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 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 (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 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:	X Form 5558	automatic extension		DFVC progra	am				
		special extension (enter descri	ption)							
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name LT PENSION	•				1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 01/01/1996				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)		2b Employer (EIN)	Identification Number 13-3866718				
City or		ce, country, and ZIP or foreign posta		tructions)	2c Sponsor's	s telephone number 18-980-2373				
C/O ANTHO	NY TUCCI, ESQ.					code (see instructions)				
575 MIDLAN	ID AVE	575 MIDLA			Zu Business	531390				
STATEN ISL	AND, NY 10306-5929	STATEN IS	SLAND, NY 10306-5929			001000				
20.01					2h Administration	-tJ- FINI				
3a Plan a	dministrator's name ai	nd address X Same as Plan Spon	sor.		3b Administra	ATOR'S EIN				
					3c Administra	ator's telephone number				
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name ar			4b EIN					
	or's name	•		·	4d PN					
C Plan N	lame									
5a Total i	number of participants	s at the beginning of the plan year			5a	3				
_		5b	3							
b Total number of participants at the end of the plan year										
'	,	articipants at the beginning of the pla			5d(1)	3				
d(2) Total number of active participants at the end of the plan year						3				
• Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested										
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	d unless reasonable car						
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as plete.								
SIGN	Filed with authorized	I/valid electronic signature.	12/03/2019	GINO TUCCI, SR.						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN	Filed with authorized	I/valid electronic signature.	12/03/2019	GINO TUCCI, SR.						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or						nployer or plan sponsor				

Form 5500-SF (2018) Page **2**

_	Were all of the plan's assets during the plan year invested in eligib						X Yes	No		
b	Are you claiming a waiver of the annual examination and report of sunder 29 CER 2520 104-462 (See instructions on waiver eligibility)				X Yes	No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC in							nined		
	If "Yes" is checked, enter the My PAA confirmation number from th					<u>-</u>	. – –	ons.)		
	· · · · · · · · · · · · · · · · · · ·									
	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year			
-	Total plan assets	7a	238	86225			2307427			
	Total plan liabilities	7b		0			0			
_	Net plan assets (subtract line 7b from line 7a)	7c		86225			2307427			
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
a	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	,	10902						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					10902			
	Benefits paid (including direct rollovers and insurance premiums	0.4		89700						
	to provide benefits)	8d			\dashv					
	Certain deemed and/or corrective distributions (see instructions) 8e									
	f Administrative service providers (salaries, fees, commissions) 8f 0									
	g Other expenses									
	h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 89700 i Net income (loss) (subtract line 8h from line 8c) 8i -78798									
	Net income (loss) (subtract line 8h from line 8c)				-78798					
	j Transfers to (from) the plan (see instructions)									
	t IV Plan Characteristics	f t	des from the List of Di	Ol			des Seither Seatmentlerer			
9a	If the plan provides pension benefits, enter the applicable pension 1A 1H 1I 3D	reature co	ides from the List of Pia	an Cha	racteri	Silc CC	odes in the instructions.			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	acteris	tic Cod	des 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 contribu	itions withi	n the time period				1333 5333			
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	•	40						
h	Program)			10a		Х				
	reported on line 10a.)	10b		Χ						
С	Was the plan covered by a fidelity bond?	10c		X						
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.)	10e		X						
f		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	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	he require	d notice or one of the	10i						

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			0				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y6	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 letter _ Year	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							
C Enter the amount contributed by the employer to the plan for this plan year									
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				
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	ı				
	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)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	g 12/3	31/2018	
•	Round off amounts to nearest dollar.				
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	cause is establishe	d.		
	Name of plan	B Three-di	git		
	LT PENSION TRUST	plan nun	nber (PN) •	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (E	IN)
	L T LAND DEVELOPMENT CORP.		13-386	66718	
E	Type of plan: Single Multiple-A Multiple-B F Prior year plan size	e: X 100 or fewer	101-	500 More th	an 500
F	Part I Basic Information				
_1	Enter the valuation date: Month 01 Day 01 Year 2018				
2	Assets:				
	a Market value		. 2a		2386225
	b Actuarial value		. 2b		2386225
3	Funding target/participant count breakdown	(1) Number of participants		sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	b For terminated vested participants	0		0	0
	C For active participants	3		1025510	1025510
	d Total	3		1025510	1025510
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)				
	a Funding target disregarding prescribed at-risk assumptions		4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor		4b		
5	Effective interest rate		5		4.80 %
6	Target normal cost		6		0
Sta	tement by Enrolled Actuary			•	
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attact accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.				
	SIGN				
	HERE			11/25/201	9
	Signature of actuary			Date	
	JOHN BURY			17-04183	
	Type or print name of actuary		Most	recent enrollmer	nt number
	BURY AND ASSOCIATES, INC.			973-783-44	77
	Firm name 1155 WEST CHESTNUT STREET JNION, NC 07083	Tε	elephone	number (includ	ing area code)
	Address of the firm				
If th	e actuary has not fully reflected any regulation or ruling promulgated under the statute in comp	pleting this schedul	e, check	the box and see	э П
inet	ructions				

Page 2 -	1
----------	---

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding	Bal	ances							
	(a) Carryover balance (b) Prefunding balance										balance			
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)												0		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)													
9 Amount remaining (line 7 minus line 8)												0		
10	Interest of	າກ line 9 ເ	using prior year's	actual retu	rn of%									
11														
					38a from prior year)									0
					a over line 38b from prior interest rate of									0
	• •			-	edule SB, using prior year									0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding bala	nce.								0
	d Portion	of (c) to	be added to prefu	unding bala	ance									0
12	Other red	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 1	2)				85				0
Р	art III	Fun	ding Percenta	ages			•				•			
14 Funding target attainment percentage								. 14		232.67%				
					<u>, </u>							15		232.67%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								. 16		102.76%				
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									%					
Р	Part IV Contributions and Liquidity Shortfalls													
18					ar by employer(s) and em	nploy			1 4) 4					
(N	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) D. (MM-DD-		(b) Amount employe			(c) Amo em	ount p ploye	•
				0		0								
						-	Totala b	40/5			10/2			
10	Discount		() (!	!	order of the second selection of the		Totals ▶	18(b)	- handania a at th		0 18(c)		0
19	19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years													
	a Contributions allocated toward unpaid minimum required contributions from prior years													
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20														
	a Did the plan have a "funding shortfall" for the prior year?													
	b If line	20a is "Y	es," were required	quarterly	installments for the curre	nt ye	ar made in	a timely n	nanner?					es No
			·		nplete the following table	-		•					_	
					Liquidity shortfall as of			f this plan	year					
		(1) 1st	t		(2) 2nd			(3)	3rd			(4)	4th	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost	
a Segment rates: 1st segment: 3/32% 3/3	
Solution	
22 23 Mortality table(s) (see instructions) Prior regulation: Prescribed - combined Prescribed - separate Substructions Prescribed - separate Substruc	d curve used
23 Mortality table(s) (see instructions) Prior regulation: Prior Prescribed - combined Prescribed - separate Subst Current regulation: Prescribed - combined Prescribed - separate Subst Current regulation: Prescribed - combined Prescribed - separate Subst Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment. 28 Uppaid minimum required contributions for all prior years 28 Uppaid minimum required contributions for all prior years 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 (line 19a). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). 31 Target normal cost (line 6). 31 Target normal cost (line 6). 31 A Target normal cost (line 6). 32 Amortization installments. 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year)) and the waived amount. 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year)) and the waived amount. 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34 Total funding requirement (line 34 minus line 35). 36 Additional cash requirement (line 34 minus line 35). 37 Contributions allocated toward minimum required contributions) 38 Present value of excess contributions for current year (see instructions) 39 Present value of excess contributions for current year (see instructions)	0
Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding require attachment. 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment. 28 Unpaid minimum required contributions for all prior years 28 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 Part VII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6) 31a	9
Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding require attachment	ute
Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding require attachment	ute
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding require attachment. 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment. 28 Unpaid minimum required contributions for all prior years. 28 Unpaid minimum required contributions for all prior years. 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). 30 Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6). b Excess assets, if applicable, but not greater than line 31a. 31a b Excess assets, if applicable, but not greater than line 31a. 31b 32 Amortization installments: 0 Uutstanding Balance Install A Net shortfall amortization installment. 0 Uutstanding Balance Install R Net shortfall amortization installment. 0 Ustanding Balance Prefunding balance Prefunding balance Total by Carryover balance Prefunding balance Total by Carryover balance Prefunding balance Total by Carryover balance Prefunding balance Total by Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c). 36 Additional cash requirement (line 34 minus line 35). 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c). 38 Present value of excess contributions for current year (see instructions) 38 Present value of excess contributions for current year (see instructions)	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	_
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	Yes X No
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years	Yes No
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	
((line 19a)	
Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	0
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	0
a Target normal cost (line 6)	
b Excess assets, if applicable, but not greater than line 31a	
Amortization installments: a Net shortfall amortization installment	0
a Net shortfall amortization installment	0
b Waiver amortization installment	nent
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	0
Month Day Year) and the waived amount	0
Carryover balance Prefunding balance Total by Balances elected for use to offset funding requirement	
35 Balances elected for use to offset funding requirement	0
requirement	lance
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	0
19c)	0
38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)	0
h Portion included in line 299 attributable to use of profunding and funding standard community belongs	0
▶ Fortion included in line soa attributable to use of prefunding and funding standard carryover balances	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	0
40 Unpaid minimum required contributions for all years	0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	
41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	15 years
b Eligible plan year(s) for which the election in line 41a was made	

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 Repor	t Identification Information	ì						
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending	12/31/2018				
A This return/report is for: a single-employer plan									
B This retu	urn/report is								
		an amended return/report	a short plan year return	n/report (less than 12	months)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	n			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		pre-				
1a Name LT PENSION	The state of the s				1b Three-digit plan numb				
					1c Effective d				
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				dentification Number 13-3866718			
	town, state or proving EVELOPMENT COR	nce, country, and ZIP or foreign posi P.	tal code (if foreign, see instr	ructions)		telephone number 8-980-2373			
C/O ANTHO	NY TUCCI, ESQ.				2d Business c	ode (see instructions)			
575 MIDLAN STATEN ISL	D AVE AND, NY 10306-592		LAND AVE ISLAND, NY 10306-5929			531390			
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administrat 3c Administrat	tor's EIN			
		he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
	or's name	onsor's name, cirv, the plan name	and the plan number from the	ie last returnireport.	4d PN				
c Plan N	lame								
5a Total	number of participan	ts at the beginning of the plan year.			5a	3			
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)									
d(1) Total number of active participants at the beginning of the plan year									
d(2) Total number of active participants at the end of the plan year									
than	100% vested				5e	0			
Under pena SB or Sche	alties of perjury and	e or incomplete filing of this reture other penalties set forth in the instru- and signed by an enrolled actuary, and signed by an enrolled actuary, and the complete.	ictions, I declare that I have	examined this return/	report, including, if	applicable, a Schedule			
SIGN			9-9-15	GINO	TUCCI S	R			
HERE	Signature of plan	administrator	Date	Enter name of indiv					
SIGN HERE			9-9-15	GINO		SR			
HERE .	Signature of emp	loyer/plan sponsor	Date '	Enter name of indiv	vidual signing as em	ployer or plan sponsor			

_				•
D	2	O	0	

		11-0	Car lasta atiana N				X Yes □ No
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of						<u>N</u> 163 140
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ons.)				
	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					_	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pro	emium filing for this pl	an yea	r		4135641. (See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of	of Year			(b) End of Year
а	Total plan assets	7a	238	36225			2307427
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7с	238	86225			2307427
8	Income, Expenses, and Transfers for this Plan Year	7	(a) Amoun	t			(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		0			the same of the sa
_	(2) Participants	8a(2)		0	_		
	(3) Others (including rollovers)	8a(3)		0			
<u>b</u>	Other income (loss)	8b		10902			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		10902
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8	89700			
е.	Certain deemed and/or corrective distributions (see instructions)	8e		0			
11.00	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		0			89700
-	Net income (loss) (subtract line 8h from line 8c)	8i			\neg		-78798
÷	Transfers to (from) the plan (see instructions)			0			-70730
De		8j		0			
	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footure cor	loe from the Liet of Di-	an Cha	ractori	stic Coc	les in the instructions:
Ja	1A 1H 3D	leature cot	les from the List of Fig	an Ona	lacteri	Suc Coc	les in the instructions.
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan	n Chara	acteris	ic Code	es in the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu	itions within	the time period		100		Allount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary Fi	duciary Correction				
	Program)			10a		X	
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		10b		X		
			10c		X		
d		100					
-	by fraud or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other						
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		X	
f		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X			
h						X	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			

_		100101
-orm	5500-SF	(2018)

Page 3-	4
Page 3-	

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)		dule S	В	XY	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 Co ERISA?		302 o	f	_ Y	es 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver		enter t		f the letter Year	ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b E	Enter the minimum required contribution for this plan year		12b			
C E	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 le negative amount)	ft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
art \	/II Plan Terminations and Transfers of Assets				-	
13a	Has a resolution 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?				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.)	y the plan(s)	to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)



October 11, 2019

Employee Benefits Security Administration

RE: LT Pension Trust / 001 / 13-3866718

To Whom It May Concern,

Nova Actuarial Services, Inc. is a small Third Party Administration firm, which currently provides actuarial support to about 15 defined benefit plans. Our sole Enrolled Actuary passed away about two months ago leaving our clients in a difficult position during this critical service period.

We have made contact with an actuary who has agreed to help us after he completes his own obligations and we have successfully gotten some plans serviced prior to the October 15, 2019 filing deadline. We are confident that those remaining plans do not have funding issues. They will require extra time for the new actuaries to review plan documents, historical census and asset data and provide valuations, Schedule SB forms and PBGC materials as required.

This letter is being submitted to you as an attachment to one-such client's current Form 5500-SF. I am respectfully requesting that you allow us an additional 90 days to make a smooth actuarial transition. This will offer us enough time to make certain the plans impacted are in complete compliance.

Do not hesitate to contact me with any questions or comments regarding this matter.

Best regards,

Arthur S. Dilley President

atalley

SCHEDULE SB (Form 5500)

4

Department of the Treasury Internal Revenue Service

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

OMB No. 1210-0110

2018

This Form is Open to Public

Employee Benufits Scounty Administration	Internal Revenue Code (the	e Code).	l	Ins	pection
Pension Benefit Guaranty Corporation	File as an attachment to Form	5500 or 5500-SF.			
For calendar plan year 2018 or fiscal pla		and ending		12/31/20	18
Round off amounts to nearest doll:	ar.				
Caution: A penalty of \$1,000 will be	assessed for late filing of this report unless reason	able cause is established.			
A Name of plan		B Three-digi			001
LT PENSION TRUST		plan numb	per (PN)		-,
				1	·
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500-SF	D Employer I	dentifica	tion Number (E	IN)
C Flatt spotsor & notice of street,			c~10		
L T LAND DEVELOPMENT CO		13-386	0 / 18		
E Type of plan: Single Multiple-	A Multiple-8 F Prior year pla	an size: 🔀 100 or fewer	101-5	More th	an 500
Part I Basic Information					
1 Enter the valuation date:	Month 01 Day 01 Year_	2018			
2 Assets:				1.3	
	***************************************		2a		2,386,225
			2b		2,386,225
3 Funding target/participant count br		(1) Number of		ted Funding	(3) Total Funding Target
• •		participants 0		Target 0	1 reiget 0
	fliciaries receiving payment			0	<u>_</u>
	ils			1,025,510	
• •		1			
	***************************************			1,025,510	1,025,510
4 If the plan is in at-risk status, check	k the box and complete lines (a) and (b)				
	scribed at-risk assumptions		<u>4a</u>	ļ	
b Funding target reflecting at-risk a at-risk status for fewer than five	assumptions, but disregarding transition rule for pla consecutive years and disregarding loading factor	ans that have been in	4b		
			5		4.80%
			6		0
Statement by Enrolled Actuary To the best of my knowledge, the information but accordance with applicable law and regulations, camb nation, offer my best elemate of anticipate	ppiled in this schedule and accompanying schedules, statuments a In my opinion, each other assumption is reasonable (taking into ac id experience under the plan.	nd altachments, if any, is complete count the experience of the plan si	and accur nd reasons	raio. Euch prescribe ble expectations) an	d assumption was applied in d such other assumptions, in
SIGN HERE	In Par		·· ····	11/25/20	19
	Signature of actuary			Date	_
John Bury				170418	<u> </u>
Type Bury and Associates, Inc	or print name of actuary		Most	recent enralime 973-783-4	
Bully and Associates, inc	Firm name		lephone	number (includ	ling area code)
1155 West Chestnut Stree				•	•
Union NC 0	7083 Address of the firm				
If the actuary has not fully reflected any reinstructions	egulation or ruling promulgated under the statute i	n completing this schedule	e, check	the box and se	e [

_	- \ 5	chedule S	SB (Form 5500) 2	018		<u>_</u>	age 2 -							
	1			2	and Destruction Rel	2000		···						
Pa	rt II	Begin	ning of Year	Jarryov	er and Prefunding Bal	ances	(a) C	arryover balance	8		b) Pre	undir	ig balar	ice
					ble adjustments (line 13 from				85					0
					nding requirement (line 35 fro									
9	Amount n	emaining	(line 7 minus line	8)	******				85					0
10	Interest o	n line 9 u	sing prior year's	ctual retu	n of%					ļ.,			<u> </u>	
11	Prior yea	r's exces	s contributions to	be added I	o prefunding balance:	11	1	환하성당 한	•	L		<u>. </u>		· — <u> </u>
					8a from prior year)					 				0
	b(1) Inte Sch	erest on t nedule SE	he excess, if any, 3, using prior year	of line 38a 's effective	over line 38b from prior year interest rate of5.67%				ď.					c
					dule SB, using prior year's at	***			• •					
					r to add to prefunding balance				. :	1				0
	d Portion	n of (c) to	be added to prefi	ınding bala	ance									
12	Other rec	ductions i	in balances due to	elections	or deemed elections									
13	Balance	at beginn	ning of current yea	r (line 9 + l	ine 10 + line 11d – line 12)				89	<u> </u>				0
P	arț III	Fun	ding Percenta	iges					_			.		
14	Funding 1	target att	ainment percenta	je				*******************************				14		.67%
												15	232	.57%
16	Prior yea	ır's fundin ndina rea	ng percentage for	purposes o	of determining whether carryo	ver/prefundir	ng balance	s may be used	to reduc	e curr	ent	16	102	.76%
17	17 If the current value of the assets of the plan is less than 70 percent of the funding										17		%	
P	art IV	Con	tributions an	d Liquid	ity Shortfalls									
					ar by employer(s) and employ	yees:								
	(a) Date (b) Amount paid by (c) Amount paid by					(a) Da		(b) Amount					nt paid	by
	IM-DD-Y	HDD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees												
										_				
							_			-		_		
	- 									-+-				
			-							+				
										十		-		
							_							
										-				
										+				
			<u> </u>			Tatala b	40%			2 4	18(c)			0
		<u> </u>		<u> </u>	<u> </u>	Totals ➤	18(b)	haratanian adah		<u> </u>	18(0)			<u>`</u>
19		•	•		uctions for small plan with a				e year: 19a	Ι				0
					num required contributions frusted to valuation date				19b			_		
				-	ired contribution for current yea				19c	 				0
20			iccated toward min			, aujuaieu iu	raidesOff C		.,,,,		•••			·. :
20		•			e prior year?					L	<u> </u>		Yes	X No
					installments for the current ye							[]		No.
							a uniciy ili	was:	***********	·····			. 65	٠,٠
	C II line	∠ua is "Y	es," see instructio	ns and cor	nplete the following table as a Liquidity shortfall as of end		this olan	vear		<u> </u>	•			
		(1) 1s	t		(2) 2nd		(3)				(4	41	1	
											-			

						T 4 and 7			1.04						
	art V Discount		ons Usea	to Determine	Funding	larget and i	arget N	orma	Lost						
21	a Segme			segment: 3.92%	2 n	id segment: 5.52 %		31	d segment		T	N/A, fi	all yield	curve i	used
	b Applica	ible month (ei	nter code)							211	,				0
22										22					69
23		table(s) (see		Prior regulation					Prescribe	d - sep	arate	<u> </u>	Substitu	ie	
				Current regula	tion:	Prescribed - c	cmbined		Prescribe	d - sep	arate	[] \$	Substitu	te	
Pa	irt VI	Viscellane	ous Items									-			
24				-prescribed actua										Yes	X №
25	Has a me	thod change	been made fo	r the current plan	year? If "Ye	s," see instructio	ns regardi	ing rec	uired attac	hment.	•••••			Yes	X No
26	Is the pla	n required to p	provide a Sch	edule of Active P	articipants? I	If "Yes," see inst	uctions re	gardin	g required	attachr	nent.		X	Yes	No
27				nding rules, enter						27					
P	art VII			npaid Minimu											
28	Unpaid m			ons for all prior ye						28	T				0
29	Discount	ed employer c	ontributions a	liocated toward u	inpaid minimu	um required cont	ributions fr	rom pr	or years	29					0
30	RemainIn	g amount of u	ınpaid minimu	r required contr	ibutions (line	28 minus line 29)	•••••		30					0
Pa	art VIII	Minimum	Required	Contribution	For Curre	ent Year									
31	Target no	ormal cost and	d excess asse	ts (see instructio	ns):										
	a Target i	normal cost (li	ne 6)			·····	*************	••••••		31:	a				0
	b Excess	assets, if app	licable, but no	ot greater than lin	e 31a	***************************************				311	b				0
32	Amortiza	ion installmer	nts:					Outst	anding Bala	ince			nstailm	ent	
	_			nt	• • • • • • • • • • • • • • • • • • • •		- ⊢			_	0	_			0
										r -	-0				0
33		r has been ap		s plan year, ente Year						33					
34	Total fund	ting requirem	ent before refl	ecting carryover/	profunding ba	alances (lines 31	a - 31b + 3	32a + 3	32ь - 33)	34					0
					Сапу	over balance		Prefu	nding bala	nce		To	otal bala	nce	
35			se to offset fur				0				0				0
36	Additiona	cash require	ment (line 34	minus line 35)	************					36					0
37	Contribut	ons allocated	toward minim	num required con	tribution for c	urrent year adjus	ted to valu	uation	date (line	37					0
38	Present v	alue of exces	s contributions	s for current year	(see instructi	ions)									
	a Total (e	xcess, if any,	of line 37 ove	r line 36)						388	3				0
				table to use of pro						381	-	_			0
				n for current yea						39					0
40				ns for all years						40					3
	tiX		 -	elief Under P			010 (Sec	e Inst	tructions	s)					
41				2010 funding relie					_						
											 _	plus 7 yea] 15 ye	
	b Eligible	plan year(s) f	or which the e	election in line 41	a was made		······	*******	************	[2008	2009	2010	20	011

LT PENSION TRUST EIN:

PN:

VALUATION AS OF 01/01/18 SCHEDULE SB, line 26 -Schedule of Active Participant

ATT.		YEAF	RS OF	CREDITED	SERVIC	E					
AGE <25	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>39	
423	0	0	0	0	0	0	0	0	0	0	
25-29	0	0	0	0	0	0	0	0	0	0	
30-34	0	0	0	0	0	0	0	0	0	0	
35-39	0	0	0	0	0	0	0	0	0	0	
40-44	0	0	0	0	0	0	0	0	0	0	
45-49	0	0	0	0	0	0	0	0	0	0	
50-54	0	0	0	0	0	0	0	1	0	0	
55-59	0	0	0	0	0	0	0	0	0	0	
60-64	0	0	0	0	0	0	0	0	0	0	
65-69	.0	0	0	0	,0	0	0	0	0	0	
>69	0	0	0	1	0	0	0	0	1	1	

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods - Summary of Plan Provisions

PLAN SPONSOR: LT EIN: 13-3856718

۲

PLAN NAME: LT PENSION TRUST

PLAN NUMBER: 001

COMPUTER ID: LTP PLAN TYPE: DB

EFFECTIVE DATE : 01/01/96 VALUATION DATE : 01/01/18 PLAN YEAR END : 12/31/18 PLAN ENTRY DATE: 01/01/18

NORMAL RETIREMENT: AGE 62 AND 5 YEARS OF PARTICIPATION

ELIGIBILITY REQ: YEARS OF SERVICE REQUIRED: 1.00

MINIMUM AGE REQUIREMENT : 21.00

ENTRY ON THE NEXT ANNIVERSARY DATE AND SIX MONTHS AFTER

VEST SCHED YEAR: 0 1 2 3 4 5 6 7 8 9 10 11

0% 0% 20% 40% 60% 80% 100% 100% 100% 100% 100% 100%

BENEFIT FORMULA: 100.00% OF PAY

TOP HEAVY MINIMUM: 2.0% PER YEAR FROM 1996 PARTICIPATION

AVERAGE PAY FOR BENEFITS BASED ON HIGHEST 3 YEARS

ACCRUED BENEFIT BASED ON YEARS OF SERVICE

VALUATION SEG2 SEG3 ACTUARIAL ASSUMPTIONS: ACC. BEN SEG1 PRE-RETIREMENT MORT: NONE NONE AMT18 GAM83 POST-RETIREMENT MORT: 3.92 5.52 6.29 PRE-RETIREMENT INTEREST: 5.00 13 POST-RETIREMENT INTEREST: 2018 5.00 LIFE ANNUITY NORMAL FORM OF BENEFIT:

ASSET VALUE AT MARKET: 2386225

CREDIT BALANCE IN FSA: 0

ASSET VALUATION BASIS: Market Value

ACTUARY'S STATEMENT:

The report made by the Schedule B is based in part on information provided to the actuary by another person. Such information would customarily not be verified by the actuary who has no reason to doubt it's substantial accuracy.

Schedule SB, line 22 - Description of Weighted Average Retirement Age:
All active participants assumed to retie at NRA

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods - Summary of Plan Provisions

PLAN SPONSOR: LT EIN: 13-3856718

۲

PLAN NAME: LT PENSION TRUST

PLAN NUMBER: 001

COMPUTER ID: LTP PLAN TYPE: DB

EFFECTIVE DATE : 01/01/96 VALUATION DATE : 01/01/18 PLAN YEAR END : 12/31/18 PLAN ENTRY DATE: 01/01/18

NORMAL RETIREMENT: AGE 62 AND 5 YEARS OF PARTICIPATION

ELIGIBILITY REQ: YEARS OF SERVICE REQUIRED: 1.00

MINIMUM AGE REQUIREMENT : 21.00

ENTRY ON THE NEXT ANNIVERSARY DATE AND SIX MONTHS AFTER

VEST SCHED YEAR: 0 1 2 3 4 5 6 7 8 9 10 11

0% 0% 20% 40% 60% 80% 100% 100% 100% 100% 100% 100%

BENEFIT FORMULA: 100.00% OF PAY

TOP HEAVY MINIMUM: 2.0% PER YEAR FROM 1996 PARTICIPATION

AVERAGE PAY FOR BENEFITS BASED ON HIGHEST 3 YEARS

ACCRUED BENEFIT BASED ON YEARS OF SERVICE

VALUATION SEG2 SEG3 ACTUARIAL ASSUMPTIONS: ACC. BEN SEG1 PRE-RETIREMENT MORT: NONE NONE AMT18 GAM83 POST-RETIREMENT MORT: 3.92 5.52 6.29 PRE-RETIREMENT INTEREST: 5.00 13 POST-RETIREMENT INTEREST: 2018 5.00 LIFE ANNUITY NORMAL FORM OF BENEFIT:

ASSET VALUE AT MARKET: 2386225

CREDIT BALANCE IN FSA: 0

ASSET VALUATION BASIS: Market Value

ACTUARY'S STATEMENT:

The report made by the Schedule B is based in part on information provided to the actuary by another person. Such information would customarily not be verified by the actuary who has no reason to doubt it's substantial accuracy.

Schedule SB, line 22 - Description of Weighted Average Retirement Age:
All active participants assumed to retie at NRA

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		t Identification Information				
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/20)18	and ending	12/31/2018	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer) mployer information in a		
D =1.1		a one-participant plan	a foreign plan			
b This ret	urn/report is	the first return/report	the final return/report			
		x an amended return/report	a short plan year retu	n/report (less than 12	months)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ram
		special extension (enter descrip	,			
Part II		ormation—enter all requested info	rmation			
1a Name LT PENSIO					1b Three-diplan nur	
					1c Effective	e date of plan 01/01/1996
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Employe (EIN)	er Identification Number
	r town, state or provin EVELOPMENT CORI	ce, country, and ZIP or foreign postal P.	l code (if foreign, see inst	ructions)		r's telephone number 718-980-2373
C/O ANTHO	NY TUCCI, ESQ.					s code (see instructions)
575 MIDLAN STATEN ISL	ID AVE LAND, NY 10306-5929	9 575 MIDLA STATEN IS	ND AVE SLAND, NY 10306-5929			531390
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spons	sor.		3b Administ	trator's EIN
					3c Administ	trator's telephone number
		ne plan sponsor or the plan name has onsor's name, EIN, the plan name an			4b EIN	
a Spons c Plan N	sor's name Name				4d PN	
5a Total	number of participants	s at the beginning of the plan year			5a	3
		s at the end of the plan year			5b	3
comp	lete this item)	account balances as of the end of th				3
		articipants at the beginning of the plan				3
		articipants at the end of the plan year			5d(2)	3
than	100% vested	o terminated employment during the			5e	0
Under pen SB or Sche	alties of perjury and o	or incomplete filing of this return/ ther penalties set forth in the instruction and signed by an enrolled actuary, as applete.	ions, I declare that I have	examined this return/r	eport, including.	if applicable, a Schedule
SIGN			12/1/2019			
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as p	olan administrator
SIGN			11			
HERE	Signature of empl	oyer/plan sponsor	Date 12/1 201	Enter name of indivi	dual signing as	employer or plan sponsor

Form 5500-SF (2018) Page **2**

_	Were all of the plan's assets during the plan year invested in eligib						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann						Ц	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							nined
	If "Yes" is checked, enter the My PAA confirmation number from th					<u>-</u>	. – –	ons.)
	· · · · · · · · · · · · · · · · · · ·							
	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year	
-	Total plan assets	7a	238	86225			2307427	
	Total plan liabilities	7b		0			0	
_	Net plan assets (subtract line 7b from line 7a)	7c		86225			2307427	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
a	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	,	10902				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					10902	
	Benefits paid (including direct rollovers and insurance premiums	0.4		89700				
	to provide benefits)	8d		0	\dashv			
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
	Administrative service providers (salaries, fees, commissions)	8f		0				
	Other expenses (add lines 0d, 0s, 0f, and 0s)	8g		0			89700	
	Total expenses (add lines 8d, 8e, 8f, and 8g)							
	Net income (loss) (subtract line 8h from line 8c)						-78798	
		8j		0				
	t IV Plan Characteristics	f t	des from the List of Di	Ol			des Seither Seatmentlerer	
9a	If the plan provides pension benefits, enter the applicable pension 1A 1H 1I 3D	reature co	ides from the List of Pia	an Cha	racteri	Silc CC	odes in the instructions.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	acteris	tic Cod	des 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 contribu	itions withi	n the time period				13330	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	•	40				
h	Program)			10a		Х		
	reported on line 10a.)	•		10b		Χ		
С	Was the plan covered by a fidelity bond?			10c		X		
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				10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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	he require	d notice or one of the	10i				

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	X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y6	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 letter _ Year	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?		X Yes	No	ı
	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)



Department of the Treasury Internal Revenue Service Ogden, UT 84201-0073

005446.200094.190811.8714 1 AB 0.412 530

L T LAND DEVELOPMENT CORP %C/O ANTHONY TUCCI ESQ 575 MIDLAND AVE STATEN ISLAND NY 10306-5929

Notice	CP283				
Tax period	December 31, 2018				
Notice date	November 11, 2019				
Employer ID number	13-3866718				
Form	5500SF				
Plan number	0001				
To contact us	Phone 877-829-5500				
Programme and the second of th	FAX 877-792-2864				

Page 1 of 3



005446

Penalty charged on your Form 5500, Annual Return/Report of Employee Benefit Plan

Amount due: \$1,000.00

You filed either a late or an incomplete Form 5500. Therefore, we charged you a penalty under Internal Revenue Code (IRC) Sections 6652 or 6692.

The amount you owe is \$1,000.00.

Note: In the "Billing Summary," we combined any penalties we charged you for filing the Form 5500 late and/or not including Schedules SB or MB. If you'd like more information about the amounts for each penalty, you can call the number listed at the top of this notice.

Billing Summary	THE CONTROL OF THE PROPERTY OF THE CONTROL OF THE C
Late filing penalty and/or Incomplete Schedule SB or MB	1,000.00
Amount due by December 11, 2019	\$1,000.00

Continued on back...



L T LAND DEVELOPMENT CORP %C/O ANTHONY TUCCI ESQ 575 MIDLAND AVE STATEN ISLAND NY 10306-5929

Notice	CP283
Notice date	November 11, 2019
Employer ID number	13-3866718

Payment

- Make your check or money order payable to the United States Treasury.
- Write your Employer ID number (13-3866718), the tax period (December 31, 2018), and the form number (5500SF) on your payment and any correspondence.

Amount due by December 11, 2019

\$1,000.00

INTERNAL REVENUE SERVICE OGDEN, UT 84201-0073

Notice	CP283
Tax period	December 31, 2018
Notice date	November 11, 2019
Employer ID number	13-3866718
Plan number	0001
Page 2 of 3	

What you need to do immediately

- You must provide the missing or incomplete items. If your return was incomplete or had missing information and you believe you have an acceptable reason, send us a detailed letter explaining why you're unable to provide the missing or incomplete information. Attach your explanation to the Contact Information stub at the end of the second page of this notice.
- If you filed your return late and you believe you have an acceptable reason, you must provide a detailed letter explaining why you couldn't file your return timely. Attach your letter to the Contact Information stub at the end of the second page of this notice.
- If neither of the above applies, attach your payment to the Payment stub at the end of the first page of this notice.

If we don't hear from you

- If you don't pay \$1,000.00 by December 11, 2019, interest will be charged.
- If you don't provide missing or incomplete information, additional penalties may apply.



L T LAND DEVELOPMENT CORP %C/O ANTHONY TUCCI ESQ 575 MIDLAND AVE STATEN ISLAND NY 10306-5929 Notice CP283
Notice date November 11, 2019
Employer ID number 13-3866718

Contact information

If your address has changed, please call 877-829-5500 or visit www.irs.gov.

☐ Please check here if you've included any correspondence. Write your Employer ID number (13-3866718), the tax period (December 31, 2018), and the form number (5500SF) on any correspondence.

	□ a.m □ p.m		□ a.m. □ p.m.
Primary Phone	Best time to call	Secondary Phone	Best time to call

INTERNAL REVENUE SERVICE OGDEN, UT 84201-0073

יור רי יור דו מיריזומרי

Notice	CP283
Tax period	December 31, 2018
Notice date	November 11, 2019
Employer ID number	13-3866718
Plan number	0001

Page 3 of 3

• For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call

5446	Penalties	The penalties for Forms 5500 and 5500 EZ are listed below.		
	Late Filing penalty	The penalty for late filing is \$25 a day (up to \$15,000) for not filing returns for certain plans of deferred compensation, trust and annuities, and bond purchases plans by the due date(s). IRC Section 6652(e).		
	Missing or incomplete information penalty—Schedules SB or MB	The penalty for a missing or incomplete Schedules SB or MB is \$1,000 for not filing an actuarial statement. IRC Section 6692.		
	Removal or reduction of penalties	We understand that circumstances—such as a serious illness or injury, a family member's death, or loss of financial records due to natural disaster—may make it difficult for you to meet your taxpayer responsibility in a timely manner. We can generally process your request for penalty removal or reduction quicker if you contact us at the number listed above with the following information: • Identify which penalty charges you would like us to reconsider (e.g., 2016 late filing penalty). • For each penalty charge, explain why you believe it should be reconsidered. If you write us, include a signed statement and supporting documentation for penalty abatement request. We'll review your request and let you know whether we accept your explanation as reasonable cause to reduce or remove the penalty charge(s).		
	Removal of penalties due to erroneous written advice from the IRS	If you were penalized based on written advice from the IRS, we will remove the penalty if you meet the following criteria: • You wrote us asking for written advice on a specific issue • You gave us adequate and accurate information • You received written advice from us • You reasonably relied on our written advice and were penalized based on that advice To request removal of penalties based on erroneous written advice from us, submit a completed Claim for Refund and Request for Abatement (Form 843) to the address shown above. For a copy of the form, go to www.irs.gov or call 800-TAX-FORM (800-829-3676).		
	Additional information	 Visit www.irs.gov/cp283. You can also find the following online: Publication 594, The IRS Collection Process For additional information on Retirement plans, visit www.irs.gov and search "5500 Corner". 		

800-TAX-FORM (800-829-3676).

• Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.