## 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	2019	and ending 09	9/26/2019					
A This re	A This return/report is for:  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>B</b> This ret	urn/report is	the first return/report	X 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 progra	am				
		special extension (enter descr	• ,							
Part II	Basic Plan Info	<b>ormation</b> —enter all requested in	formation							
1a Name CREATED F	•	HERS, INC. 401(K) PROFIT SHAR	ING RETIREMENT PLAN		<b>1b</b> Three-dig plan num (PN) ▶					
					1c Effective	date of plan 01/01/2018				
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Roy)			Identification Number				
		ce, country, and ZIP or foreign post		tructions)	(EIN) 80-0482831					
GEMINI BRO	OTHERS, INC.					s telephone number 46-872-4223				
					2d Business code (see instructions)					
	IGHWAY 1, SUITE 20 LM BEACH, FL 33408	4			315240					
3a Plan a	administrator's name a	nd address 🏻 Same as Plan Spor	nsor.		<b>3b</b> Administr	ator's EIN				
					3c Administr	ator's telephone number				
					7 (4111111111111111111111111111111111111	ator 5 toroprione name or				
4 If the	name and/or EIN of th	o plan anangar ar the plan name h	as abanged since the last	roturn/roport filed for	4b EIN					
		e plan sponsor or the plan name hansor's name, EIN, the plan name a								
•	sor's name				4d PN					
C Plan N	vame									
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	4				
<b>b</b> Total	number of participants	at the end of the plan year			5b	0				
		account balances as of the end of	. , , ,	•	5c	0				
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	4				
		articipants at the end of the plan year			5d(2)	0				
		terminated employment during the			<b>5e</b> 0					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	DANIEL KARO								
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pl	an administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the					_		Not determined (See instructions.)	
Pa	rt III Financial Information		T .						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
<u>a</u>	Total plan assets	7a		48819				0	
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		48819				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) To	otal	
а	Contributions received or receivable from:  (1) Employers	8a(1)		7879					
	(2) Participants	8a(2)		40827					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		7207					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						55913	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1	03864					
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		868					
g	Other expenses	er expenses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	(add lines 8d, 8e, 8f, and 8g)						104732	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-48819	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Δ	mount	
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 Program)	oluntary F	iduciary Correction	10a		X			
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		X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X			
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.)							368	
f	_								
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
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	•		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		11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or section	n 302 of		. 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 instrugranting the waiver		d enter t Day		of the letter Year _	ruling		
lf :	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 negative amount)	of a	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?			X Yes	. 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 control of the PBGC?		X Yes	No				
С	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. (See instructions.)	the plan(s)	) 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

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Pension Deltent Committy at	* Complete un ordinar		and the second s		and the first in the second section of the section		
Part I Annual R	Report Identification Information	01/01/2019	and ending	09/26/2019	manufacture and an inches		
or calendar plan year 2	018 or fiscal plan year beginning	The state of the s	not multiemployer) (File	rs checking this box	(must attach a instructions )		
This return/report is f	a single-employer plan	a multiple-employer plan (i list of participating employ a foreign plan	yer information in accor	dance with the form	( msudouono.)		
	a one-participant plan	Amount					
This return/report is	the first return/report	Ithe final return/report	and (loss than 12 mont	hs)			
	an amended return/report	a short plan year return/re					
Check box if filling ur	nder:	automatic extension	appoint	DFVC program			
Cueca pox a mins or	special extension (enter des	scription)		the state of the s			
E90. 3	lan Information—enter all requested			<b>b</b> Three-digit			
Charles and property of the party of the par			1	plan number	Policy Communication (Communication)		
ia Name of plan	m Gemini Brothers, Inc. 4	101(k) Profit Sharin	ng	(PN) Þ	001		
Retirement	Plan			c Effective date	of plan		
2600 6 44 2 2000				01/01/201	Custa Carding Countries and Cardinal American Countries and Cardinal		
		terminal menteral programment person in the contract of the co		2b Employer Iden	tification Number		
2a Plan sponsor's nar	me (employer, if for a single-employer plan include room, apt., suite no. and street, or	P.O. Box)		(EIN) 80-04			
City or town, state	or province, country, and zar or reves	ostal code (if foreign, see instruc		2c Sponsor's telephone number 646-872-4223			
Gemini Brot	thers, inc.			2d Business code (see instructions)			
11891 US H	ighway 1, Suite 204		donatevane				
	Beach FL 3:	3408		315240	onide to brogge 20 Authoritis peripoja in 15 distribus da antario principal de miser de 1800 e 1800 e un constituir per		
North Palm	r's name and address Same as Plan S	The state of the s		3b Administrator	s EIN		
		the least v	sturn/report filed for	4b EIN	gades (see section of the section of		
4 If the name and/	or EIN of the plan sponsor or the plan nan the plan sponsor's name, EIN, the plan na	ne has changed since the last re me and the plan number from th	ne last return/report.	4d PN			
a Sponsor's name	He plan sponser						
c Plan Name							
			**********************************	5a			
5a Total number of	participants at the beginning of the plan	/eai		5b	all de transport (vil det lan service reproductive all les de la major de la les de la companyo est la les de l		
<b>b</b> Total number of	f participants at the end of the plan year  f participants at the end of the plan year  icipants with account balances as of the e	nd of the plan year (only defined	contribution plans	5c			
complete this it	icipants with account balances as of the e em)	***************************************		5d(1)			
	of the heatinging of	the plan year		5d(2)			
d(2) Total number	r of active participants at the beginning or or of active participants at the end of the pl	an year	anofite that were less	5e			
<ul> <li>Number of par</li> </ul>	rticipants who terminated employment dan	ang are pre- 2			an and a superior and		
than 100% Ve	SIGU EALT		J Ulliess leasonant	anort including if	applicable, a Schedule		
Caution: A penalty Under penalties of I	sted  for the late or incomplete filing of this perjury and other penalties set forth in the completed and signed by an enrolled act	instructions, I declare that I have uary, as well as the electronic ve	e examined this return/repo	ort, and to the best	of my knowledge and		
SB or Schedule Mid belief, it is true, con	Completed and alarma at		Daniel Karo				
sign 7		201 122 1		idual signing as pla	n administrator		
	ture of plan administrator	Date 10-14-1	7 Enter name or indiv	ideal ordining to be			
AND THE PROPERTY OF THE PROPER	EUS V. V. D. Det C. V. Andrewsking and Control of the Control of t				rolover or plan sponso		
SIGN	la la la caracas	Date	Enter name of indiv	idual signing as en	rployer or plan sponsor Form 5500-SF (201		
HERE Signa	ture of employer/plan sponsor	The state of the s	And the second of the second o		v.17102		

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	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions )					. X Yes	з П No
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								, <sub>—</sub>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								s No
	If you answered "No" to either line 6a or line 6b, the plan cann					_		_	ermined
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a			0				48,819
b	Total plan liabilities	7b			0				C
C	Net plan assets (subtract line 7b from line 7a)	7c			0	48			48,819
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		10,	538				
	(2) Participants	8a(2)		40,	500				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-2,	075				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							48,963
d	Benefits paid (including direct rollovers and insurance premiums	0.4							
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d							
	Administrative service providers (salaries, fees, commissions)	8e 8f			144				
	-:								
<u>g</u>	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g							144
<del>-</del> "	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							48,819
÷	Net income (loss) (subtract line 8h from line 8c)	8i							10,012
Do		8j							
9a	If the plan provides pension benefits, enter the applicable pension	footure co	ados from the List of DI	an Cha	ractori	etic Co	odos in the in	etructions:	
Ja	2E 2J 2F 2G 3D 3H	leature cc	des nom the List of the	an Ona	acteri	Silo Oc	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	acteris	tic Coc	des in the inst	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								
	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			
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	ner person	s by an insurance						
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	Х				144
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
g				10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
ī	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					

	Fo	orm 5500-SF (2018)	Page 3-					
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
lf	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):