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

Part I	Annual Report	Identification Information							
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (employer information in ac	-				
D		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report	i					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name REGENT M.	•	LLC 401(K) PROFIT SHARING PL	AN		1b Three-digi plan numb (PN) ▶				
					1c Effective of	date of plan 01/01/2014			
		oyer, if for a single-employer plan)	2. Raul			Identification Number			
		m, apt., suite no. and street, or P.C ce. country. and ZIP or foreign posi		structions)	(EIN)	59-3716578			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) REGENT MARKETING GROUP, LLC						telephone number 27-954-6201			
					2d Business	code (see instructions)			
12274 1ST STREET WEST				325410					
UNIT 2 TREASURE	ISLAND, FL 33706								
20 Dian administratoria nanca and address V Carra as Dian Crassari				3b Administrator's EIN					
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.				7 Administrator o Env					
					3c Administrator's telephone number				
		e plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN				
	sor's name				4d PN				
C Plan N	Name								
					F-				
_		at the beginning of the plan year.		ľ	5a	3			
		at the end of the plan year		ŀ	5b	3			
		account balances as of the end of		-	5c	3			
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	1			
		articipants at the end of the plan ye			5d(2)				
than	100% vested	terminated employment during the			5e	0			
		or incomplete filing of this retur							
SB or Sche		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	/valid electronic signature.	10/14/2019	STEPHEN LEVIN					
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual signing as pla	an administrator			
SIGN	L								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ridual signing as employer or plan sponsor				

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b An you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)	6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X	Yes 1	No	
If you answered "No" to either line 6 aor line 80, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									Vas Π I	Nο	
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·								163 []	NO	
Part III Financial Information Financial Information	С									t determine	ed	
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7a 124120 62253				- :			_					
7 Plan Ássels and Liabilities (a) Beginning of Year (b) End of Year a Total plan assels 7 total plan assels 7 to 1 plan assels 7 to 1 plan assels 7 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Do				-							
a Total plan assets	_ <u>Pa</u>											
D Total plan liabilities			_	` , , ,		•	` '					
C Net plan assets (subtract line 7b from line 7a)				12	_							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Participants. (6) Other income (loss). (8) Other expenses. (8) Other expenses. (8) Other expenses (loss). (8) Other expenses (,		11								
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			/C							.233		
(1) Employers				(a) Amoun	ıt			<u>(r</u>	o) rotai			
(3) Other s(including rollovers)			8a(1)									
b Other income (loss)		(2) Participants	8a(2)									
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		-6833							
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-6	833		
f Administrative service providers (salaries, fees, commissions)	d	. , .	8d	ţ	55000							
g Other expenses (add lines 8d, 8e, 8f, and 8g) h Total expenses (add lines 8d, 8e, 8f, and 8g) sh Total expenses (add lines 8d, 8e, 8f, and 8g) li Net income (loss) (subtract line 8h from line 8c) li Net income (loss) (subtract line 8h from line 8c) li Net income (loss) (subtract line 8h from line 8c) li Net income (loss) (subtract line 8h from line 8c) li If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Plan Characteristics	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 55034 i Net income (loss) (subtract line 8h from line 8c) 8i -61867 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 2J 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: Yes No Amount 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). 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X I If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h x i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Administrative service providers (salaries, fees, commissions)	8f		34							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						55	5034		
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: E	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-61	867		
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Example Examp	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 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.) 10h X	Pa	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) 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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the i	instruction	s:		
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.). 10c X 10d X b 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 X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the in	structions	:		
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		Amour	ıt		
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		×					
reported on line 10a.)	b				100							
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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		reported on line 10a.)	·····		10b		<u> </u>					
by fraud or dishonesty?		<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.)	e	carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
2520.101-3.)	9	Did the plan have any participant loans? (If "Yes," enter amount a					X					
	h	· · · · · · · · · · · · · · · · · · ·	•		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 (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 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, 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 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 section 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

Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 12/31/2018 and ending a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach **A** This return/report is for: a list 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 return/report (less than 12 months) DFVC program Form 5558 automatic extension **C** Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information **1a** Name of plan **1b** Three-digit plan number Regent Marketing Group, LLC 401(k) Profit Sharing Plan 001 (PN) ▶ 1c Effective date of plan 01/01/2014 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 59-3716578 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Regent Marketing Group, LLC (727) 954-6201 2d Business code (see instructions) 12274 1st Street West 325410 Unit 2 US Treasure Island FL 33706 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Sponsor's name **4d** PN Plan Name 5a Total number of participants at the beginning of the plan year 5a 3

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Total number of participants at the end of the plan year

Number of participants with account balances as of the end of the plan year (only defined contribution plans

complete this item)

Number of participants who terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Showken	10-14-2019	Stephen Levin
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

d(1) Total number of active participants at the beginning of the plan year

d(2) Total number of active participants at the end of the plan year

less than 100% vested

3

3

1

1

0

5b

5d(1)

5d(2)

5e

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••	•••••		•••••	XYes	No
b										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	X Yes	∐No
C	If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC ins								□ Not de	atermined
C	If "Yes" is checked, enter the My PAA confirmation number from the		• ,			_		_	See instruc	
_	in res is checked, enter the My r AA commission number from the	1 BGC pre	ernium ming for this year						(See Ilistruc	,tions.)
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r	_		(b) End	of Year	
a	Total plan assets	7a	12	24,1	20				62,	253
b	Total plan liabilities	7b			0	-				0
C	Net plan assets (subtract line 7b from line 7a)	7c		24,1	20	+		4	62,	253
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) 1	otai	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(6	83,	3)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			(6,8	33)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	55,0	00					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			34					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							55,	034
i	Net income (loss) (subtract line 8h from line 8c)	8i							(61,8	67)
j	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	instructi	ons:	
	2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ns:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	1 71 1		·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	•	•	400		х				
	Program) Were there any nonexempt transactions with any party-in-interest?			10a		Α				
	reported on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?	•••••	•••••	10c		х				
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	,	·	10d		x				
e	· · · · · · · · · · · · · · · · · · ·			100						
	carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
		-	· ·	10g		х				
	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 th exceptions to providing the notice applied under 29 CFR 2520.101			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 (Form 5500 and line 11a below)							es 🗓	No
11a	Enter th	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	******	11a				
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.)								No
	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver	onth			of the let Year		g
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.					
b	Enter th	ne minimum required contribution for this plan year.		12b				
C Enter the amount contributed by the employer to the plan for the 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)								
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 r	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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					No No			
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13	13c(1) Name of plan(s): 13c(2) E					13c(3) PN(s))