Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	l .							
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in ac						
D. T		a one-participant plan	a foreign plan							
B This ret	urn/report is	t								
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC prograi	m				
		special extension (enter desc	. ,							
Part II	Basic Plan Info	rmation—enter all requested in	formation		T					
1a Name TLE 401K P	•				1b Three-digiting plan numb (PN) ▶					
					1c Effective d					
		yer, if for a single-employer plan)			<u> </u>	Identification Number				
	`	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	,	structions)		74-3261009				
•	IING SOLUTIONS LLC			,		telephone number 4-620-8320				
					2d Business of	code (see instructions)				
	HSIDE BLVD ILLE, FL 32256				611000					
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the las	t return/report filed for	4b EIN					
	olan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	Ad DV					
C Plan N					4d PN					
5a Total	number of participants	at the beginning of the plan year.			. 5a					
		at the end of the plan year			. 5b	34				
		account balances as of the end of			. 5c	13				
d(1) Tot	tal number of active par	rticipants at the beginning of the pl	lan year		5d(1)	18				
d(2) Total number of active participants at the end of the plan year					5d(2)	32				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
		or incomplete filing of this return								
SB or Sch		ner penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN		valid electronic signature.	10/06/2019	GRACE HUXTABLE-	MOUNT					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	n administrator				
SIGN										
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual signing as em	plover or plan sponsor				

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under 29 CFR 2520 1014-467 (See instructions on waiver eligibility and conditions).		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								☐ No
c. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Part III Financial Information TP Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2529 8197	С	-							Not dete	ermined
7 Plan Assets and Liabilities							_		(See instru	ctions.)
a Total plan assets	Pa	rt III Financial Information								
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a						8197	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants	b	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c		5229				8197	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Others (including rollovers)	а		8a(1)							
b Other income (loss)		(2) Participants	8a(2)		4650					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		-1240					
e Certain deemed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3410	
f Administrative service providers (salaries, fees, commissions)	d		8d							
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 442 i Net income (loss) (subtract line 8h from line 8c) 8i 2968 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 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) 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 1	f	Administrative service providers (salaries, fees, commissions)	8f		442					
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)	tal expenses (add lines 8d, 8e, 8f, and 8g)						442	
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 2F 2G 2J 2K 2T 3D	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						2968	
Second Part	j	Transfers to (from) the plan (see instructions)	8j							
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	Pai	rt 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	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
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	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
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)	Par	t 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		Amount	
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	102		×			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • The sthe plan failed to provide any benefit when due under the plan? • The sthe plan have any participant loans? (If "Yes," enter amount as of year-end.) • The sthe plan have any participant loans? (If "Yes," enter amount as of year-end.) • The sthe plan have any participant loans? (See instructions and 29 CFR 2520.101-3.) • The standard provided the required notice or one of the loans.		· · · · · · · · · · · · · · · · · · ·				X			4.0	200
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.)		Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused		Α	X		10	00
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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								
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f						X			
2520.101-3.)	g						Χ			
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		X			
	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 Schedule SB (Form 5500) and line 11a below)									
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
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	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	0				
	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?									
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.

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information								
For calen	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31,	/2018				
A This re	A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
		a one-participant plan	a foreign plan							
B This re	eturn/report is	the first return/report	the first return/report the final return/report							
C. Obsert	- L 17 FW	rn/report (less than 12 r								
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program					
		special extension (enter descrip								
Part II		ormation—enter all requested info	mation							
1a Name TLE	e of plan 401K PLAN				1b Three-di plan nun (PN) ▶					
					1c Effective 01/01	date of plan /2016				
Mailin	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				r Identification Number -3261009				
	Learning Solu	ce, country, and ZIP or foreign posta utions LLC	code (il foreign, see ins	tructions)		's telephone number 20-8320				
841	1 Southside Bl	Lvd			2d Business code (see instructions)					
Jac	ksonville	FL 32256	5		611000					
3a Plan a	3a Plan administrator's name and address X Same as Plan Sponsor.					rator's EIN				
S	3c Administrator's telephone number									
4 If the this p	name and/or EIN of the plan, enter the plan spo	e plan sponsor or the plan name has insor's name, EIN, the plan name an	changed since the last in the plan number from the	return/report filed for the last return/report.	4b EIN					
a Spons	sor's name				4d PN					
C Plan	Name									
5a Total	number of participants	at the beginning of the plan year			5a	27				
		at the end of the plan year			. 5b	34				
C Numb comp	per of participants with plete this item)	account balances as of the end of th	e plan year (only defined	l contribution plans	5c	13				
d(1) Tot	tal number of active pa	rticipants at the beginning of the plar	year		5d(1)	18				
d(2) Tot	tal number of active pa	rticipants at the end of the plan year			5d(2)	32				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
Under pen SB or Sche	alties of perjury and ot	or incomplete filing of this return/interpenalties set forth in the instruction as signed by an enrolled actuary, as plete.	ons. I declare that I have	examined this return/re	port including is	annlicable a Schedule				
SIGN HERE	al Hit	-let	10/6/19	GRACE HUXTABL	E-MOUNT					
	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pl	an administrator				
SIGN HERE										
	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as er	nployer or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								res No
								. 🗵 ` . 🗔 `	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann					_		п	
С	If the plan is a defined benefit plan, is it covered under the PBGC in								determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See in	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a		5,	229				8,197
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		5,	229				8,197
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		4,	650				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-1,	240				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3,410
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e			442				
	Administrative service providers (salaries, fees, commissions)	8f			112				
<u>g</u>	Other expenses							442	
	Total expenses (add lines 8d, 8e, 8f, and 8g)							2,968	
÷	Net income (loss) (subtract line 8h from line 8c)	8i							2,000
,		8j							
9a	If the plan provides pension benefits, enter the applicable pension	footuro oo	idea from the List of DI	an Chai	ro oto ri	otio Co	doo in the in	otru i oti o no i	
Эа	2E 2F 2G 2J 2K 2T 3D	reature co	ides from the List of Pi	an Chai	acten	Silc CC	ides in the in	Structions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cteris	tic Coc	les in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				1,000
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			
f	Has the plan failed to provide any benefit when due under the pla	n?		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 P	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," se 5500) and line 11a below)		d complete Sch	edule S	В	Y	es 🗌 No
11a	Enter th	he unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40		11a			
12	ERISA?	a defined contribution plan subject to the minimum funding requirements of services.			n 302 of		Y	es 🛛 No
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		ver of the minimum funding standard for a prior year is being amortized in this g the waiver.					the letter Year _	ruling
If	you com	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to lir	ie 13.				
b	Enter the	e minimum required contribution for this plan year			12b			
С	Enter the	e amount contributed by the employer to the plan for this plan year			12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a mount)			12d			
е	Will the	minimum funding amount reported on line 12d be met by the funding deadling	ne?			Yes	No	N/A
Part	VII P	Ian Terminations and Transfers of Assets						
13a	Has a re	esolution 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		all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?					Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to an assets or liabilities were transferred.	other plan(s), ide	entify the plan(s)	to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):