-	rm 5500-SF	Short Form Annua	t of Small Employ	ee	OMB Nos. 1210-0110 1210-0089			
D	epartment of Labor Benefits Security Administration	<ul> <li>This form is required to be filed Income Security Act of 1974</li> </ul>		057(b) and 6058(a) of the Inte		2018 This Form is Open to		
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	,	tructions to the Form 5500	-SF.	Public Inspection		
Part I		Identification Information						
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2			1/2018			
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (File employer information in accor		•		
<b>B</b> This ret	urn/report is	a one-participant plan						
		the first return/report an amended return/report	the final return/report	: urn/report (less than 12 mont	hc)			
	have 'f fli's soon dans							
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram		
		special extension (enter descr	1 ,					
Part II		<b>Drmation</b> —enter all requested inf	ormation	1	b Three	-1: -: t		
	•	N		1				
	- , ( )				( )			
				1	<b>C</b> Effecti	ve date of plan 01/01/2014		
Mailin	g address (include roo	m, apt., suite no. and street, or P.O		structions)	(EIN)	26-1534596		
			ai code (il loreign, see ins	2	<b>c</b> Spons	or's telephone number 305-772-2072		
1561 TAGU	SAVENUE			2	<b>d</b> Busine			
						541600		
<b>3a</b> Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	nsor.	3	<b>b</b> Admin	istrator's EIN		
				3	<b>C</b> Admin	istrator's telephone number		
					<b>b</b> EIN			
•		onsor's name, EIN, the plan name a	nd the plan number from		<b>d</b> PN			
•								
5a Total	number of participants	s at the beginning of the plan year			5a	5		
					5b	5		
C Numb	per of participants with	account balances as of the end of t	the plan year (only define	ed contribution plans	5c	5		
•	,				5d(1)	3		
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan yea	ar	5	5d(2)	3		
than	100% vested		• •		5e	0		
SB or Sch	edule MB completed a	ind signed by an enrolled actuary, a						
SIGN	Filed with authorized	I/valid electronic signature.	10/18/2019	ZERIOSHA ZAPATA				
HERE	Signature of plan a	administrator	Date	Enter name of individual	signing a	s plan administrator		
SIGN								
13 Name of plan       1b Three-clipit plan number (etc)       001         2a Plan sponsor's name (employer, if for a single-employer plan) Maling 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)       2b Employer Identification Number (etc)         305 NO FAULT, INC.       2b: 534596       2c Sponsor's telephone number 305-772-2072         2d Bian administrator's name and address (include see instructions)       3c Administrator's elephone number 305-772-2072         3a Plan administrator's name and address (instructions) Sos No FAULT, INC.       3b Administrator's elephone number 305-772-2072         3a Plan administrator's name and address (instructions) Sos no re 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.       4b EIN         4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.       3c Administrator's telephone number form the last return/report.         4 D PN       5a       5a       5c         5a Total number of participants at the beginning of the plan year       5a       5c         5c (1) Total number of active participants at the end of the plan year       5c       5c         61(1) Total number of active participants at the end of the plan year       5d       5c       5c       5c       5c       5c								
For Paperw	ork Reduction Act Notic	ce, see the Instructions for Form $\overline{5500}$	-SF.		_	Form 5500-SF (2018) v.171027		

6a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot	an indeper and conditi ot use For	ident qualified public accountant (IQPA) ions.) rm 5500-SF and must instead use Form 5500.	Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)? U Yes UNo	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pi	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year (b) En	d of Year
а	Total plan assets	7a	411988	415099
b	Total plan liabilities	7b	0	45000
С	Net plan assets (subtract line 7b from line 7a)	7c	411988	370099

С	Net plan assets (subtract line 7b from line 7a)	7c	411988	370099
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(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	-40802	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-40802
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	1087	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1087
i	Net income (loss) (subtract line 8h from line 8c)	8i		-41889
j	Transfers to (from) the plan (see instructions)	8j	0	
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Character	istic Codes in the instructions:

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 3D 9a

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions				
10	During the plan year:		Yes	No	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 Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		50000
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.)	10e	X		4144
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 as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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			

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	} 		<b>Y</b>	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.)	ın(s)	to						
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

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Form 5500-SF	Short Form Ann	ual Return/Report of Small En	nployee	OMB Nos. 1210-0110 1210-0089
Department of the Treessay Internal Revenue Service	This form is required to be 0	Benefit Plan led under sections 104 and 4065 of the Employ		1210-0089       2018       This Form is Open to Public Inspection       31/2018       sing this box must attach a rith the form instructions )       a-digit number       a-digit number       001       tive date of plan       01/2014       over identification Number       26-1534596       1534596       26-1534596       101/2014       over identification Number       26-1534596       103/2014       over identification Number       26-1534596       -7/2-2072       ress code (see instructions)       800       nistrator's EIN       nistrator's telephone numbor       5       5       3       3       0       Jished.       ng, if applicable, a Schedule       best of my knowledge and
Department of Labor Employee Benoits Sexuity Administration	Income Security Act of 197	4 (ERISA), and sections 6057(b) and 6058(a) o Revenue Code (the Code).	of the Internet	
Pension Bonofit Guaranty Corporation	<ul> <li>Complete all entries in</li> </ul>	n accordance with the instructions to the Fo	rm 5500-SF	
Part I Annual Report I	dentification Informatio	n		
For calendar plan year 2018 or flag	tel plan year beginning	01/01/2018 and ending	127	31/2018
A This return/report is for:	X ə single⊷əmployer plan	a multiple-employer plan (not multiamploy liat of participating employer information		
B This return/report is	a one-participant plan	📙 a foreign plan		
as mannatopoli is	the first return/report	the final return/roport		
	an amonded return/report	🗌 a short plan year return/report (less than	12 months)	
C Check box if filing under:	X Form 5558	automatic extension	🗌 DFVC p	Jrogram
	special extension (ontor dea			···
Part II Basic Plan Infor	mation-enter all requested i			
1a Name of plan		·	1b Thre	ie-digit
305 NO FAULT, INC.	401(K) PLAN			number N 001
			· · · · ·	tive date of plan
				/01/2014
2a Plan sponsor's name (omploy Mailing address (inslude most	er, if for a single-employer plan) , ap <del>t., suile no land street, or P</del>	) 0.0m		loyer identification Number
City or town, state or province	, country, and ZIP or foreign pos	stal code (if foreign, see instructions)	· · · · ·	
305 No Fault, Inc.				nsor's telephone number 5-772-2072
1561 Taqus Avenue				ness code (see instructions)
·				
Coral Gabies	FL 331	156	541	.800
3a Plan administrator's name and	i addross 🕅 Same ias Plan Sp	Unsor.		inistrator's EIN
			20 4	Inistratada talante e e e e e e e e
			JC Amn	inistrator s telephone numbor
4 If the name and/or EIN of the	plan sponsor of the plan name i	has changed since the last return/report filed for	r 45 EIN	
this plan, enter the plan spons	sor's name, EIN, the plan name	and the plan number from the last return/report	t	
a Sponsor's namo C Plan Name			4d PN	
5a Total number of participants a	t the beginning of the plan year			5
b Total number of participants a			5b	5
C Number of participants with ac	count balances as of the end o	of the plan year (only defined contribution plans	50	5
		plan year		
				_
		ear be plan year with accrued benefits that were lea		
than 100% vested	-	• •	) șe	
Caution: A panalty for the late or	incomplete filing of this return	m/report will be assessed unless reasonable	o cause is estal	blished.
SB or Schedule MB completed and	i signed by an enrolled actuary,	uctions, I declare that I have examined this rolu, , as well as the electronic version of this return/r	myreport, includi report, and to the	ng, ir applicable, a Schedule a best of my knowledge and
29list, it is true, correct, and compl	<u>40 -                                   </u>			
SIGN	<u>/) /</u>	ZERIOSHA ZA		
HERE Signature of plan ad	ministrator	Date OIS / S Enter came of in	dividual eigene	as plan a/iministrator

	<u> </u>	
HERE Signature of plan administrator	Date 18/19	Enter name of individual signing as plan administrator
sign 277	Del SUS	ZERIOSHA ZAPATA
HERE Signature of comployer/play sponsor	Date 7	Enter name of individual signing as employer or plan sponsor
For Paperwork/Reduction Act Notice, see the Instructions for Form 5500-SF.		Form 5500-SF (2018)

r Paperwork Reduction Act Notice, ese the Instructions for Form 5500-SF.

orm 5500-SF (2018) v.171027 OCT-23-2019 05:53 From:

To:3052741882

	Form 5500-SF (2018)	<u>,</u> ,	Page 2							
6а Ь	Were all of the plan's assets during the plan year invested in eligi 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	f an indepe / and condi	indent qualified public	accour	itənt (lé	QPA)	Ves D No			
	If the plan is a defined benofit plan, is it covered under the PBGC i If "Yes" is checked, enter the My PAA confirmation number from the second secon	insurance j	program (see ERISA s	action	4021)?	۱ ۲	Yes INO I Not determined			
Pa	till Financial Information					-				
7	Plan Assets and Liabilities	in ganning	(ə) Bəginning	of Yea	r		(b) End of Year			
8	Total plan assets	. 7a		411,	988		415,09			
	Total plan liabilities	. <u>7</u> b			0		45,00			
	Net plan assets (subtract line 7b from line 7a)	. 7c		411,	988		370,09			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total			
_	Contributions received or receivable from: (1) Employers	. 8a(1)			O	via N				
	(2) Participants	. 8a(2)			0	A.				
	(3) Others (including rollovers)	. 8a(3)			0					
b_	Other income (loss)	8b		-40,	802					
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					-40,80			
đ	Benefits paid (including direct rollovers and insurance premiums						<b></b>			
	to provide benefits)	<u>8d</u>			0					
	Certain doomed and/or corrective distributions (see instructions)	. <u>8</u> e			÷ 0					
	Administrative service providers (salarios, fees, commissions)	- 8f		1,	0872					
	Olher expenses	89	ontoliti anno Annonom		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>	Na (14. ) - 30 30.	M	en de la composition de la composition Composition de la composition de la comp		1,08			
1	Not income (loss) (subtract line 8h from line 8c)	81		1.			-41,88			
	Transfers to (from) the plan (see instructiona)	8]			0					
)a	IV         Plan Characteristics           If the plan provides pension benefits, enter the applicable pension           2A         2E         2J         2K         3D           If the plan provides wolfare benefits, enter the applicable wolfare f           V         Compliance Questions									
0	During the plan year:	•			1					
а	Was there a failure to transmit to the plan any participant contribut doscribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary 🖻	Iduciany Correction	10a	Yes	No X	Amount			
þ	Wore there any nonexempt transactions with any party-in-interest reported on line 10a )	t2 (Do not l	Include transactions	105		x				
С	Was the plan covered by a fidelity bond?			10c	x -		50,000			
d	Did the plan have a loss, whather or not reimbursed by the plan's by fraud or dishonesty?	fidelity hor	nd that was caused			x	20,00			
0	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person: a or all of t	s by an insurance the bopolite under	10d 10e	x		4,14			
f	Has the plan failed to provide any benefit when due under the pla			100		x	······································			
9	Did the plan have any participant loans? (If "Yes," enter amount a					x	······································			
	If this is an individual account plan, was there a blackout opriod?	(See instru	clions and 20 CEP	10g		X				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10h 10i						
_		· · · · · · · · · · · · · · · · · · ·		τψ1			le per 170, si di se di 170 se			

Form	5500-SF	(2018)
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Part	Pension Funding Compliance	·							
11	Is this a defined benefit plan subject to minimum funding regulirements? (If "Yes," see instructions and comp (Form 5500) and line 11a bolow)	lete Sch	chedule S <b>B</b>		Τ		Yes	<u> </u> N	
11a	Entor the unpald minimum required contributions for all years from Schedulo SB (Form 5500) line 40			Ť					
12	ERISA?	or soctio	n 302	cof		[		Yes	
	<u>, or res, complete line 1</u> 2a or lines 120, 120, 120, and 12e below, as applicable.)					<u> </u>			-
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing ranting the waiver.	ions, and		or th Daiv	ne date		ie let Year		ілд
17	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		12t	,			_		
С	Enter the amount contributed by the employer to the plan for this plan year		120	<u> </u>				_	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negativo amount)	r.	120	+					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ycs	Π	No		V/A
art \	III Plan Terminations and Transfers of Assets								
	Has a resolution to terminate the plan been adopted in any plan year?			Ŀ	XÌ Yea	<u> </u>		No	
	If "Yos," enter the amount of any plan assets that reverted to the employer this year	-	13a	Ē	<u> </u>			102	
D	Wore all the plan assets distributed to participants or boneficiaries, transferred to another plan, or brought un control of the PBGC?			╈		} Y	′es (	X Na	<u> </u>
ų.	if, during this plan year, any assets or flabilities were transferred from this plan to another plan(s), identify the which assets or flabilities were transformed.	ı plan(s)	to	-					<u> </u>
	3¢(1) Name of plan(s):	13c(2)	EIN				13e <i>t</i>	3) PN	(9)
				<u> </u>		-	,	-1	<u></u>
				_					-
					-				
-									

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