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	Annual Report	Identification Information								
For calend	lar plan year 2018 or fis	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		plan (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	t						
		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	1	DFVC progra	m				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name NETS THAT	•	ROFIT SHARING PLAN			1b Three-digingler plan number (PN) ▶					
					1c Effective of	late of plan 01/01/2008				
		yer, if for a single-employer plan)	2. Royl			Identification Number				
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)	13-3639788				
•	WORK COMPANY			,		telephone number 2-888-7311				
					2d Business	code (see instructions)				
322 EIGHTH AVENUE, SUITE 701 NEW YORK, NY 10001				532400						
NEW TORK	, 141 10001									
3a Plan administrator's name and address ☒ Same as Plan Sponsor.					3b Administrator's EIN					
					3c Administrator's telephone number					
		e plan sponsor or the plan name h			4b EIN					
	sor's name	noor o namo, Ent, the plan name t	and the plan namber nem	the last retain, report.	4d PN					
C Plan N	Name									
Fo. Tatal					5a	1				
_		at the beginning of the plan year.			5b	1				
	· · ·	at the end of the plan year account balances as of the end of								
		account balances as of the end of		-	5c	1				
d(1) Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	1				
		rticipants at the end of the plan ye			5d(2)	1				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0						
		or incomplete filing of this retur								
SB or Scho		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	/valid electronic signature.	10/01/2019	DANIEL KENNELLY						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								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 \square 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.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not de	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e 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	55	32587			• •	522613	
b	Fotal plan liabilities								
С	Net plan assets (subtract line 7b from line 7a)	7c	53	32587				522613	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		24500					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-4	32184					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-7684	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	Vor corrective distributions (see instructions) 8e 0							
f	Administrative service providers (salaries, fees, commissions)	ninistrative service providers (salaries, fees, commissions) 8f 2290							
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)						2290	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)							-9974	
	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K	feature co	odes 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 fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	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	? (Do not	include transactions						
	reported on line 10a.)			10b	X	X		400	000
d	, ,			10c	^			100	000
	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			2	748
f	The state of the s					Χ			
				10g		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	ne require	d notice or one of the	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	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								
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)				

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2018

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A This return/report is for: a single-employer plan (pate multilemployer) (Filers checking this box must attach a lat of participant plan a cone-participant plan the first return/report the first return/report an amended return/report as short plan year return/report (less than 12 mortitis) Form 5558 automatic extension DFVC program	Part		t identification informatio						
A This return/report is for: a one-perficipent plan a foreign plan a short plan year return/report (less than 12 months) DFVC program DFVC prog	For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending				
B This return/report is	A This re	eturn/report is for:	□ a single-employer plan						
In this return/report In the hard return/report In a hort plan year return/report (less than 12 months)	D This was	As some force or count in	a one-participant plan	a foreign plan					
C Check box if filling under: Septem 5588 automatic extension DFVC program Part II Basic Plan information—enter all requested information 1	D This re	tum/report is	the first return/report	the final return/report					
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan NETS THAT WORK CO. 401 (K) PROFIT SHARING PLAN 16 Effective date of plan 01/01/2008 22 24 Plan sponsor's name (employer, if for a single-employer plan) 16 Effective date of plan 01/01/2008 25 25 26 26 26 26 26 26			an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)			
Part II Basic Plan Information—enter all requested information 1a Name of plan NETS THAT WORK CO. 401 (K) PROFIT SHARING PLAN 10 10 10 10 10 10 10 1	C Check	box if filing under:	☐ X Form 5558	automatic extension		☐ DFVC program			
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14 Name of plan NETS THAT WORK CO. 401 (K) PROFIT SHARING PLAN 25 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, spt., 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) Nets That Work Company 26 Eighth Avenue, Suite 701 New York NY 10001 27 Business code (see instructions) New York NY 10001 28 Plan administrator's name and address Same as Plan Sponsor. 39 Administrator's telephone number 212=888-7311 26 Business code (see instructions) 30 Administrator's telephone number 31 Administrator's name and address Same as Plan Sponsor. 30 Administrator's telephone number 40 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. 40 Pin Name 41 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 42 Fighth Name 44 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 45 Fighth Name 46 Pin Name 57 Total number of participants at the beginning of the plan year 47 Consumer of participants at the end of the plan year 48 Fighth Name 58 Total number of participants at the end of the plan year 59 Consumer of participants at the end of the plan year 50 Consumer of participants at the deginning of the plan year 69 Consumer of participants at the deginning of the plan year 60 Consumer of participants at the end of the plan year 60 Consumer of participants at the end of the plan year 60 Consumer of participants at the deginning of the plan year 60 Consumer of participants at the end of the plan year 60 Consumer of participants at the end of the plan year 60 Consumer of participants at the end of the plan year 60 Consumer of participants at the end of the plan year 60 Consumer of	Part II	Rasic Plan Inf	<u> </u>			·			
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2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or forw, state or province, country, and ZiP or foreign postal code (if foreign, see instructions) Net's That Work Company 322 Eighth Avenue, Suite 701 New York NY 10001 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the tast return/report filed for his plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 5 Administrator's telephone number. 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 5 Administrator's telephone number. 5 Administrator's telephone number. 4 DEIN 4 DEIN 4 DEIN 5 Administrator's telephone number. 5 Administrator's telephone number. 5 Administrator's telephone number. 5 Administrator's telephone number. 5 DEIN Name 5 Administrator's telephone number. 5						plan numbe			
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322 Eighth Avenue, Suite 701 New York NY 10001 33 Plan administrator's name and address Signame as Plan Sponsor. 34 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. 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. 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. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete filis item). 6 Cultinumber of participants with account balances as of the plan year. 5 Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule Under penalties of perjug and other penalties set forth in the instructions, if declare that I have examined this return/report, including, if applicable, a Schedule Under penalties of perjug and other penalties set forth in the instructions is the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and cognifies. 5 Signature of plan administrator Date Enter name of individual signing as plan administrator	-			stai code (ii foreign, see inst	i dolloris)				
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a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year			· · · · · · · · · · · · · · · · · · ·	•		4b EIN			
Total number of participants at the beginning of the plan year	-		onsors name, Lnv, the plan hame	and the plan number from t	ne iast returnieport.	4d PN			
b Total number of participants at the end of the plan year	•								
b Total number of participants at the end of the plan year									
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total	number of participant	s at the beginning of the plan year			5a	1		
d(1) Total number of active participants at the beginning of the plan year	b Total	number of participant	s at the end of the plan year			5b	. 1		
d(1) Total number of active participants at the beginning of the plan year						5c	1		
d(2) Total number of active participants at the end of the plan year						5d(1)	1		
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 filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjucy 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 consider. SIGN 10/01/2019 DANIEL KENNELLY Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	` '	•		•			1		
than 100% vested									
Under penalties of perjuty, 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 10/01/2019 DANIEL KENNELLY	than 100% vested				0				
belief, it is true, correct, and copposes. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Under pena	alties of perjury and o	ther penalties set forth in the instru	ictions, I declare that I have	examined this return/re	port, including, if ap	plicable, a Schedule		
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				as well as the electronic ver	sion of this return/repor	t, and to the best of	my knowledge and		
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN. HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN			10/01/2019	DANIEL KENNEL	LY			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator		
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN HERE	V							
	Charles A Value				Enter name of individ	ual signing as empl			

p,	an	e	2

	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an Indeperand	endent qualified public itions.)	accoun	tant (I	QPA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC i If "Yes" is checked, enter the My PAA confirmation number from the				-		· u. u	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
a	Total plan assets	. 7a		532,	587		522,613	
<u>b</u>	Total plan liabilities	. 7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		532,	587		522,613	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)			0			
	(2) Participants	8a(2)		24,	500	<u> </u>		
	(3) Others (including rollovers)	8a(3)			0	1. 1. 1.		
<u>b</u>	Other income (loss)	8b		-32 ,	184			
_ <u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1 34 C			
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0)		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	2,290					
g	Other expenses	8g	0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2,29		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-9,974	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 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 for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F							
					Yes	No	A4	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions with	n the time period		163	NO	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		Х		
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	Х		100,000	
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		Х		
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	Х		2,748	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
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				

	Form 5500-SF (2018)	Page 3 - [_						
Part VI	Pension Funding Compliance	<u> </u>						· · · · · ·	
11 Is t	this a defined benefit plan subject to minimum funding requirements? (I orm 5500) and line 11a below)	f "Yes," see instructi	ons an	d complete Sch	nedule S	SB		Yes	No
	nter the unpaid minimum required contributions for all years from Sched								
12 Is ER	this a defined contribution plan subject to the minimum funding requirer	ments of section 412				f		Yes 2	No
	f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as app				4 . 4				
gra	a waiver of the minimum funding standard for a prior year is being amort anting the waiver.	uzed in this plan yea	r, see i	nstructions, an . Month	a enter Da		of the le Yea		g
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F							<u> </u>	
b Ente	er the minimum required contribution for this plan year	*******************************		*****************	12b				
	er the amount contributed by the employer to the plan for this plan year				12c				
d Sul	btract the amount in line 12c from the amount in line 12b. Enter the resugative amount)	ult (enter a minus sig	n to th	e left of a	12d				-
e Wil	If the minimum funding amount reported on line 12d be met by the funding	ng deadline?	•••••			Yes	No	N/.	Ā
Part VII	Plan Terminations and Transfers of Assets	-							
13a Ha	s a resolution to terminate the plan been adopted in any plan year?			** * * * * * * * * * * * * * * * * * * *		Yes	<u> </u>	No	_
	Yes," enter the amount of any plan assets that reverted to the employer				13a	Ϊ			
b We cor	ere all the plan assets distributed to participants or beneficiaries, transfe ntrol of the PBGC?	rred to another plan	, or bro	ught under the			Yes	X No	
C if, 0	during this plan year, any assets or liabilities were transferred from this ich assets or liabilities were transferred.				to				
13c(1	1) Name of plan(s):			13c(2)	EIN(s)		130	(3) PN(s)