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)

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	t Identification Information				
For calenda	ar plan year 2017 or f	iscal plan year beginning 11/01/2	017	and ending 10	0/31/2018	
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC progra	m
D(II	Deets Blees Int	special extension (enter descr		WAS TERMINATED		
Part II	Basic Plan Into	ormation—enter all requested inf	ormation		Ι -	
1a Name TENN-TOM	•	G CO. INC. PROFIT SHARE			1b Three-digi plan numb (PN) ▶	
					1c Effective d	ate of plan 11/01/1987
		oyer, if for a single-employer plan)	(Daw)			dentification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		etructions)	(EIN)	64-0667007
	RUBBER & BELTING		ar code (ir foreign, see in	structions)		telephone number 1-993-5731
ANGELA NE	:AI				2d Business o	code (see instructions)
	ER CIR UNIT 205	5548 PAL	MER CIR UNIT 205			326100
	N, FL 34211-2568		ΓON, FL 34211-2568			320100
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN
					30. A desiminator	
					3C Administra	tor's telephone number
		ne plan sponsor or the plan name ha			4b EIN	
		onsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	
•	or's name				4u PN	
C Plan N	iame					
5a Total i	number of participants	s at the beginning of the plan year			5a	1
b Total i	number of participants	s at the end of the plan year			5b	1
		account balances as of the end of			5c	1
'	,	articipants at the beginning of the plant			5d(1)	0
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0
		o terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable car	use is establishe	ed.
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruction and signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule
SIGN	Filed with authorized	d/valid electronic signature.	08/23/2019	ANGELA NEAL		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator
SIGN						
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor

Form 5500-SF 2017 Page **2**

_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a	ccount	ant (IQ	PA)	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the						
Pai	t III Financial Information	1					
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					
С	Net plan assets (subtract line 7b from line 7a)	. 7c		966			914
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a	Contributions received or receivable from: (1) Employers	. 8a(1)					
	(2) Participants	. 8a(2)					
	(3) Others (including rollovers)	. 8a(3)					
<u>b</u>	Other income (loss)	. 8b					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f		52			
	Other expenses	. 8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					52
	Net income (loss) (subtract line 8h from line 8c)	8i					-52
	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	, oj					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Chai	acteris	stic Co	des in the instructions:
	2S If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:
Par	t V Compliance Questions			1	· 1		
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X	
С				10c		Χ	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		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 (Form 5500) and line 11a below)		B	Yes X 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 set ERISA?		f	Yes 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, granting the waiver	and enter Da		of the letter ruling Year
lf y	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?		X Ye	s No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	he		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)

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

Department of the Treasury Internal Revenue Service Notice 1393 (Rev. 1-2010)

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 Feturn/Reports <u>must</u> 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-SFReturn/Report electronically. You may file online, 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).

Notice 1393

Catalog Number 54428A (1-2010)

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

11842 FOUST PARK CIRCLE BRADENTON FL 34211



000521

	Section I	
Enter the	e information exactly as shown on the fo	rm filed with EBSA.
Name and	address as shown on the form Employer Number	
	Plan Yea	ar Ending
Date file number:	ed with EBSA and Acknowledgement Plan Nur	mber
	Section II	
	Not Required to file	
Please ch because:	neck the box that applies to you, a form	was not filed
[]	Plan in question is a Savings Incentive Employees of Small Employers (SIMPLE)	
	Plan in question is a Simplified Employ Plan was terminated or merged into a ne still file a "Final" return showing zer zero participants, and mark "the final-	ew plan. You must ro end-of-year assets
ιXı	the plan" flox in part 1 of the form. Other: The fell fol Explanation	(c)
	Section III	
	Reason for not filing on ti	me

Explain why you did not file on time:



OGDEN UT 84201-0018

BOD CD-TE

** 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



000521

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

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JUL 0 8 2019

OGDEN, UT

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.

- 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.
- Complete Section II of this notice if you are not required to file for the plan number and/or plan year ending shown above.
- 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

Involutary Distribution Form for Carey Chappell

From: Angela Neal (angie10tom1@yahoo.com)

To: mmprocessing@massmutual.com

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

RECEIVED

SE JUL 0 8 2019

OGDEN, UT

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



Involutarty Distribution for Carey Chappell.pdf 2.1MB

RDISTRIB Print Clear

> MassMutual's Customer Service Center 1-800-854-0647

www.massmutual.com/corp

Questions?

1-800-220-2913

Call

Fax

Online

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
- · 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 & Discontinuar	nce Directive Form).	
Before proceeding with this form you must verify whether	any of the above actions are permissible	e 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 goo	od order. Please see the Important Informat	ion Section for information	on "Good Order"
requirements.			0004 0145.
Section A - Plan Information			7
Plan ID GCK910 Plan Name Lenn-S	Jum Rubber & Belting Daytime Phone Number	a Company	
Plan Contact	Daytime Phone Number		
Angelo Newl	(941) 993-573	3/	
Section B - Participant Information	1		
If you have 10 or more participants receiving the same typ	pe of Involuntary Distribution (i.e. lump s	um or rollover), a spreads	heet with all required
information must be submitted instead of individual Form	s. For example, if you have 10 participa	nts receiving a lump sum	and 8 participants
receiving a rollover, you must submit a spreadsheet for the	ne 10 lump sum participants and 8 comp	leted Forms for the rollove	r participants. Please
check this box and see Section H for the proper spreadsh	eet format.		
SSN 49-8497 Participant Name Careu F.	Chappell.	Date of Birth	
Last Known Address 1323 College St. City Columbia			
Columbio	State Zip Code 39-701	Daytime Phone Number	
9	<u> </u>		and the second s
Section C - Employment Status & \	Vesting Verification		
Reason for Distribution: (select one below)	Date of Hire	Date of Termination/	
☐ Employment Termination ☐ Retirement ☐ Disability		Retirement/Disability	Oct 2011
Vesting: Employer Match / / / / Westing: Employer Profit St	naring / / / / / Westing:		
Employer Match / / / / / Employer Profit St	naring / O Other (Sp	ecity)	%
Angue neal	6/28/19		
TPA or Plan Administrator's Signature	Date		
Angelo Youl	1/29/19		
TPA or Plan Administrator's Name (please print)	Phone Number		
angie 10 ton 10 yohw.com			
E-Mail			
RS-36099-04 Rev 4 19	CORP IVCO HP		Dans 4 - 54

r orm 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

ENVELOPE

ort 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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information	n			
			1/1/16-	and ending 10	131/2007	
A This ret	turn/report is for:	a single-employer plan		an (not multiemployer) (F		
B This retu	um/report is					
		the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC progr	am
Part II	Posis Blan Inf	special extension (enter des				
1a Name		ormation—enter all requested i	ntormation		46 This is	<u>T</u>
T-en	7-Tom Rubbe	L'ÉBelling CO. Inc.			1b Three-dig plan num (PN) ▶	
					1c Effective	
		oyer, if for a single-employer plan)			2b Employer	Identification Number
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		uctions)		64-0667007
		& Belling Co. Inc	saa oogo (ii ioloigii, ooo iilog			s telephone number
/11842	Forest Par	is die	/ 1111	1,5 2019		993 - 573/_ code (see instructions)
			302	7	Zu Dusiness	code (see instructions)
KYTTE CLE.	nton FL 34a	11	RECEIVE	DENTITY DEPT	324	100
3a Plan a	dministrator's name a	and address 🏿 Same as Plan Spo	onsor.		3b Administr	ator's EIN
					20 14:14	
					3C Administr	rator's telephone number
<u>ರಾ</u>						
50			and the second			
this pl	an, enter the plan spo	ne plan sponsor or the plan name lonsor's name, ElN, the plan name			4b EIN	
C Plan N	or's name		and the plan number from the	ne last return/report.	4.4	
-	lame		and the plan number from the	ne last return/report.	4d PN	
E E		s at the beginning of the plan year		ne last return/report.		4
5a Total r	number of participant	s at the beginning of the plan year			5a	4 1
5a Total r b Total r C Numb	number of participant number of participant er of participants with	s at the beginning of the plan year s at the end of the plan year n account balances as of the end o	of the plan year (only defined	contribution plans		4 1 1
5a Total r b Total r c Numb	number of participant number of participant er of participants with lete this item)	s at the end of the plan year a account balances as of the end o	of the plan year (only defined	contribution plans	5a 5b 5c	4 1 1 0
5a Total r b Total r c Numb compl d(1) Total	number of participant number of participant er of participants with ete this item)al number of active pa	s at the end of the plan year account balances as of the end o	of the plan year (only defined	contribution plans	5a 5b 5c 5d(1)	1 1 0
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than	number of participant number of participants er of participants with ete this item)	s at the end of the plan year	of the plan year (only defined plan yearear	contribution plans	5a 5b 5c 5d(1) 5d(2) 5e	1 0 0 0
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than	number of participant number of participant er of participants with lete this item)	s at the end of the plan year	of the plan year (only defined plan yearearear with accrued be	contribution plans nefits that were less	5a 5b 5c 5d(1) 5d(2) 5e	1 0 0 0
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche	number of participant number of participants er of participants with ete this item)	s at the end of the plan year	of the plan year (only defined plan yearearhe plan year with accrued be confront will be assessed uctions, I declare that I have	contribution plans nefits that were less unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is establishort, including.	1 0 0 0
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	number of participant number of participant er of participants with ete this item)	s at the end of the plan year	of the plan year (only defined plan yearearhe plan year with accrued be confront will be assessed uctions, I declare that I have	contribution plans nefits that were less unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is establishort, including.	1 0 0 0
b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	number of participant number of participants er of participants with ete this item)	s at the end of the plan year	plan year (only defined plan yearear	contribution plans enefits that were less unless reasonable cau examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e see is establish port, including, it, and to the best	L O O O ned. if applicable, a Schedule st of my knowledge and
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participant number of participants er of participants with lete this item)	s at the end of the plan year	plan year (only defined plan year	contribution plans nefits that were less unless reasonable cau examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e se is establish ort, including, it, and to the best	L O O O ned. if applicable, a Schedule st of my knowledge and
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participant number of participants with ete this item)	s at the end of the plan year	plan year (only defined plan year	contribution plans nefits that were less unless reasonable cau examined this return/report sion of this return/report Enter name of individu	5a 5b 5c 5d(1) 5d(2) 5e se is establish port, including, it, and to the best part and the second significance of the second signi	L O O O ned. if applicable, a Schedule st of my knowledge and

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D	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can if the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the state of the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.	an indepe and condi not use Fo nsurance	ndent qualified public a tions.)	t instead o	(IQPA) use Form 1)?	n 5500.] Yes [] No	Yes No Yes No Not determined (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	167	1879		96	
b	Total plan liabilities	7b					9/
C	Net plan assets (subtract line 7b from line 7a)	7c	163	1879		961	6.1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) To	
а	Contributions received or receivable from: (1) Employers	8a(1)	V				
	(2) Participants	8a(2)		alet.			
	(3) Others (including rollovers)	8a(3)	4				
b	Other income (loss)	. 8b	1 2	056			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			201	20	956
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
1.000	Certain deemed and/or corrective distributions (see instructions)	8e		â			
f	Administrative service providers (salaries, fees, commissions)	8f -		70			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7	0
i	Net income (loss) (subtract line 8h from line 8c)	8i	a.			1980	6
j	Transfers to (from) the plan (see instructions)	81					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Charac	teristic C	odes in the instr	uctions:
b Par	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Characte	eristic Co	des in the instru	ctions:
10	During the plan year:			Y	es No	- A	mount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	iduciary Correction	10a	X		
- 2	Were there any nonexempt transactions with any party-in-interest		include transactions		1		
b	reported on line 10a.)		***************************************	10b	X		
b c							
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10b 10c	X X		
c d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some	fidelity bo	nd, that was caused s by an insurance the benefits under	10c	X		
c d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off	fidelity bo	nd, that was caused s by an insurance the benefits under	10c 10d	X X X		
c d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan.	fidelity bo	nd, that was caused s by an insurance the benefits under	10c 10d 10e 10f	X X X x		
c d e f	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan.	ner person ne or all of n?	nd, that was caused s by an insurance the benefits under end.)	10c 10d	X X X		

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Part '	VI Pension Funding Compliance					14
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500) and line 11a below)	chedule (SB		Yes	No No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	## (- Acid - Min-		4.
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?	ion 302 d	of		Yes	No No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			<u> </u>		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter		of the I		ing
lf y	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		Ň		7
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					(A
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	; [No	
200-0	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?	ie		Yes	N	5
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		8 1		
13c(1) Name of plan(s): 13c(2)		2) EINIG	`	4	c(3) PN	1/0)

orm 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration

Internal Revenue Service

Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

ort 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

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a one-participant plan a foreign plan B This return/report is the final return/report the first 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 1b Three-digit Tenn-Tom Rubber & Belting Co. Inc. plan number (PN) > 1c Effective date of plan 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 64-0667007 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Tenn-Tom Rubber & Betting Co. Unc (941) 993-5731 11842 Forest Park Circle 2d Business code (see instructions) Bradenton, FL 34211 326100 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Sponsor's name 4d PN C Plan Name 5a Total number of participants at the beginning of the plan year..... 5a 5b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 0 5d(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..... 5d(2)Number of participants who terminated employment during the plan year with accrued benefits that were less 5e than 100% vested. 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 plan administrator Enter name of individual signing as plan administrator SIGN HERE 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

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Form 5500-SF (2018) v.171027

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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 If you answered "No" to either line 6a or line 6b, the plan cannot be under the plan cannot	an indeper	ndent qualified public a	ccount	ant (IC	PA)	Yes No
	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	orogram (see ERISA se	ection 4	021)?		Yes No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
<u>a</u>	Total plan assets	7a	90	66			914
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c				den de	
8	Income, Expenses, and Transfers for this Plan Year	-1	(a) Amoun	t			(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	-5	J			
С	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					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		die .			
f	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	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)	8i					
Pai	rt IV Plan Characteristics	Day 18					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Cod	es in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Code	s in the instructions:
Par	t V Compliance Questions						The startment and the second second
10	During the plan year:			-	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a	,	X	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		X	
C	Was the plan covered by a fidelity bond?			10c		X	
d			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	and the second s
f	Has the plan failed to provide any benefit when due under the plan?			10f		X	
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		X	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i		Y	
				100			

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Part \	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	nedule S	В		Yes X No	
	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?		f		Yes X No	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver. Month	d enter		of the lette	er ruling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b E	Enter the minimum required contribution for this plan year	12b				
	Inter 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				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part V	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	Пи	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			#0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ler the				
C	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				
13	13c(1) Name of plan(s): 13c(2)		2) EIN(s)) PN(s)	