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								
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This re	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 ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	m				
		special extension (enter desc	. ,							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name 3C INTERA	of plan CTIVE CORP. 401(K)	PLAN			1b Three-digir plan numb (PN) ▶					
					1c Effective d	late of plan 12/01/2010				
		oyer, if for a single-employer plan)) Payl			Identification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	20-3199760				
	CTIVE CORP.	, ,,	, ,	,		telephone number 31-443-5505				
					2d Business of	code (see instructions)				
	OF COMMERCE BLVD ON, FL 33487) #400				541600				
	5.1,1200.0.									
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
					JC Administra	tor's telephone number				
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN					
	sor's name	moor o mamo, am, ano piam mamo c	2.14 the plan name of 1.51.	and last retain, reports	4d PN					
C Plan N	Name									
5a Total	number of participants	a at the heginning of the plan year			. 5a	117				
		s at the beginning of the plan year.			5b	112				
		s at the end of the plan year account balances as of the end of								
comp	lete this item)				5c	88				
` '		articipants at the beginning of the p	-		5d(1)	96				
		articipants at the end of the plan ye			5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				. 5e 2						
		or incomplete filing of this retur								
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.								
SIGN Filed with authorized/valid electronic signature. 10/08/2019 SARI TERCEIRA										
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	an administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	individual signing as employer or plan spo					

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No	
b								X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							_ 100 <u> </u>
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	[Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year
а	Total plan assets	7a	308	39673			, ,	3537812
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c	308	39673				3537812
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)	27	74616				
	(2) Participants	8a(2)	55	56349				
	(3) Others (including rollovers)	8a(3)		7745				
b	Other income (loss)	8b	-30	07172				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						531538
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(68638				
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)	ninistrative service providers (salaries, fees, commissions) 8f 13801						
g	Other expenses	er expenses						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						83399
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						448139
j	Transfers to (from) the plan (see instructions)	8j						
Pai	Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature co	des from the List of Pla	an Cha	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 inst	ructions:
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 described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			V		
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X		
	reported on line 10a.)	·····		10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			500000
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			46091
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			36862
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	Χ			
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	X			

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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**

	rt Identification Information	1							
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018				
A This return/report is for:	X a single-employer plan		multiple-employer plan (not multiemployer) (Filers checking this box must attach a ist of participating employer information in accordance with the form instructions.)						
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C Check box if filing under:	X Form 5558	automatic extension		DFVC program					
	special extension (enter des	cription)							
Part II Basic Plan In	formation—enter all requested i	nformation							
1a Name of plan 3C interactive (Corp. 401(k) Plan			1b Three plan r	number				
					tive date of plan 01/2010				
	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.				oyer Identification Number				
City or town, state or provi	nce, country, and ZIP or foreign pos		ructions)	(EIN) 20-3199760 2c Sponsor's telephone number					
3C interactive (corp.				-443-5505				
750 Park of Com	merce Blvd #400			20 Busin	ess code (see instructions)				
Boca Raton	Boca Raton FL 33487				541600				
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN					
				3c Administrator's telephone number					
4 If the name and/or EIN of	the plan sponsor or the plan name	has changed since the last r	return/report filed for	4b EIN	The second secon				
this plan, enter the plan s a Sponsor's name	ponsor's name, EIN, the plan name	and the plan number from t	he last return/report.	4d PN					
C Plan Name				10 111					
5a Total number of participar	nts at the beginning of the plan year	·		. 5a	117				
	nts at the end of the plan year			. 5b	112				
C Number of participants wi complete this item)	th account balances as of the end o	of the plan year (only defined	i contribution plans	5c	88				
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	96				
	participants at the end of the plan y			5d(2)	87				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e					
Linder populties of perius; and	te or incomplete filing of this retu other penalties set forth in the instr	rn/report will be assessed	examined this return/re	use is estat eport, includi	ng, if applicable, a Schedule				
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary	, as well as the electronic ve	ersion of this return/repo	rt, and to the	best of my knowledge and				
SIGN Sau	excluse	10.8.19	Sari Terceira	La company					
HERE Signature of pla	n administrator	Date	Enter name of individ	dual signing a	as plan administrator				
SIGN WA		10-8-19	Mark Smith						
	ployer/plan sponsor	Date	Enter name of individ	dual signing a	as employer or plan sponsor Form 5500-SF (2018)				

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot lif the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and must	ccounta instea	nt (IQ d use	PA) Form	5500. _	🛚	Yes No
F = 2	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	an year				(See i	nstructions.)
Pa	rt III Financial Information				-				
<u>7</u>	Plan Assets and Liabilities		(a) Beginning o				(b) E	end of Year	
<u>a</u>	Total plan assets	7a	3,	089,6	573			3	,537,812
<u>b</u>	Total plan liabilities	7b							
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	3,	089,	573			3	,537,812
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) Total	
а	Contributions received or receivable from:	90/4)		274,6	516				3
	(1) Employers	8a(1)		556,		i i i			- 4 · 8 · 5 - 1
	(2) Participants	8a(2)			745	10 mg	4 - 5,		11.1
<u>_</u>	(3) Others (including rollovers)	88(3)	_	-307,172					
	Other income (loss)	8b				·	<u> </u>	<u> </u>	531,538
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	S			e lactor	1845	331,330	
u	to provide benefits)to provide benefits)	8d	68,638		538			The state of the s	7
e	Certain deemed and/or corrective distributions (see instructions)	8e	960		960				
f	Administrative service providers (salaries, fees, commissions)	8f	13,80		301		4.92	. Ja	. 4
g	Other expenses	8g	0		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							83,399
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i							448,139
一	Transfers to (from) the plan (see instructions)	8i	*			1. ***			* · · · · · · · · · · · · · · · · · · ·
] 0]	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<i>r.</i> ,	<u> </u>	
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footure or	ades from the List of Pl	an Chai	actorio	etic Co	des in the	instructions	
Ja	2A 2E 2J 2K 2F 2G 3D	reature C	des nom me discorri	an Ona	actoric		405 111 410	mon donor.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	cterist	ic Cod	es in the i	nstructions:	
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
ē	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary l	Fiduciary Correction	10a		х			
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х			
	Was the plan covered by a fidelity bond?			10c	х				500,00
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	10d		х			
_	Were any fees or commissions paid to any brokers, agents, or other states.								

X

X

X

Х

10e

10g

10h

46,091

36,862

carrier, insurance service, or other organization that provides some or all of the benefits under

f Has the plan failed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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Part VI Pension Funding Compliance				2
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)			Ye	s 🗌 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 Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirements of section 412 of the Contribution Plan subject to the minimum funding requirement of section 412 of the Contribution Plan subject to the minimum funding requirement of section 412 of the Contributio	ode or section 302	of	Ye	s 🛛 No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.			f the letter r Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.			
b Enter the minimum required contribution for this plan year	12b		-10	
C Enter the amount contributed by the employer to the plan for this plan year	120			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the length of the length	IZU			
e 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?		[Yes X	No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred.				
13c(1) Name of plan(s):	13c(2) EIN(s	,)	13c(3)	PN(s)