Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service This form i

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		Identification Information)									
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/201	8					
A This ret	urn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		-					
		a one-participant plan	af	foreign plan	,			,				
B This retu	urn/report is	X the first return/report	the	final return/report								
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)						
C Check	box if filing under:	X Form 5558	n 5558 automatic extension DFVC program									
special extension (enter description)												
Part II	Basic Plan Info	ormation—enter all requested in	formatio	on								
1a Name MB JOCHNO	of plan DWITZ INC. DEFINED		р	hree-digit lan number PN)	001							
			1c Effective date of plan									
2a Plan si	ponsor's name (emplo		2h F		fication Number							
Mailing	g address (include roc	om, apt., suite no. and street, or P.C	,	Cf. familian and lands	(')		. ,	375533				
MB JOCHNO		ce, country, and ZIP or foreign post	tai code	(If foreign, see instri	uctions)	2c S	ponsor's telep	ohone number 6-6757				
						2d B	usiness code	(see instructions)				
49 MARINEF MONSEY, N							4239	940				
,												
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator												
			3c Administrator's telephone number									
						00 /	anninotrator 5	telephone namber				
		e plan sponsor or the plan name he onsor's name, EIN, the plan name a				4b ∈	IN					
	or's name	51.001 0 11a.110, 2111, 1110 p.a.1 11a.110 0		p.aa	o 1461 rotall #10port	4d P	N					
C Plan N	lame											
5a Total r	number of participants	s at the beginning of the plan year.				5a		1				
_		s at the end of the plan year				5b		1				
C Numb	er of participants with	account balances as of the end of	the plar	n year (only defined	contribution plans	5c						
•	,	articipants at the beginning of the pl				5d(1)	1				
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar			5d(2)	1				
		terminated employment during the				5e 0						
		or incomplete filing of this return				use is e	stablished.					
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		d/valid electronic signature.		09/10/2019	MOSES B. JOCHNOV	VITZ						
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signi	ng as plan adı	ministrator				
SIGN												
HERE	Signature of emplo	Enter name of individ	vidual signing as employer or plan sponsor									

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.										
С	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 X		t determined instructions.)		
Pai	t III Financial Information	•									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b)	End of Yea	r		
a	Total plan assets	7a		0		190700					
<u>b</u>	Total plan liabilities	7b		0		0					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		0				190700			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)	19	90700							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				190700			700		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						190	700		
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the	instruction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	des in the	nstructions	:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amoun	t		
а	Was there a failure to transmit to the plan any participant contributes 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.)			10b		X					
С	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 by fraud or dishonesty?			10d		X					
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.)	10e		X							
f	Has the plan failed to provide any benefit when due under the pla	10f		X]						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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			10i							

Form 5500-SF (2018)	Page 3 -	1

Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
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.)									
а	A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Day 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?		Yes	X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
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.)										
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	r calendar plan y	ear 2018	or fiscal plan y	ea	r beginning 01.	/01/201	8		and endin	g 12/	31/201	8		
•	Round off amo	unts to r	nearest dollar.											
<u> </u>	Caution: A pen	alty of \$1	,000 will be ass	ses	sed for late filing of	this rep	ort unless reasonable cau	use i	s establishe	d.				
	Name of plan							В	B Three-digit					
	MB JOCHNOWI	TZ INC. [DEFINED BENE	ΞFI	T PENSION PLAN	& TRUS	ST	plan number (PN) 001					001	
С	Plan sponsor's n	ame as s	hown on line 2	a o	f Form 5500 or 5500)-SF		D	Employer	Identific	cation I	Number (E	EIN)	
	MB JOCHNOWI								. ,		75533		,	
						1	T							
E	Type of plan: X	Single	Multiple-A		Multiple-B		F Prior year plan size:	<mark>X</mark> 1	00 or fewer	101	-500	More th	an 500	
F	Part I Basi	ic Infor	mation											
1	Enter the value	ation date	e: I	Мо	nth <u>12</u> Da	ay <u>31</u>	Year 2018	-						
2	Assets:													
	a Market value	э								. 2a			0	
	b Actuarial val	lue								. 2b			0	
3	Funding target	t/participa	ant count break	do	wn		\ /		nber of pants	(2) Ve	ested F Targe	unding	(3) Total Funding Target	
	a For retired p	articipan	ts and beneficia	arie	es receiving paymen	t	· ·	ai tiCi	0		raige	0	naiget 0	
									0			0	0	
	C For active pa	articipant	s						1			0	0	
	d Total								1			0	0	
4	If the plan is in	at-risk s	tatus, check the	e b	ox and complete line	es (a) aı	nd (b)					•		
	a Funding targ	get disreg	arding prescrib	ed	at-risk assumptions	S				4a	I			
							sition rule for plans that hg loading factor			4b	,			
5	Effective intere	est rate								5		5.52 %		
6	Target normal	cost								6			168761	
Sta	tement by Enro	lled Actu	iary											
		icable law ar	nd regulations. In my	ор (nion, each other assumpti		edules, statements and attachme onable (taking into account the ex							
	SIGN													
	HERE											08/29/201	9	
			Signa	atu	re of actuary							Date		
E	D STEINMETZ,	E.A.						_				17-04803	3	
Type or print name of actuary										Most	recent	enrollmer	nt number	
ELITE PENSION CONSULTANTS							_			8	45-354-83	73		
5	Firm name 58 MARINER WAY								Te	elephone	e numb	er (includ	ing area code)	
	MONSEY, NY 10													
								_						
			Add	dre	ss of the firm									
	e actuary has not	t fully refle	ected any regul	ati	on or ruling promulg	ated un	der the statute in comple	ting	this schedule	e, check	the b	ox and see	e 📗	

Page 2 -	1
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Schedule SB (Form 5500) 2018	Page 2 - [

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alan	nces								
								(a) C	arryover baland	е	(b) F	refundir	ng balance		
7		•	0 , ,		able adjustments (line 13 fr					0			0		
8			•	•	nding requirement (line 35					0			0		
9	Amount i	emaining	g (line 7 minus line	8)						0			0		
10	Interest of	n line 9 ι	using prior year's a	actual retu	rn of <u>0.00</u> %					0			0		
11	1 Prior year's excess contributions to be added to prefunding balance:														
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								0		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of0.00\%												0		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return												0		
C Total available at beginning of current plan year to add to prefunding balance											0				
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0		
12	Other red	ductions i	n balances due to	elections	or deemed elections					0			0		
	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0					
	Part III Funding Percentages														
		_		•								14	100.00%		
									15	109.16%					
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement														
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage														
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls							L.			
18					ar by employer(s) and emp	loyees		1							
(1	(a) Date MM-DD-Y		(b) Amount page employer(-	(c) Amount paid by employees	(1				b) Amount paid by employer(s)			(c) Amount paid by employees		
C	8/22/2019)		190700	0										
						Tot	tals ►	18(b)		19070	0 18(c)		0		
19	Discount	ed emplo	yer contributions -	- see instr	uctions for small plan with a	a valua	ation date	after the	beginning of the	e year:	•				
	a Contri	outions a	llocated toward ur	paid minin	num required contributions	from	prior years	i		19a			0		
	b Contrib	outions m	ade to avoid restr	ictions adj	usted to valuation date					19b			0		
	c Contrib	outions all	ocated toward mini	mum requi	red contribution for current y	ear ad	djusted to va	aluation da	ate	19c			184229		
20	Quarterly	contribu	tions and liquidity	shortfalls:											
	a Did the	e plan ha	ve a "funding shor	tfall" for th	e prior year?								Yes X No		
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year r	made in a	timely ma	anner?				Yes No		
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as	s appl	licable:								
		(4)			Liquidity shortfall as of er	nd of c	quarter of t			1		(4)			
		(1) 1s	t T		(2) 2nd			(3) 3	3rd			(4) 4th			

	art V	Accumpti	one Head t	o Dotormino	Funding Target and T	arget Norm	val Cost					
21	Discount	-	ons oseu i	.o Determine	runung rangeranu i	arget Norn	iai COSI					
21		nent rates:	1st s	egment:	2nd segment:		Brd segment:					
	a cogiii	ioni ratos.		3.92%	5.52%		6.29 %		N/A, full yield curve used			
	b Applic	able month (er	nter code)					21b	0			
22	Weighte	d average retir	ement age					22	65			
23	Mortality	table(s) (see	instructions)	Prior regulation	r: Prescribed - co	mbined	Prescribed	d - separa	te Substitute			
	Current regulation: X Prescribed - combined Prescribed - separate Substitute											
Pa	art VI	Miscellane	ous Items				<u>-</u>		U			
				nrescribed actua	rial assumptions for the curre	nt nlan vear? I	f "Yes " see i	nstruction	s regarding required			
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment											
25	Has a m	ethod change l	been made for	the current plan	year? If "Yes," see instruction	ns regarding re	quired attach	ment	Yes X No			
26	Is the pla	an required to p	provide a Sche	edule of Active Pa	articipants? If "Yes," see instr	ıctions regardi	ng required a	ittachmen	t Yes X No			
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment											
P	art VII	Reconcili	ation of Un	paid Minimu	m Required Contribut	ons For Pr	ior Years					
28	Unpaid r	minimum requii	red contribution	ns for all prior ye	ars			28	0			
29									0			
30	30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								0			
Pa	Part VIII Minimum Required Contribution For Current Year											
31	31 Target normal cost and excess assets (see instructions):											
a Target normal cost (line 6)												
	b Exces	s assets, if app	olicable, but no	t greater than lin	e 31a			31b	0			
32	Amortiza	ation installmen	nts:			Outs	tanding Bala	nce	Installment			
	a Net sh	ortfall amortiza	ation installmer	nt				0	0			
								0	0			
33	If a waive (Month _				the date of the ruling letter gr) and the waived amount			33				
34	Total fun	nding requireme	ent before refle	ecting carryover/p	orefunding balances (lines 31a	- 31b + 32a +	· 32b - 33)	34	168761			
					Carryover balance	Pre	funding balar	nce	Total balance			
35		s elected for us		Ŭ					0			
36	Additiona	al cash require	ment (line 34 r	minus line 35)				36	168761			
37				•	ribution for current year adjus		•	37	184229			
38	Present	value of exces	s contributions	for current year	(see instructions)							
	a Total (excess, if any,	of line 37 over	· line 36)				38a	15468			
	b Portion	n included in lir	ne 38a attributa	able to use of pre	funding and funding standard	carryover bala	ances	38b	0			
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								0			
40	Unpaid r	minimum requii	red contribution	ns for all years				40	0			
Pa	rt IX	Pension	Funding R	elief Under P	ension Relief Act of 20	10 (See In:	structions	5)				
41	If an elec	ction was made	to use PRA 2	010 funding relie	f for this plan:							
	a Sched	ule elected							2 plus 7 years 15 years			
	b Eligible	e plan year(s) f	for which the e	lection in line 41	a was made			\[20	08 2009 2010 2011			

Attachment to 2018 Schedule SB, Part V - EIN: PN:

MB JOCHNOWITZ INC. DEFINED BENEFIT PENSION PLAN & TRUST

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

	For Fund <u>Min</u> <u>M</u>	ling <u>Iax</u>	For 417(e)	For Actuarial Equiv.			
Interest Rates	Seg 1: 3.92% 2.	.50%	Pre-Retirement: 5.00%	Pre-Retirement: 5.00%			
	Seg 2: 5.52% 3.	.92%	Post-Retirement: 5.00%	Post-Retirement: 5.00%			
	Seg 3: 6.29% 4.	.50%					
Applicable Date	12/2018 12/20	018					
Pre-Retirement							
Turnover	None		None	None			
Mortality	None		None	None			
Assumed Ret Age	Normal retirement a 5 years of participat		Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation			
Post-Retirement							
Mortality	Male-2018 Default S Table - Combined M Female-2018 Defaul Table - Combined F	∕lale It Static	Male-2018 Default Static Table - Combined Male Female-2018 Default Static Table - Combined Female	Male-2018 Default Static Table - Combined Male Female-2018 Default Static Table - Combined Female			
Assumed Benefit Form I	For Funding		Lump Sum				
Assumed Spouse's Age	Spouse assumed to be same age as participated			Spouse assumed to be the same age as participant			
	Participant is assume married to current sp retirement if spouse's birth is known	ouse at		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			
Calculated Effective Inte	erest Rate		5.52%				
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This				

method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in

the current year.

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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

	rt Identification Information								
For calendar plan year 2018 o	r fiscal plan year beginning	01/01/2018	and ending	12/31/2	X 12 11 12 11 12 11 11 11 11 11 11 11 11				
A This return/report is for:	X a single-employer plan		lan (not multiemployer) (nployer information in a						
	a one-participant plan	a foreign plan							
B This return/report is	x the first return/report	the final return/report							
	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)					
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	n -				
Don't II Don's Dian In	special extension (enter desc	1018 (2010) (M							
Part II Basic Plan In 1a Name of plan	formation—enter all requested in	ntormation		1b Three-digit					
	MB Jochnowitz Inc. Defined Benefit Pension Plan & Trust								
				1c Effective d 01/01/					
Mailing address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.				dentification Number 1375533				
MB Jochnowitz In	ince, country, and ZIP or foreign pos	stal code (if foreign, see inst	ructions)	2c Sponsor's 914-80	telephone number				
49 Mariner Way				2d Business of	ode (see instructions)				
Monsey		423940							
3a Plan administrator's name	and address X Same as Plan Spo	onsor.		3b Administra	tor's EIN				
				3c Administrat	or's telephone number				
	the plan sponsor or the plan name h ponsor's name, EIN, the plan name			4b EIN					
Sponsor's name Plan Name				4d PN					
5a Total number of participar	nts at the beginning of the plan year.		·····	. 5a	1				
b Total number of participar	nts at the end of the plan year			. 5b	1				
C Number of participants with complete this item)	th account balances as of the end of	f the plan year (only defined	contribution plans	5c					
	participants at the beginning of the p			5d(1)	1				
	participants at the end of the plan ye			5d(2)	1				
e Number of participants w		5e 0							
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co		ictions, I declare that I have	examined this return/re	port, including, if a	applicable, a Schedule				
HERE	M. In Iww	9/10/19	MOSES B. JOCHI						
Signature of plan	administrator	Date '	Enter name of individ	uai signing as pla	n administrator				
HERE	oloyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor				

_				2
,	а	a	e	1
	ч	м	-	- Charles

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cann of 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	an indeper and conditi ot use Fo	dent qualified public a ons.)rm 5500-SF and mus rogram (see ERISA se	t instead	ant (IC ad use 021)?	PA) Form 5	5500. Yes 🛭 No	Yes No Yes No Not determined (See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Voca	. 1		/b) End	of Vone	
<u>.</u>	Total plan assets	7a	(a) beginning (Ji Teal	0		(b) End	190,700	
	Total plan liabilities	7b	TAIL REPORT	Tally	0	130			
	Net plan assets (subtract line 7b from line 7a)	7c		4.0	o			190,700	
8	Income, Expenses, and Transfers for this Plan Year	T. Arms	(a) Amoun				(b) T	2000	
	Contributions received or receivable from: (1) Employers	8a(1)		190,	700			otal	
	(2) Participants	8a(2)	1,100		0	TO STUDING PROPERTY OF THE PARTY OF			
	(3) Others (including rollovers)	8a(3)	1,1,3,411,14		0				
b	Other income (loss)	8b	Library and Company		0	enant 1		BANGE OF STREET	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	阿特尼斯里尼斯					190,700	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1 1 1 5pl		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e	55 vertile 15 vert	47	0				
f	Administrative service providers (salaries, fees, commissions)	8f	-15 F JA 19 3	7. 1.	0				
g	Other expenses	8g			0	经发生的 医神经神经 医多种性 医多种性			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	TAR PARAMETER	ENVIRORS SE	2 ACT			0	
	Net income (loss) (subtract line 8h from line 8c)	8i	TV Cartin / June 100 Edicate			PTDM DVC 400	Darches Historia	190,700	
	Transfers to (from) the plan (see instructions)	8j	12 14 300		0	Habi.		世	
9a b	If the plan provides pension benefits, enter the applicable pension 1A 3D If the plan provides welfare benefits, enter the applicable welfare fellows. The plan provides welfare benefits, enter the applicable welfare fellows.								
10	During the plan year:				Yes	No			
a		oluntary F	iduciary Correction	10a	Tes	х		mount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c		Х		1000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	10d		х					
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.)	10e		х	1.77	de 5 (1 m = 1)			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	KTANGGARANGAN CANGGARANGAN TANGGARANGAN TANG	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

-	Form 5500-SF (2018)	Page 3 -						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)	requirements? (If "Yes," see instructi	ons and complete Sch	nedule S	В	×	Yes	No.
11a	Enter the unpaid minimum required contributions for all y					0		
12	Is this a defined contribution plan subject to the minimur ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and	n funding requirements of section 412	of the Code or section	n 302 o	f		Yes	X No
а	If a waiver of the minimum funding standard for a prior ye granting the waiver.	ear is being amortized in this plan yea	r, see instructions, an Month	d enter		of the le		ıling
lf	you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and skip	p to line 13.					
b	Enter the minimum required contribution for this plan year			12b	7.7	100		
	Enter the amount contributed by the employer to the plan			12c	- 5	1303	11.5	1 = 1 =
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sig	n to the left of a	12d				ur _
e	Will the minimum funding amount reported on line 12d be			E	Yes	No		N/A
Part '	VII Plan Terminations and Transfers of As	sets						
13a	Has a resolution to terminate the plan been adopted in any p	an year?			Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverte			13a				1
b	Were all the plan assets distributed to participants or ber control of the PBGC?	eficiaries, transferred to another plan	, or brought under the]	Yes	XN	lo
С	If, during this plan year, any assets or liabilities were transhirt assets or liabilities were transferred.							
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PI	N(s)

13c(2) EIN(s)

13c(3) PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endir	ng	12/31/20)18
	Round off amounts to nearest dollar.				
_!	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause	se is establishe	d.		
Α	Name of plan	B Three-di	git		
	MB Jochnowitz Inc. Defined Benefit Pension Plan & Trust	plan nun	nber (PN)	-	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identification	on Number (E	IN)
				on radinber (E	
_	MB Jochnowitz Inc.	20-137	75533		
E	Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X	100 or fewer	101-50	0 More th	an 500
	Part I Basic Information				
1	Enter the valuation date: Month 12 Day 31 Year 2018				
2	Assets:				
	a Market value		. 2a		
	b Actuarial value		2b		
3		lumber of	75.000	d Funding	(3) Total Funding
		ticipants	Ta	rget	Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	b For terminated vested participants	0		0	
	C For active participants	1		0	0
4	d Total	1		0	0
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	J.			
	Funding target disregarding prescribed at-risk assumptions		4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that ha at-risk status for fewer than five consecutive years and disregarding loading factor	ve been in	4b		
5	Effective interest rate				5 500
6	Target normal cost		5		5.52%
Sta	tement by Enrolled Actuary		0		168,761
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the expection) and the property of the p	s, if any, is complete	and accurate.	Each prescribed a	assumption was applied in
	combination, offer my best estimate of anticipated experience under the plan.	rience of the plan ar	id reasonable e	expectations) and	such other assumptions, in
	SIGN		1	/	
	HERE Ed Steinnet	8	3/29/2	2019	
	Signature of actuary	1	-	Date	
ED	STEINMETZ, E.A.			1704803	
	Type or print name of actuary	-	Most rece	ent enrollment	number
ELI	TE PENSION CONSULTANTS			5-354-83	
	Firm name	Tel	ephone nui	mber (includir	ig area code)
8	MARINER WAY			and a complete for the control	······································
ION	SEY NY 10952				
	Address of the firm				
the	actuary has not fully reflected any regulation or ruling promulgated under the statute in completing	a this asked in	about 4	•	
	7 rate for tally regulation of failing promulgated under the statute in completing	g uns schedule	, cneck the	box and see	

instructions

Page 2		Γ
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P	Part II	Begi	nning of Year Carryov	er and Prefunding	Balances				-		
_	1215					(a)	Carryover balar	ice	(b)	Prefund	ing balance
7	Balance year)	at begin	ning of prior year after applic	able adjustments (line 13	from prior		1: 64, 64,	0		14.	40
8	Portion (elected f	or use to offset prior year's fu	nding requirement (line 35	5 from prior			0			
9			ng (line 7 minus line 8)			_	W1451514	0			
10	Interest on line 9 using prior year's actual return of								2 - 10 - 10 - 2 - 1		
11	Prior yea	ar's exce	ss contributions to be added	to prefunding balance:				Ment and			EDELET HER
			of excess contributions (line 3								0
	b(1) Int	erest on hedule S	the excess, if any, of line 38a B, using prior year's effective	over line 38b from prior y interest rate of 0.0	year 0%						
			line 38b from prior year Sche	3747						434.0	0
	C Total a	vailable a	at beginning of current plan yea	r to add to prefunding balar	nce						0
			o be added to prefunding bala	27 37 37				end e			0
12	10000										0
			in balances due to elections					0	-		0
		197	ning of current year (line 9 + I	ine 10 + line 11d – line 12	?)			0		<u> </u>	0
	art III		ding Percentages								
14	Funding	target at	tainment percentage							14	100.00%
15	Adjusted	funding	target attainment percentage							15	109.16%
	year s iui	naing rec	ng percentage for purposes o							16	0.00%
			e of the assets of the plan is I		e funding targ	et, enter su	ch percentage			17	%
and the same of th	art IV		tributions and Liquidi								
18			de to the plan for the plan yea		oloyees:						
(N	(a) Date //M-DD-Y		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) [(MM-DD		(b) Amount employe		(c		nt paid by
08	8/22/2	019	190,700		0	(min 22) i i i j		er(S)		emplo	oyees
	e 16	32	Losses Cartes	13453000 500							
	7.W. 18M		12 1 020021 00	155-3411-4-55							
			If the tree 1 4	1 January as	2012			- 17			
			A 201 JUSSEL 15 F.	1217 / 2016/15	- 0-040		7 7				
_			420100-00000	135-or dog (A	100000000						
-	-	_	terile in the late of the late	BOLL BUT AS							
_			100111111111111111111111111111111111111		15000						
			Tzyriyaren deştiri	12-30-20-6							
			PURSUITATIVE	THE PERSON NAMED IN							
	L. He		Trestumenta i zeno	Professional, 1							
	an p.H	11	Jac. 32 13 6 (24 S. P.	WEST STA	12 15 25		Entered F				
							17.5		112		
	经				Totals ▶	18(b)	1	90,700	18(c)		0
19	Discounte	d employ	yer contributions – see instruc	ctions for small plan with a	a valuation dat				10(0)		
	a Contrib	utions all	located toward unpaid minimu	m required contributions	from prior vea	ars.		19a			0
			ade to avoid restrictions adjus					19b			0
			ocated toward minimum require					19c			194 220
			ions and liquidity shortfalls:		aujudicu to	valuation de		130	15.6905	White.	184,229
			e a "funding shortfall" for the	prior year?				<u> 1923</u>	a justi		V
			s," were required quarterly in								Yes X No
						a timely ma	inner?				Yes No
-	o ii iirie 20	Ja is Ye	s," see instructions and comp			fable!			Mary State Co.	13. 拼络	
		(1) 1st		Liquidity shortfall as of en (2) 2nd	u or quarter of	f this plan y (3) 3				1) 446	
				\-/ <u>-</u>		(0)	,,,d		(4	4) 4th	

	Part V	Assumpti	ons Used	to Determine	Funding 1	Target and Tar	rget Nori	nal Cost				
21	Discount	rate:										
	a Segment rates:			egment: 3.92 %				3rd segment: 6.29%		N/A, full yield curve used		
	b Applicable month (enter code)							-	21b			
_22	22 Weighted average retirement age								22	65		
23 Mortality table(s) (see instructions) Prior regulation: Prescribed - combined Prescribed - separate Sub										Substitute		
				Current regulat	ion: X	Prescribed - com	nbined	Prescribed	- separate	□ Substitute		
P	art VI	Miscellane	ous Items									
24	Has a cha	ange been mad	de in the non-	prescribed actua	rial assumptio	ns for the current	plan year?	If "Yes," see in	nstructions	regarding required		
25										Yes X No		
							2000 0000					
26									ttachment.			
27	attachme	nt	alternative fun	ding rules, enter	applicable cod	le and see instruc	tions regard	ling	27			
P	art VII					d Contribution						
28	Unpaid m	inimum require	ed contribution	ns for all prior yea	nrs				28	0		
29	Discounte	d employer co	ntributions al	ocated toward un	paid minimum	required contribu	utions from	orior vears	29	0		
30						3 minus line 29)			30	0		
Pa	0.000			Contribution								
31				s (see instructions								
	a Target n	ormal cost (lin	e 6)						31a	168,761		
				greater than line	31a				31b	0		
32		on installments						tanding Balan	ce	Installment		
	a Net shortfall amortization installment.					definition of	0	- 0				
22								11/11/11	0	0		
	(Month	Day	y	Year	_) and the w	ruling letter grant vaived amount			33	MARKET BL. E. F.		
34	Total fundi	ng requiremer	nt before refle	cting carryover/pr	efunding bala	nces (lines 31a - 3	31b + 32a +	32b - 33)	34	168,761		
					Carryov	er balance	Pref	unding baland	е	Total balance		
35	Balances of requirement	elected for use	to offset fund	ling	tracy ed	- 1294	-1.	e. 842 c.		0		
36	Additional	cash requirem	ent (line 34 m	inus line 35)					36	168,761		
	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line								184,229			
38	Present va	lue of excess	contributions	for current year (s	see instruction	s)						
	a Total (ex	cess, if any, of	line 37 over	line 36)					38a	15,468		
						nding standard car			38b	0		
	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								39	0		
									40	0		
Par	27024					ef Act of 2010	(See Ins	tructions)				
	-775 50 876	VI - To the		10 funding relief					g.			
3	a Schedule	e elected							2	plus 7 years 15 years		
	b Eligible p	lan year(s) for	which the ele	ection in line 41a	was made				2008	2009 2010 2011		

Attachment to 2018 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: PN:

MB JOCHNOWITZ INC. DEFINED BENEFIT PENSION PLAN & TRUST

Weighted Average Retirement Age Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65