_	rm 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Inte	artment of the Treasury ernal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the			2018			
Employee E	Benefits Security Administration Benefit Guaranty Corporation	-	Revenue Code (the Cod	,	This Form is Open Public Inspection				
Part I		Complete all entries in a Identification Information	iccordance with the inst	tructions to the Form 55	500-SF.				
		scal plan year beginning 01/01/20	018	and ending 12	2/31/2018				
	A This return/report is for: a single-employer plan a a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan								
		the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)							
C Check box if filing under: Form 5558 automatic extension DFVC program						rogram			
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name THE CHEC	•	T SHARING PLAN AND TRUST			(PN)	number 001			
			1C Effec	tive date of plan 01/01/2014					
Mailin	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				2b Employer Identification Number (EIN) 90-0254771				
	E CHECK DEPOT, INC.					sor's telephone number 941-525-2217			
	39 TECHNOLOGY DRIVE, SUITE 8 DRTH VENICE, FL 34275				2d Business code (see instructions) 453990				
3a Plan a	administrator's name an	nd address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name hansor's name, EIN, the plan name and			4b EIN				
a Spons C Plan I	sor's name Name		·		4d PN				
5a Total	number of participants	at the beginning of the plan year			5a	9			
		at the end of the plan year			5b	10			
		account balances as of the end of t			5c	10			
d(1) To	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	9			
		rticipants at the end of the plan yea			5d(2)	10			
than	100% vested	terminated employment during the	· · · ·		5e	0			
Under per SB or Sch	nalties of perjury and oth	or incomplete filing of this return ner penalties set forth in the instruc nd signed by an enrolled actuary, as blete.	tions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN		valid electronic signature.	09/30/2019	JAMES WOOD					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN	Filed with authorized/	valid electronic signature.	09/30/2019	JAMES WOOD					
HERE	Signature of employ		Date	Enter name of individ	ual signing a	as employer or plan sponsor			
For Paperv	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018) v.171027								

6a b							
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	488145	450577			
b	Total plan liabilities	7b	0	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	488145	450577			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	16532				
	(2) Participants	8a(2)	1915				
	(3) Others (including rollovers)	8a(3)	0				
h			20125				

(3) Others (including follovers)	oa(s)	>	
b Other income (loss)	8b	-30125	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-11678
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21157	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	4733	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		25890
i Net income (loss) (subtract line 8h from line 8c)	8i		-37568
j Transfers to (from) the plan (see instructions)	8j	0	
Part IV Plan Characteristics			•
Ba If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2K$ $2T$ $3D$	feature co	des from the List of Plan Charact	eristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	х	
С	Was the plan covered by a fidelity bond?	X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)	!	x	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 100		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver						e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	c(1) Name of plan(s): 13c(2) E				13	:(3) PN	۱(s)

Form 5500-SF	Short Form Annu	al Return/Report	of Small Employe	9 e	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	065 of the Employee Retire	ment	2018		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		7(b) and 6058(a) of the Inte	mal Th	This Form is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5500-	SE	Public Inspection		
Part Annual Report	Identification Information				· · · · · · · · · · · · · · · · · · ·		
For calendar plan year 2018 or fi		01/01/2018	and ending	12/31/2	2018		
A This return/report is for:	X a single-employer plan		an (not multiemployer) (File ployer information in accord	-			
	🔲 a one-participant plan	a foreign plan	•••••		·····		
B This return/report is	the first return/report	the final return/report					
	an amended return/report		vreport (less than 12 month	es)			
C Check box if filing under:	X Form 5558	automatic extension	[] (OFVC program	I		
	special extension (enter desc	cription)	_				
Ran II Basic Plan Info	prmation-enter all requested in	nformation					
1a Name of plan			11	Three-digit	T		
The Check Depot, In	c. Profit Sharing Pl	an and		plan numbe			
Trust				(PN) 🕨	001		
			10	Effective de 01/01/2	•		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				Employer Id (EIN)90-0	lentification Number 254771		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The Check Depot, Inc.				2c Sponsor's telephone number (941) 525-2217			
			20	Business co	ode (see instructions)		
3439 Technology Dri	ve, Suite 8						
North Venice		FL	34275	453990			
3a Plan administrator's name a	nd address 🛛 Same as Plan Spo	onsor.	31	Administrat	or's EIN		
			30	: Administrat	or's telephone number		
A Malan anna Al - Mart Mal			· · · · · · · · · · · · · · · · · · ·		······································		
4 If the name and/or EIN of th this plan, enter the plan spo	e plan sponsor or the plan name h phoor's name, EIN, the plan name	has changed since the last re and the plan number from the	etum/report filed for 4	D EIN			
 4 If the name and/or EIN of the this plan, enter the plan spo a Sponsor's name 	e plan sponsor or the plan name h onsor's name, EIN, the plan name	nas changed since the last re and the plan number from th	e last retum/report.	D EIN I PN			
this plan, enter the plan spo	e plan sponsor or the plan name h msor's name, EIN, the plan name	nas changed since the last re and the plan number from th	e last retum/report.				
this plan, enter the plan spo a Sponsor's name C Plan Name	e plan sponsor or the plan name h onsor's name, EIN, the plan name at the beginning of the plan year.	and the plan number from th	ie last retum/report.				
this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants	msor's name, EIN, the plan name as the beginning of the plan year .	and the plan number from th	ie last retum/report. 40	i PN 5a			
this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants C Number of participants with	nsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of	and the plan number from th	e last return/report. 4	i PN	10		
 this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants c Number of participants with complete this item) 	ensor's name, EIN, the plan name at the beginning of the plan year . at the end of the plan year account balances as of the end of	and the plan number from th	e last retum/report. 4c	1 PN 5a 5b	1(
 this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	ensor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the p	and the plan number from th f the plan year (only defined plan year	contribution plans	5a 5b 5c d(1)	10		
 this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	e at the beginning of the plan name at the beginning of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan yea terminated employment during the	and the plan number from th f the plan year (only defined plan year e plan year with accrued be	contribution plans 5 nefits that were less	5a 5b 5c d(1) 5e			
 this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants who than 100% vested Caution: A penalty for the late 	e at the beginning of the plan name at the beginning of the plan year account balances as of the end of articipants at the beginning of the p articipants at the end of the plan ye b terminated employment during th or incomplete filing of this retur	and the plan number from th f the plan year (only defined plan year e plan year with accrued be m/neport will be assessed	e last return/report. 40 contribution plans 5 nefits that were less unless reasonable cause	5a 5b 5c d(1) d(2) 5e is established	10 10 10 10 10		
 this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item)	expropries name, EIN, the plan name at the beginning of the plan year account balances as of the end of indicipants at the beginning of the p articipants at the end of the plan yea b terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actuary,	and the plan number from th f the plan year (only defined plan year e plan year with accrued be rn/report will be assessed ictions, I declare that I have	e last return/report. 40 contribution plans 5 nefits that were less unless reasonable cause examined this return/report	5a 5b 5c d(1) d(2) 5e is establisher including, if a	1(1) 1) 1) 1) d. pplicable, a Schedule		
 this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	expropries name, EIN, the plan name at the beginning of the plan year account balances as of the end of indicipants at the beginning of the p articipants at the end of the plan yea b terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actuary,	and the plan number from th f the plan year (only defined plan year be plan year with accrued be rn/report will be assessed ictions, I declare that I have as well as the electronic ver	e last retum/report. 40 contribution plans 5 nefits that were less unless reasonable cause examined this return/report, an	5a 5b 5c d(1) d(2) 5e is establisher including, if a	1(1) 1) 1) 1) d. pplicable, a Schedule		
 this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa d(1) Total number of active pa d(2) Total number of active pa d(3) Total number of active pa d(4) Total number of active pa d(4)	e at the beginning of the plan name is at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan yea tricipants at the end of the plan yea terminated employment during the or Incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actuary, plete.	and the plan number from th f the plan year (only defined plan year	e last return/report. 40 contribution plans 5 nefits that were less unless reasonable cause examined this return/report sion of this return/report, er James Wood	J PN 5a 5b 5c d(1) d(2) 5e is established, including, if a d to the best of t	1(1(9 1(d. pplicable, a Schedule of my knowledge and		
 this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants with complete this item)	ext the beginning of the plan name is at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan yea tricipants at the end of the plan yea terminated employment during the or incomplete filing of this return the penalties set forth in the instru- ind signed by an enrolled actuary, plete.	and the plan number from th f the plan year (only defined plan year	e last retum/report. 40 40 contribution plans 5 5 nefits that were less unless reasonable cause examined this return/report sion of this return/report, er James Wood Enter name of individual s	J PN 5a 5b 5c d(1) d(2) 5e is established, including, if a d to the best of t	pplicable, a Schedule of my knowledge and		
 this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa d(3) Total number of active pa d(4) Total number of active pa d(5) Total number of active pa d(4) Total number of active pa d(5) Total number of active pa d(6) Total number of active pa d(6) Total number of active pa d(7) Total number of active pa d(7)	e at the beginning of the plan name at the beginning of the plan year account balances as of the end of inticipants at the beginning of the plan inticipants at the beginning of the plan year of the plan year the plan year during the or incomplete filing of this return the penalties set forth in the instru- ing signed by an enrolled actuary, plete.	and the plan number from th f the plan year (only defined plan year	e last return/report. 40 contribution plans 5 nefits that were less unless reasonable cause examined this return/report sion of this return/report, er James Wood	J PN 5a 5b 5c	1 (1 (9 1 (9 1 (0 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (

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g Other expenses

Part IV

9a

b

h Total expenses (add lines 8d, 8e, 8f, and 8g) ...

Plan Characteristics

i Net income (loss) (subtract line 8h from line 8c) ...

j Transfers to (from) the plan (see instructions).....

Page	2
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0

0

25,890

-37,568

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)	X Yes 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	and condition	ons.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	iot use Fori	m 5500-SF and must instead use	Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 4021)? .	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	emium filing for this plan year	(See instructions.)
Da	rt III Financial Information			······
7				/
	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	488,145	450,577
<u>b</u>	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	488,145	450,577
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	16,532	
	(2) Participants	8a(2)	1,915	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-30,125	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-11,678
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21,157	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	4,733	

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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	
С	Was the plan covered by a fidelity bond?	10c	Х		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Form 5500-SF (2018)

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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 comp (Form 5500) and line 11a below)	plete Sch	edule S	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 ERISA?	o 302 ר	f 		Yes	X No	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of t granting the waiver							
If 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				
	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 c negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No	ا []	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	X	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 u control of the PBGC?	inder the			Yes	XN	þ
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ne plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	l(s)