Belting Company officially closed its doors on Oct 31,2012 and is no longer an operating entity. Tenn-Tom was not able to continue to pay the maintenance expenses to maintain the plan after the company closed. In 2016 all participants were given notice to move assets out of the plan to other investments. The one participant that is still in the plan was incarcerated at that time and I was under the impression the involuntary distribution had already been done, the assets had been sent to him and company account closed. I have moved numerous times and the mailing address for the IRS has always been at my parent's address. My mother has dementia. She received this notice and put it in a stack of junk mail in her office and did not think to give it to me until my father found it last week.

I thought the account had been closed, all monies disbursed and everything finished. I contacted Mass Mutual and they had to give me access to the old account and explained to me that the one individual was still in the account with a balance of \$960.00 and the account was still open. They sent me the Involuntary Distribution Letter that I thought had already been done. I filled out and sent back for them to process. After this is done the account will be closed out permanently.

I have attached 2017 and 2018 5500 SF forms.

Angela Neal

(941)993-5731

Involuntary Distribution Form for Carey Chappell

From: Angela Neal (angie10tom1@yahoo.com)

To: mmprocessing@massmutual.com

Date: Friday, June 28, 2019, 01:25 PM EDT



To whom it may concern:

I have attached an Involuntary Distribution Form for Carey Chappell.

Plan Number 804910. We were under the impression the plan was closed so please disburse these funds and close.

Thank you,

Angela Neal
5548 Palmer Circle #205
Bradenton FL 34211



Involuntary Distribution for Carey Chappell.pdf
2.1MB

Involuntary Distribution/Forfeiture Form

Use this form if you want to:

- authorize a cash payment or rollover distribution from the participant's account where a participant has separated from service with an account balance of \$5,000 or less (or lower Plan limit) **and** you are unable to secure any required signatures.
- authorize the forfeiture of the participant's non-vested account balance without initiating a full distribution from the participant account.
- authorize an involuntary rollover of a participant's account that was previously forfeited due to an uncashed check.

Do not use this form if you want to:

- authorize a distribution from the Plan where the participant's signature can be obtained (use the *Separation from Service Form*).
- authorize a distribution related to a Plan termination (use the *Discontinuance Agreement & Discontinuance Directive Form*).

Before proceeding with this form you must verify whether any of the above actions are permissible under applicable law, the terms of the Plan, and the terms of the Contract.

MassMutual will not process this form until it is received in good order. Please see the *Important Information* Section for information on "Good Order" requirements.

Section A - Plan Information

Plan ID <i>904910</i>	Plan Name <i>Lenn-Tom Rubber & Belting Company</i>
Plan Contact <i>Angela Neal</i>	Daytime Phone Number <i>(941) 993-5731</i>

Section B - Participant Information

If you have 10 or more participants receiving the same type of Involuntary Distribution (i.e. lump sum or rollover), a spreadsheet with all required information must be submitted instead of individual Forms. For example, if you have 10 participants receiving a lump sum and 8 participants receiving a rollover, you must submit a spreadsheet for the 10 lump sum participants and 8 completed Forms for the rollover participants. Please check this box and see Section H for the proper spreadsheet format. ☐

SSN <i>428-49-8497</i>	Participant Name <i>Carey E. Chappell</i>	Date of Birth
Last Known Address <i>1323 College St.</i>		
City <i>Columbus</i>	State <i>MS</i>	Zip Code <i>39701</i>
Daytime Phone Number <i>?</i>		

Section C - Employment Status & Vesting Verification

Reason for Distribution: (select one below)		Date of Hire	Date of Termination/ Retirement/Disability <i>Oct 2011</i>
<input type="checkbox"/> Employment Termination	<input type="checkbox"/> Retirement	<input type="checkbox"/> Disability	
Vesting: Employer Match	<i>1</i>	<i>0</i>	<i>0</i> %
Vesting: Employer Profit Sharing	<i>1</i>	<i>0</i>	<i>0</i> %
Vesting: Other (Specify)			%

TPA or Plan Administrator's Signature
Angela Neal

TPA or Plan Administrator's Name (please print)
Angie Lottom1@yahoo.com

E-Mail

Date
6/29/19

Phone Number
6/29/19

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

2017

This Form is Open to
Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 11/1/16 and ending 10/31/2017

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 one-participant plan ☐ a foreign plan

B This return/report is ☐ the first return/report ☐ the final return/report
☐ 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 program
☒ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Tenn-Tom Rubber & Belting CO. Inc.

1b Three-digit plan number (PN) 001

1c Effective date of plan 11/1/1987

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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Tenn-Tom Rubber & Belting CO. Inc.
11842 Forest Park Circle
Bradenton FL 34211

2b Employer Identification Number (EIN) 64-0667007

2c Sponsor's telephone number (941) 993-5731

2d Business code (see instructions) 326100

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 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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year 4

5b Total number of participants at the end of the plan year 1

5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 1

d(1) Total number of active participants at the beginning of the plan year 0

d(2) Total number of active participants at the end of the plan year 0

e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

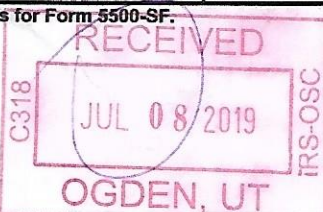
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 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	<u>A. Neal</u>	<u>6/30/19</u>	<u>Angela Neal</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>A. Neal</u>	<u>6/26/19</u>	<u>Angela Neal</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2017)
v.170203



ENVELOPE
POSTMARK DATE JUN 20 2019

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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 filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	164879	966
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	164879	966
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	2056	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2056
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	70	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		70
i Net income (loss) (subtract line 8h from line 8c)	8i		1986
j Transfers to (from) the plan (see instructions)	8j		

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:
- 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	
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.)	10e		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	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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		X	

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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 302 of ERISA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(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. Month Day Year	
If 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
c	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
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a \$0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(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

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 11/1/17 and ending 10/31/18

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 one-participant plan ☐ a foreign plan

B This return/report is ☐ the first return/report ☐ the final return/report

☐ 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 program

☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>Tenn-Tom Rubber & Belting Co. Inc.</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>11/1/1987</u>
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>Tenn-Tom Rubber & Belting Co. Inc.</u> <u>11842 Forest Park Circle</u> <u>Bradenton, FL 34211</u>		2b Employer Identification Number (EIN) <u>64-0667007</u>
		2c Sponsor's telephone number <u>(941) 993-5731</u>
		2d Business code (see instructions) <u>326100</u>
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN
		3c 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.		4b EIN
a Sponsor's name		4d PN
c Plan Name		
5a Total number of participants at the beginning of the plan year	5a	<u>1</u>
b Total number of participants at the end of the plan year	5b	<u>1</u>
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c	<u>1</u>
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>0</u>
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>0</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</u>

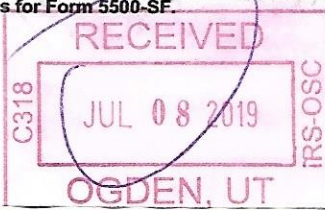
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 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	<u>A. Neal</u>	<u>6/26/19</u>	<u>Angela Neal</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>A Neal</u>	<u>6/26/19</u>	<u>Angela Neal</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2018)
v.171027



ENVELOPE
POSTMARK DATE JUN 30 2019

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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 filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	966	914
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-52	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-52
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) ...	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		-52
j Transfers to (from) the plan (see instructions)	8j		

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:
- 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	
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.)	10e		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	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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		X	

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).....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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. Month Day Year	
If 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
c	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
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a \$ 0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1)	13c(2)	13c(3)
Name of plan(s):	EIN(s)	PN(s)