Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Parti	Annual Repor	t identification information										
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018							
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in acc	_							
D		a one-participant plan	a foreign plan									
B This ret	urn/report is	the first return/report	the final return/report	ıl return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	12 months)							
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC program							
		special extension (enter desc	ription)									
Part II	Basic Plan Inf	ormation—enter all requested in	formation									
1a Name	of plan				1b Three-digit	t						
TARIUS INC	C. 401(K) PLAN				plan numb	er						
	. ,			_	(PN) •	001						
					1c Effective d	ate of plan						
						01/01/2017						
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Povl			dentification Number						
		ice, country, and ZIP or foreign post		tructions)	, ,	82-0715724						
TARIUS INC		, , , , , , , , , , , , , , , , , , ,	3 ,	,		telephone number 8-982-7487						
					2d Business of	ode (see instructions)						
	TIVE DRIVE					541700						
EDGEWOO	D, NY 11717											
0 - 5:					2h							
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administrator's EIN							
					3c Administrator's telephone number							
						'						
4 If the	name and/or EIN of ti	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN							
		onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	44 00							
•	sor's name				4d PN							
C Plan N	vame											
5a Total	number of participant	s at the beginning of the plan year.			5a	2						
		s at the end of the plan year			5b	0						
		n account balances as of the end of		·	5c	0						
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	1						
d(2) To	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	0						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0						
		or incomplete filing of this retur			se is establishe	ed.						
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.										
SIGN	Filed with authorize	d/valid electronic signature.	07/21/2019	CHRISTOPHER LINDI	HOLST							
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator						
SIGN												
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor							

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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)?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
If you answered "No" to either line & or line &b, 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)??										X Yes	_ ∏ No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·						168	Пио
Part III Financial Information Financial Informa							_		№ П г	Not dete	rmined
Part III Financial Information The Plan Assets and Liabilities Table				-			<u>. </u>				
7 Plan Assets and Liabilities 7 7a 3405 b Total plan lassets. 7a 3405 c Net plan assets (subtract line 7b from line 7a) 7c 3406 c Net plan assets (subtract line 7b from line 7a) 7c 3406 c Net plan assets (subtract line 7b from line 7a) 7c 3406 c Net plan assets (subtract line 7b from line 7a) 7c 3406 c Net plan assets (subtract line 7b from line 7a) 7c 3406 c Net plan assets (subtract line 7b from line 7a) 7c 3406 c Total income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total according from (1) Employers 8c (1) Plan Characteristic Subtract line 8b from line 8c (1) Plan Characteristic Subtract line 8b from line 8c (1) Plan Characteristic Codes in the instructions 2c (2) Participants 8c (2) Plan Characteristic Subtract line 8b from line 8c (3) 8c		·									
a Total plan assets	_					1					
b Total plan liabilities				(a) Beginning		•		(b)	End of Y		
C Net plan assets (subtract line 7b from line 7a)					3405					0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		,			0.405						
a Contributions received or receivable from: (i) Employers	_		7c							0	
(2) Participants				(a) Amoun	nt	-			(b) Total		
(3) Others (including rollovers)			8a(1)								
b Other income (loss)	((2) Participants	8a(2)								
b Other income (loss)	((3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b (Other income (loss)			-127						
e Certain deemed and/or corrective distributions (see instructions)	C -	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-127	
f Administrative service providers (salaries, fees, commissions)			8d		3274						
g Other expenses	e (Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f /	Administrative service providers (salaries, fees, commissions)	8f		4						
i Net income (loss) (subtract line 8h from line 8c)	g(Other expenses	8g								
Part IV Plan Characteristics	h ⁻	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3278			
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 2E 2J 2K 2F 2G 3D 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: 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)	i i	Net income (loss) (subtract line 8h from line 8c)	8i				-3405				
Second Part V Compliance Questions	j -	Fransfers to (from) the plan (see instructions)	8j								
Description During the plan year: Second Description Second Description During the plan year: Second Description Des	Part	IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instructi	ons:	
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in the i	instructio	ns:	
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	Part	V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amo	unt	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40		V				
reported on line 10a.)	h				10a		^				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		reported on line 10a.)	·····		10b						
by fraud or dishonesty?	С	<u> </u>			10c		X				
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some or all of the benefits under					X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	g						X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	2520.101-3.)	· ·····		10h		X				
exceptions to providing the notice applied under 29 CFR 2520.101-3	i				10i						

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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 Sche (Form 5500) and line 11a below)		В	Y	es 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 ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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

		Complete all entries in a	ccora	ance with the instri	uctions to the Form 5	000-SF.					
Part I	Annual Report	Identification Information									
For calenda			01/0	1/2018	and ending	12/3	31/2018				
A This ret	urn/report is for:	🛚 a single-employer plan					king this box must attach a vith the form instructions.)				
		a one-participant plan	a	foreign plan			,				
B This retu	ırn/report is	the first return/report	the	e final return/report							
		an amended return/report	a s	short plan year return	report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	au	utomatic extension		DFVC p	program				
		special extension (enter descri	ption)								
Part II	Basic Plan Info	ormation—enter all requested info	ormatio	on							
1a Name	of plan US INC. 401(F	K) PLAN				1b Thre plan (PN)	number				
							ctive date of plan				
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	. Box)			2b Emp	loyer Identification Number) 82-0715724				
	town, state or provinc	ce, country, and ZIP or foreign posta	al code	(if foreign, see instru	uctions)	2c Spor	nsor's telephone number				
	TAKIOS INC.						888-982-7487 2d Business code (see instructions)				
250	250 Executive Drive										
Edge	wood	NY 1171	7			541	700				
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spon	sor.			3b Administrator's EIN					
						3c Administrator's telephone number					
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN					
a Sponse		inson's name, Env, the plan name at	iiu tiie	plan number nom til	le last return/report.	4d PN					
C Plan N	ame										
5a Total r	number of participants	at the beginning of the plan year				5a	2				
_		s at the end of the plan year				5b	0				
c Number	er of participants with	account balances as of the end of t	he plai	n year (only defined	contribution plans	5c	C				
	,	urticipants at the beginning of the pla				5d(1)	1				
	•	articipants at the end of the plan yea	•			5d(2)	C				
		terminated employment during the				5e	C				
Caution: A	penalty for the late	or incomplete filing of this return	/repor	t will be assessed i	unless reasonable car	use is esta	blished.				
Under pena SB or Sche	alties of perjury and of edule MB completed a	ther penalties set forth in the instruct and signed by an enrolled actuary, as	tions, l	declare that I have	examined this return/re	port, includi	ing, if applicable, a Schedule				
SIGN	rue, correct, and com Christo	opher W. Lindholst		07 / 21 / 2019	Christopher LInd	dholst					
HERE	Signature of plan a			Date	Enter name of individ		as plan administrator				
SIGN	<u></u>										

Date

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

HERE

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Enter name of individual signing as employer or plan sponsor

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								X Y		
_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								es 1	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Y	es 🗌 1	No
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?	[Yes No	Not de	etermine	d
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r			(See inst	ructions)
Da	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Baginning	of Voor			/b) End	of Voor		
		7-	(a) Beginning (405		(D) End	of Year		
<u>а</u> b	Total plan assets	7a 7b		٠,	100					_
	Net plan assets (subtract line 7b from line 7a)	76 7c		3	405					
<u> </u>		76	(a) A a		100		(h) •	Fadal		_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ιτ			(D)	<u>Fotal</u>		
a	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		_	127					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-1	27
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3,	274					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	8h						3,2	278
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-3 , 4	105
j	Transfers to (from) the plan (see instructions)									
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 2F\ 2G\ 3D$	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		163	140		Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest					Х				
	reported on line 10a.)			10b		Х				
d				10c		21				
	by fraud or dishonesty?			10d		Х				
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		Х				
f				10f		Х				_
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		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						
			·							

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimu	ım funding requirements? (If "Yes," see instruc				В		Ye	es No
11a	Enter the unpaid minimum required contribution	ons for all years from Schedule SB (Form 5500	0) line 40.		11a				
12	Is this a defined contribution plan subject to the	ne minimum funding requirements of section 4	12 of the	Code or section		f		Ye	es X No
	(If "Yes," complete line 12a or lines 12b, 12c,	12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for granting the waiver.				d enter t Day			e letter Year	ruling
lf ¹	you completed line 12a, complete lines 3, 9,								
b	Enter the minimum required contribution for thi	s plan year			12b				
	Enter the amount contributed by the employer				12c				
d	Subtract the amount in line 12c from the amount negative amount)	unt in line 12b. Enter the result (enter a minus s			12d				
е	Will the minimum funding amount reported on	line 12d be met by the funding deadline?				Yes	יַ	No	N/A
Part	VII Plan Terminations and Transfe	ers of Assets							
13a	Has a resolution to terminate the plan been adop	ted in any plan year?				Yes	,	X No	
	If "Yes," enter the amount of any plan assets t	hat reverted to the employer this year			13a				
b	Were all the plan assets distributed to particip control of the PBGC?	ants or beneficiaries, transferred to another pla					Y	es X	No
С	If, during this plan year, any assets or liabilities which assets or liabilities were transferred.	s were transferred from this plan to another pla	an(s), ide	ntify the plan(s)) to				
1	13c(1) Name of plan(s):			13c(2)	FIN(s)			13c(3)	PN(s)