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**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 A This return/report is for: a single-employer plan a multiple-employer plan list of participating employer information in accordance with the form instruction in a foreign plan a	
A This return/report is for: a one-participant plan a foreign plan a foreign plan	
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)	
C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program	
special extension (enter description)	
Part II Basic Plan Information—enter all requested information	
1a Name of plan 1b Three-digit	
GT MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN plan number (PN)	001
1c Effective date of plan 01/01/2011	
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification	
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	
City of town, state of province, country, and zir of foreign postar code (inforeign, see instructions) 2c Sponsor's telephone is 347-276-8515	
2d Business code (see in	
1235 PARK AVE APT. AB 541600	
NEW YORK, NY 10128	
26 Di 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3a Plan administrator's name and address Same as Plan Sponsor.	
36 Plan administrator's name and address Same as Plan Sponsor. 36 Administrator's telepho	none number
	none number
	none number
3c Administrator's telephology and the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN	none number
3c Administrator's telephologous Adm	none number
3c Administrator's telephology and the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN	hone number
3c Administrator's telephology If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 3c Administrator's telephology 4b EIN 4d PN	hone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	7
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	7 7 2 7 7 0 a Schedule
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year D Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d PN 5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5d(1) Total number of active participants at the beginning of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling 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, 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 know belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/13/2019 JULIANA TERIAN	7 7 2 7 7 0 , a Schedule wledge and

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Yes	S No
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.)								s No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								. Ц
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							Not det	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	d of Year	
a	Total plan assets	7a	`	35923			(/	47208	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	;	35923				47208	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:	0-(4)		0					
	(1) Employers	8a(1)	,	13200					
	(2) Participants	8a(2) 8a(3)		0					
	Other income (loss)	8b		-1458					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11742	
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		0					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		457	-				
<u>g</u>	Other expenses	8g		0				457	
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				457			
-	Net income (loss) (subtract line 8h from line 8c)							11285	
,	, , , , , ,	8j		0					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	ndes in the ins	etructions:	
Ju	2A 2E 2F 2J 2K 2G 3D	reature ce	des nom the List of the	an Ona	acton	3110 00		structions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan	n Chara	acteris	tic Cod	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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			500	000
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			
9			·	10g	Χ			4	381
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 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	0
	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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part i Annual Report Identification information			
For calendar plan year 2018 or fiscal plan year beginning	01/01/2018 and endir		
A This return/report is for:	a multiple-employer plan (not multiemp list of participating employer information		
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 that	n 12 months)	
C Check box if filing under:	automatic extension	DFVC program	m
special extension (enter desc			
Part II Basic Plan Information—enter all requested in	nformation	T.,	
1a Name of plan GT Management, LLC 401(k) Profit Shan	ring Plan	1b Three-digit plan numb	
		1c Effective d	
*		01/01/	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.			Identification Number
City or town, state or province, country, and ZIP or foreign pos			5070213
GT Management, LLC	,	2c Sponsor's 347-27	telephone number
			code (see instructions)
1235 Park Ave Apt. AB		Zu business c	ode (see instructions)
New York NY 101	28	541600	
3a Plan administrator's name and address X Same as Plan Spo	onsor.	3b Administra	tor's EIN
		30 Administra	tor's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name if this plan, enter the plan sponsor's name, EIN, the plan name		ort.	
a Sponsor's name		4d PN	
C Plan Name			
5a Total number of participants at the beginning of the plan year		5a	7
b Total number of participants at the end of the plan year			7
C Number of participants with account balances as of the end of complete this item)	f the plan year (only defined contribution plan	ns 5c	2
d(1) Total number of active participants at the beginning of the	olan year	5d(1)	7
d(2) Total number of active participants at the end of the plan ye		100 miles	7
Number of participants who terminated employment during the second of the plant of the plan			
than 100% vested		Je .	C
Caution: A penalty for the late or incomplete filing of this retu	rn/report will be assessed unless reasona	ble cause is established	ed.
Under penalties of perjury and other penalties set forth in the instru SB or Schedule MB completed and signed by an enrolled actuary, belief, it is true, correct, and complete.	as well as the electronic version of this retur	n/report, and to the best	of my knowledge and
SIGN / / / / /	Juliana T	erian	
HERE Signature of plan administrator	140/12/18/	individual alestes as at-	an administrata
	water 1 1 1 4 Enter name of	individual signing as pla	an administrator
SIGN /			
Signature of employer/plan sponsor	Date Enter name of	individual signing as em	ployer or plan sponsor

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۲	а	а	e	_

b	 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. 							_	Yes	No No
C	If 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	nsurance pr	ogram (see ERISA se	ection 4	021)?	Yes	No No	Not	deterr	
Par										
	Plan Assets and Liabilities		(a) Beginning				(b) End	of Yea		
_	Total plan assets	7a		35,	923				4	7,208
	Total plan liabilities	7b			0					(
C	Net plan assets (subtract line 7b from line 7a)	7c		35,	923				4	7,208
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
	Contributions received or receivable from:	90/4)			0					
	(1) Employers	8a(1)		13,	200					
	(2) Participants	8a(2)		13,	0					
	(3) Others (including rollovers)	8a(3)		1						
	Other income (loss)	8b		-1,	458		- Tele		-	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d			0				1.	1,742
	Certain deemed and/or corrective distributions (see instructions)	8e			0		SECTION			THE ST
	Administrative service providers (salaries, fees, commissions)	8f			457				5.6	
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Na Alexandra							457
	Net income (loss) (subtract line 8h from line 8c)								1	1,285
	Transfers to (from) the plan (see instructions)				0				1.	1,20.
Par		8j			U				(Novie)	
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 2G 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2A 2E 2F 2J 2K 2G 3D									
10	During the plan year:				Yes	No		Amoun		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		х		ranoun		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	X				500	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
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.)	ner persons	by an insurance ne benefits under	10e		х				
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-er	nd.)	10g	Х				4	4,881
h	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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	notice or one of the	10i						

	Form 5500-SF (2018)	Page 3 -		-			
Part	VI Pension Funding Compliance						
11		funding requirements? (If "Yes," see instructions a		edule S	В	_ Y	Yes No
11a		s for all years from Schedule SB (Form 5500) line		11a			
12	Is this a defined contribution plan subject to the	minimum funding requirements of section 412 of the	he Code or section		f	_ Y	Yes X No
	granting the waiver.	a prior year is being amortized in this plan year, se	Month	d enter t		f the lette Year	r ruling
If	you completed line 12a, complete lines 3, 9, an	nd 10 of Schedule MB (Form 5500), and skip to	line 13.				
b	Enter the minimum required contribution for this p	lan year		12b			
		the plan for this plan year		12c			
d		in line 12b. Enter the result (enter a minus sign to		12d			
е	Will the minimum funding amount reported on lin	e 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers	s of Assets					
13a	Has a resolution to terminate the plan been adopted	l in any plan year?			Yes	X N	Ю
	If "Yes," enter the amount of any plan assets tha	t reverted to the employer this year		13a			
b	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		were transferred from this plan to another plan(s), i					
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)