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	Annual Report	Identification Information	1			
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac		
		a one-participant plan	a foreign plan			
B This ret	curn/report is	the first return/report	the final return/repor	rt		
		an amended return/report	a short plan year ret	turn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC progr	am
	_	special extension (enter desc	1 ,			
Part II	Basic Plan Info	rmation—enter all requested in	nformation		T -	
1a Name NU-AGE IN	of plan DUSTRIES RETIREME	ENT PLAN			1b Three-dig plan num (PN) ▶	=
					1c Effective	date of plan 01/01/2005
		yer, if for a single-employer plan)	0.5.		2b Employe	r Identification Number
		m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		estructions)	(EIN)	13-3961797
-	DUSTRIES LLC	-,,, <u>-</u> g p	g,g,	,		's telephone number 345-680-0700
					2d Business	code (see instructions)
2 BLUE HILI P.O. BOX 15	L PLAZA LOWER					541519
	ER, NY 10965					
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	nnsor		3b Administr	rator's FIN
ou mane		dadaress Meanie de Fian ope			ob / tallillion	ator o Env
					3c Administr	rator's telephone number
4 If the	name and/or EIN of the	e plan sponsor or the plan name h	nas changed since the las	t return/report filed for	4b EIN	
this p	lan, enter the plan spo	nsor's name, EIN, the plan name			4.1	_
	sor's name				4d PN	
C Plan N	Name					
5a Total	number of participants	at the beginning of the plan year.			5a	14
b Total	number of participants	at the end of the plan year			5b	12
		account balances as of the end of		-	5c	12
d(1) Tot	tal number of active pa	rticipants at the beginning of the p	olan year		5d(1)	10
d(2) To	tal number of active pa	irticipants at the end of the plan ye	ear		5d(2)	8
		terminated employment during th			5e	
		or incomplete filing of this retur				
SB or Sch		her penalties set forth in the instru nd signed by an enrolled actuary, plete.				
SIGN	Filed with authorized	/valid electronic signature.	10/11/2019	ANTHONY CHILLINO	1	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor

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

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							Voc □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann							. X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th							. (See instructions.)
Do								
7 Pai			(a) Danimaina	-f V	1		(h) F.:	d of Voor
<u>'</u>	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning o	74738	-+		(D) En	d of Year 721708
	Total plan liabilities	7a 7b		14700				721700
	Net plan assets (subtract line 7b from line 7a)	7c	67	74738				721708
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(h)	Total
	Contributions received or receivable from:		(u) Amoun				(10)	Total
	(1) Employers	8a(1)		76921				
	(2) Participants	8a(2)	3	38853				
	(3) Others (including rollovers)	8a(3)		86284				
<u>b</u>	Other income (loss)	8b	-4	46154	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						155904
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	08834				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		100				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						108934
i	Net income (loss) (subtract line 8h from line 8c)	8i						46970
j	Transfers to (from) the plan (see instructions)	8j						
Par	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3B 3D 3H 2F	feature co	des from the List of Pla	an Chai	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	cteris	tic Coc	des in the ins	tructions:
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	itions withi	n the time period		100	110		Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction					
	Program) Were there any nonexempt transactions with any party-in-interest			10a	X			2978
	reported on line 10a.)	,		10b		Χ		
С	Was the plan covered by a fidelity bond?			10c	X			20000
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.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?	-	10f		X		
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		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	he require	d notice or one of the	10i				

Form 5500-SF (2018)	Page 3 - 1
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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou 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?		Ye	s 🔀 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lahor Employee Berealts Security Administration Pansion 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 8057(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 Annual Re	port Identification Information	n			
For calendar plan year 201	8 or feed plan year beginning	01/01/2018	and onding	12/3	1/2018
A This return/report is for:	X a single-amployer plan		plan (not multiemployer) employer information in a		
D. Till	a one-participant plan	a foreign plan	, ,		,
B This return/report is	the first return/report	the final return/repor	t		
	an amended return/report	a short plan year ret	um/report (less than 12 r	nonths)	
C Check box if filing unde		automatic extension	1	DFVC pro	gram
	special extension (enter des				
	Information—enter all requested in	nformation			
1a Name of plan Nu-Age Industrie	s Retirement Plan			1b Three-c	mber
					re date of plan 1/2005
2a Plan sponsor's name (Mailing address (Includ	e room, apt., suite no. and street, or P.	O. Box)		2b Employ	er Identification Number 3-3961797
City or town, state or pi Nu-Age Industrie	ovince, country, and ZIP or foreign pos S LLC	ital code (if foreign, see in:	etructions)	2c Sponso	or's telephone number) 680-0700
2 Blue Hill Plaz	a Lover				ss code (see instructions)
P.O. Box 1543 Pearl River	and the state of	N	Y 10965	5415	7 9
3a Plan administrator's nar	me and address Same as Plan Spo			3b Adminis	
4 If the name and/or FIN	of the winn appears of the plan areas h				strator's telephone number
this plan, enter the plan Sponsor's name Plan Name	of the plan sponsor or the plan name h s sponsor's name, EIN, the plan name o	as changed since the last and the plan number from	the last return/report,	4b EIN 4d PN	н — — — — — — — — — — — — — — — — — — —
5a Total number of particle	ants at the beginning of the plan year.			5a	14
	ants at the end of the plan year				12
 C Number of participants 	with account balances as of the end of	the plan year (only define	d contribution plans	5c	12
	e participants at the beginning of the pl			5d(1)	10
d(2) Total number of activ	e participants at the end of the plan ye	ar	.,,	5d(2)	8
tnan 100% vested	who terminated employment during the			5e	
Caution: A penalty for the	ate or incomplete filing of this return d other penalties set forth in the instan	n/report will be assessed	d unless reasonable ca	use is establis	ihed.
SB or Schedule MS complete	ed and signed by an enrolled actuary, a	as well as the electronic vo	rsion of this return/rapo	t, and to the be	st of my knowledge and
SIGN HERE		10/11/	Anthony Chill	ino	
Signature of pl	an administrator	Date	Enter name of individ	lual signing as	plan administrator
HERE Standius of an	nployar/plan sponsor	Day	AM AA DOOR OF THE STATE OF THE		
For Paperwork Reduction Act I	iotice, see the instructions for Form 55(10	Date Date	Enter name of Individ	ivai signing as	employer or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility if you answered "No" to either tine 6a or line 6b, the plan canrif 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 Indepen and conditi not use For nsurance pr	dent qualified public ons.)	accoun st Inste	tant (19 ad us 4021)?	QPA) • Form 5:	500.	_	Yes [Yes [determinative the	
D.	art III Financial Information	ie rago pi	entiturn minig for trips	pian yes	al			(366)	isa ach	uns.,
7	Plan Assets and Liabilities	1								
- a			(a) Beginning				(b) End	of Year		,708
- a b	Total plan assets	7a		674,	/38				121	, /08
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b		674,	720				701	700
-		7c			/36				121	,708
- 8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(s) Amou	nt		_	(b) T	otal		-
CI.	(1) Employers	8a(1)		76,	921					
	(2) Participants	8a(2)			853					
	(3) Others (including rollowers).	8a(3)			284					
b	Other Income (Isas)	86		-46,						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b),	8c							155	, 904
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		108,	834					
9	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			100					
g	Other experises	80								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							108	, 934
Ŧ	Net Income (foss) (subtract line 8h from line 8c)	81							46,	970
j	Transfers to (from) the plan (see instructions)	81								
Par	t IV Plan Characteristics	01								
9a	If the plan provides pension benefits, onter the applicable pension 2E 2G 2J 2K 3B 3D 3H 2F	feature cod	es from the List of P	lan Cha	ractor	stic Code	s in the inst	ructions	;	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Pla	n Char	acteris	tic Codes	in the instru	ictions:		
Par	t V Compliance Questions	-								
10	During the plan year:				Yes	No		unount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	pluntary Fld	uclary Correction	10a	X		-			, 978
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions	10b		х				, , , ,
C	Was the plan covered by a fidelity bond?			10c	Х				20	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or distrinctly?	idellly bond	l. that was caused	10d		x			20,	, 000
8	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons l	by an insurance e benefits under	10e		×				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X				
h	If this is an individual account plan, was there a blackout period? (\$2520,101-3.)	See instruct	ions and 29 CER	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice as plied under 29 CFR 2520,101.	a required r	olice or one of the	101						

Form	5500-	SF	/201	181

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773	-	4		72	
		36	3	wZ	١

Part	VI Pension Funding Compliance			4114
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500) and tine 11a below)	chedule S	88	Yes X
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	118		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?	ion 302 o	f	Yes 🛛 1
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a			
10	granting the waiver	Da	У	Year
	Enter the minimum required contribution for this plan year	12b		
	Enter the amount contributed by the employer to the plan for this plan year			
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)	424		11111111
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part'				
13a	Has a resolution to terminate the pten been adopted in any plan year?		Yes	No No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		1	- And
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PRGC?				Yes No
С	If, during this plan year, any essets or liabilities were transferred from this plan to another plan(s), identify the plane which assets or liabilities were transferred. (See instructions.)	(s) to		
	3c(1) Name of pbin(s): 13cf	2) EIN(s)		13c(3) PN(s)