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 calen	dar plan year 2018 or	fiscal plan year beginning 04/01/	2018	and ending 03	3/31/2019					
A This r	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.)									
D		a one-participant plan	a foreign plan							
B This re	eturn/report is	the first return/report	rt							
		an amended return/report	a short plan year ref	turn/report (less than 12 m	onths)					
C Check	k box if filing under:	X Form 5558	automatic extension	n	DFVC progra	am				
		special extension (enter desc	ription)							
Part II	Basic Plan Infe	ormation—enter all requested in	formation							
1a Nam GROVER	•	OZEN PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶	·				
					1c Effective	date of plan 03/31/1969				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
	`	om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos	,	estructions)	(EIN)	59-1220039				
-	WEINSTEIN PA	,,, <u></u>	.a. 0000 (ii 10101g.1, 000 ii			s telephone number 05-673-3000				
					2d Business	code (see instructions)				
777 ARTHU SECOND F	JR GODFREY ROAD				541110					
	ACH, FL 33140									
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.				3b Administr	ator's EIN					
					3c Administr	ator's telephone number				
					OO /tariiiiioti	ator o telephone number				
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name :			4b EIN					
a Spor	nsor's name				4d PN					
C Plan	Name									
5a Tota	Il number of participant	s at the beginning of the plan year.			5a	5				
b Tota	I number of participant	s at the end of the plan year			5b	5				
		account balances as of the end of		·	5c	5				
d(1) ⊤o	otal number of active p	articipants at the beginning of the p	lan year		5d(1)					
d(2) Total number of active participants at the end of the plan year				5d(2)	4					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable cau						
SB or Scl		other penalties set forth in the instru and signed by an enrolled actuary, nplete.								
SIGN	Filed with authorize	d/valid electronic signature.	12/16/2019	ROBERT GROVER						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator				
SIGN	Filed with authorize	d/valid electronic signature.	12/16/2019	12/16/2019 ROBERT GROVER						
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	dividual signing as employer or plan sponsor					

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

If you answered "No" to either line & ao r line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If I'reye' is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions). Part III Financial Information Financial		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes	No No	
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	[Yes No		
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	1473	30330				14827014	
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1473	30330			14827014		
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	otal	
(3) Others (including rollovers)	a		8a(1)		0					
b Other income (loss)		(2) Participants	8a(2)		0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0	_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	89	90124					
to provide benefits)			8c						890124	
f Administrative service providers (salaries, fees, commissions)	d 		8d	79	93440					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0					
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g)						793440	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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)	<u> i </u>		8i						96684	
Part V Compliance Questions	j_	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai									
Part V Compliance Questions 10 During the plan year: Yes No Amount a 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 1000000 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 f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the instr	uctions:	
10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the instru	ctions:	
a 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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	A	mount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.). • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	, , ,	`		10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			100000	0
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			10e		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>			·	10g		Χ			
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	` 		10h		Χ			
	i	·	•		10i					

Form 5500-SF (2018)	Page 3- 1
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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 (Form 5500) and line 11a below)			Yes 🛚 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	of	Yes 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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou 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?		Ye	s 🔀 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 brought under control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 section 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

Short Form Annual Return/Report of Small Employee

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a single-employer plan A This return/report is for: 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) Form 5558 automatic extension DFVC program **C** Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan **1b** Three-digit plan number Grover & Weinstein, PA Frozen Profit Sharing Plan 001 (PN) ▶ 1c Effective date of plan 03/31/1969 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 59-1220039 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Grover Weinstein PA (305) 673-3000 2d Business code (see instructions) 777 Arthur Godfrey Road 541110 Second Floor US MIAMI BEACH FL 33140 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Sponsor's name **4d** PN Plan Name 5a Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year 5b 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 5 complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 4 5d(2) 4 **d(2)** Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were 5e 0 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 perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it forus correct and complete. belief, it is rue, correct, and complete

	Dala A	- 1 - 1 - A -		
SIGN	Kobell 4	Drover	12-16-2019	Robert Grover
HERE	Signature of plan administrator	r	Date	Enter name of individual signing as plan administrator
SIGN				Robert Grover
	Signature of employer/plan spo	onsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2018 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	•••••	•••••		•••••	X Ye	es 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.)						Y	es No		
	If you answered "No" to either line 6a or line 6b, the plan cannot									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	-	-			_			t determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pi	remium filing for this year					(See ins	structions.)	
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Year		
а	Total plan assets	7a	14,73	30,3	30			14,82	27,014	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	14,73	30,3	30	14,827,014				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
а	Contributions received or receivable from:	0 (1)			0					
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
b	(3) Others (including rollovers)	8a(3) 8b	0.0	20 1						
C	,	8c	0:	90,1	4	202.101				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80						89	90,124	
	to provide benefits)	8d	75	93,4	40					
е	Certain deemed and/or corrective distributions (see instructions) $\ \dots$	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						79	3,440	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				96,684				
丄	Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	2E 2G 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instructions:		
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amour	ıt	
а	1 71 1									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction							
	Program)			10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
- C	·			10c	х			1	,000,000	
				1					, ,	
	by fraud or dishonesty?	-		10d		х				
е	,									
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		x				
f	1 (/			10f		х				
	<u>·</u> <u>·</u>			10g		x				
<u>s</u>		-	<u> </u>	9		<u></u>				
	2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
						•				

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Form 5500-SF 2018	Page 3 - I
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Part	VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar		chedule	SB		Yes [x N	lo
11a	Enter th	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40)	11a					
12	ERISA'	a defined contribution plan subject to the minimum funding requirements of section 412 of the?		ion 302	of		Yes [x N	lo
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see		nd ente Da		of the Yea		uling	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.						
b	Enter th	ne minimum required contribution for this plan year.	••••••	12b					
С	C Enter the amount contributed by the employer to the plan for the 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)									
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes _	No		I/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a r	esolution 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 brought under t control of the PBGC?						Yes [x N	0	
С	c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s): 13c(2) Ell				IN(s)		130	(3) PN	l(s)	