Univer Network Balance 2018 Desenver View The form is required to be (files under sections 155 and 4005 of the Employee Retirement Incomes Security Act of 1974 (ESIRS). The form is Open to Prove the Network View Construct Preser the Network View Construct - Complete all environment on the form structions to the Form stopsets. The Form is Open to Prove Distribution View Construct Part II Annual Report Identification Information and oning View Construct and oning View Construct B This return/report is for: a single-employee plan and oning View Construct and oning View Construct B This return/report is an expeription of Below Plan year return/report as introl employee Return/report (less than 12 months) C Check box if filing under: Form 5058 B This return/report is an emediad return/report as introl employee Return/report (less than 12 months) C Check box if filing under: Form 5058 under second information B This return/report is for: a ended return/report (less than 12 months) C Check box if filing under: form 5058 under second view (loss under second view) B Form 5058 under data secon provine: under second view (loss un	For	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089				
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c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c d(1) Total number of active participants at the beginning of the plan year 5d(1) 0 d(2) Total number of active participants at the end of the plan year 5d(2) 0 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	5a Total	number of participants	at the beginning of the plan year.				17				
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d(2) Total number of active participants at the end of the plan year 5d(2) 0 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH					•	5c					
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	d(1) Tot	al number of active pa	rticipants at the beginning of the pl	lan year		5d(1)	0				
than 100% vested Jee Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	0				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH					5e	0					
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 HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable cau						
SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed a	nd signed by an enrolled actuary, a								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				10/11/2019	SAMUEL BRACH						
SIGN HERE Filed with authorized/valid electronic signature. 10/11/2019 SAMUEL BRACH Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of plan a	Idministrator	Date	Enter name of individ	ual signing	as plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN			10/11/2019		<u> </u>	·				
		Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing					

v.171027

6a	a 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) 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 cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?	×	Yes No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r		4177626. (See instructions.)			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
а	Total plan assets	7a	2	20359			11462			
b	Total plan liabilities	7b		424			2648			
C	Net plan assets (subtract line 7b from line 7a)	7c		19935			8814			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					0			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11121						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0			0			
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11121			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-11121			
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $1A$ $1I$ $3D$	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:			
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	'oluntary F	iduciary Correction	10a		×				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
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		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.).		10e		x					
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

Page **3-** 1

Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es 🗡	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es 🗡	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver			r th ay			letter ear	ruling	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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		Nc)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the			[Ye	÷s 🗙	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	n(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan					ee		OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to be filed		d 4065 of the Employee	•	2	018					
	Department of Labor bloyee Benefits Security Administration rension Benefit Guaranty Corporation		al Revenue Code (the C	Code).	Inis Form is Open to Inspection							
CARGE 2007		Complete all entries in accord tentification Information	lance with the instruc	tions to the Form 5500	I-SF.							
	calendar plan year 2018 or fisc	lentification Information	01/01/2018	and ending	12/31	/2018						
FUI												
	This return/report is for:	x a single-employer plan	a list of participating er a foreign plan	an (not multiemployer) (nployer information in a								
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 m	onths)							
C	Check box if filing under:	x Form 5558	automatic extension n)			FVC program	n					
p	art II Basic Plan Infor	mation enter all requested infor	mation	-,,								
	Name of plan		11/2001		1b Three	e-diait						
	·	S Corp. Defined Benefit F	ension Plan			number	001					
					1c Effect	ctive date of 01/2009	plan					
2a	Mailing Address (include roor	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O. B			2b Emp		ication Number					
	Polycraft Industries	e, country, and ZIP or foreign postal c s Corp.	ode (in toreign, see inst	ructions)		nsor's teleph .8) 392-3	none number					
	40 Ranick Road					iness code (200	see instructions)					
2-	US Hauppauge NY 11788				06.41							
Ja	Plan administrator's name an	d address 🕱 Same as Plan Sponso	or		3D Adm	ninistrator's l	EIN					
					3c Adm	ninistrator's t	elephone number					
4		plan sponsor or the plan name has c sor's name, EIN, the plan name and			4b EIN							
a c					4d PN							
	Total number of participants	at the beginning of the plan year		//////////////////////////////////////	5a		17					
b		at the end of the plan year			5b		12					
С	Number of participants with a	ccount balances as of the end of the	plan year (only defined	contribution plans	5c							
d		icipants at the beginning of the plan y		3886896666666666660000000000000000000000	5d(1)		0					
d	(2) Total number of active part	icipants at the end of the plan year	\$		5d(2)		0					
е		erminated employment during the pla	•		5e		0					
C	aution: A penalty for the late	or incomplete filing of this return/r	eport will be assessed	l unless reasonable ca	use is esta	ablished.						
U	nder penalties of perjury and ot	her penalties set forth in the instruction Ad signed by an enrolled actuary, as	ons, I declare that I hav	e examined this return/r	eport, inclu	ding, if appli	cable, a Schedule y knowledge and					
	SIGN SON	SNOC										
1.00	IERE Signature of plan adm	inistrator	Date /0/17/19	Enter name of individu	al signing a	as plan adm	inistrator					
	SIGN											
	ERE Signature of employer	/plan sponsor	Date	Enter name of individu	ial signing a	as employer	or plan sponsor					

	Jacob Contraction Contraction
For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.	

Page 2

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	000#1#8#34446604#01#067#3#8#50#367440p##56###66###£0###
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b 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.)

XYes No

XYe	s 🗌 No
X Ye	sNo

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year 41.77626

(See instructions.)

Part III Financial Information

aTotal plan assets7a20,359bTotal plan liabilities7b424cNet plan assets (subtract line 7b from line 7a)7c19,935	11,462 2,648 8,814
	8,814
C Not plan espets (subtract line 7b) from line 7b) 7c 10,035	
C Net plan assets (subtract line 7b from line 7a)	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Tota	41
a Contributions received or receivable from: (1) Employers 0	
(2) Participants	internet all sole and a second se
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 11,121	
e Certain deemed and/or corrective distributions (see instructions) 8e 0	
f Administrative service providers (salaries, fees, commissions) 8f 0	ANALY CONTRACTOR
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	11,121
i Net income (loss) (subtract line 8h from line 8c)	(11,121)
j Transfers to (from) the plan (see instructions)	

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: 1A 1I 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	NIA	Amount
а	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				785461 5745-90	
	Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c		x	大日前日	
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		
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.)	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				
i	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	10i				

Form 5500-SF 2018

Page 3 -

20100-0020	279495224781				-			
Pari	VI Pension Funding Compliance	<u></u>						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500 and line 11a below)				Yes	X	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 ERISA?		on 302	of		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month DayYear							g
lf y	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 the plan year							
d	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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No N/A				
Par	tVII Plan Terminations and Transfers of Assets							
13a	a 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					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 t which assets or liabilities were transferred. (See instructions.)	he plan(s) to					
1	13c(1) Name of plan(s): 13c(2) El				13	c(3) F	PN(s)	

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