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**

A This return/report is or: 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 namended return/report a bereign plan a toreign plan a tor			dentification information						
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form \$558 automatic extension DFVC program DFVC progra	For calendar plan	year 2018 or fisc	al plan year beginning 10/01/2	2018		and ending 09	9/30/2	.019	
B This return/report is	A This return/ren	oort is for:	a single-employer plan					-	
In the Institution of Part (Part III) The Institution of Part III Basic Plan Information DFVC program			a one-participant plan			,			,
C Check box if filing under:	B This return/rep	ort is	the first return/report	the	e final return/report				
Part II Basic Plan Information—enter all requested information 1a Name of plan ROBO BREAKING CO, INC 401K PROFIT SHARING PLAN & TRUST 1b Three-digit plan number (PN)			an amended return/report	a s	short plan year return	/report (less than 12 m	onths)	
Part II Basic Plan Information—enter all requested information 1a Name of plan ROBO BREAKING CO, INC 401K PROFIT SHARING PLAN & TRUST	C Check box if fi	ling under:	Form 5558	au	utomatic extension		DI	VC program	
Tan Name of plan ROBO BREAKING CO, INC 401K PROFIT SHARING PLAN & TRUST 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ROBO BREAKING CO, INC 2b Employer Identification Number (EIN) 13-3750697 2c Sponsor's telephone number 845-229-2100 2d Business code (see instructions) 22.54 BEECH STREET PORT CHESTER, NY 10573 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4525-25-2100 2d Business code (see instructions) 2a8900 3d Administrator's telephone number 545-229-2100 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, early from the last return/report including the plan year. 5 a Total number of participants at the beginning of the plan year. 5 b Total number of participants at the beginning of the plan year. 6 c Number of participants with account balances as of the end			_ ' ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	. ,					
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	PORT CHESTER, I	NY 10573						2300	
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Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF					05/28/2020	MITCHELL SCHUME	R		
HERE	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						ministrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									
	HERE Sign	ature of employe	er/plan sponsor		Date	Enter name of individ	ual si	gning as employe	er or plan sponsor

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No No
b	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.)								
	If you answered "No" to either line 6a or line 6b, the plan cann		•					× Yes	s ∐ No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
	Total plan assets	7a	` '	66695			(b) Liid	1054225	
	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	91	66695			1054225		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total		
а	Contributions received or receivable from:	2 (1)		07004					
	(1) Employers	8a(1)		37881 24500	-				
1	(2) Participants	8a(2)	•	24500					
	(3) Others (including rollovers)	8a(3)		33288	-				
	Other income (loss)	8b	,	33200				05660	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						95669	
	to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		8139					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)						8139	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						87530	
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2F 2J 2G 2K 2H 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chars	octorie	tic Cod	des in the inst	ructions:	
	in the plan provides werrare benefits, enter the applicable werrare in	eature coc	ies nom the List of Fia	ii Cilai	acteris	iic Coc		idelions.	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest								
	reported on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	X			1250	000
d	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			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	carrier, insurance service, or other organization that provides som			100		X			
f	f the plants (occurrence of the plants of the plants of the plants occurrence of the plants of the plants occurrence								
				10f		1			
9	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?			10g		X			
	2520.101-3.)	· ·····		10h		Χ			
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					
	exceptions to providing the notice applied under 29 GFR 2520.10	· · · · · · · · · · · · · · · · · · ·		101	<u> </u>				

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	:	Y	es X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

`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).

Pension Benefit Guaranty Corporation

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

Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

For calenda	r plan year 2018 or t	fiscal plan year beginning 10/01/20	018	and ending 09/30/2	019			
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer plan list of participating emp	n (not multiemployer) (File ployer information in accor	rs checking this b dance with the for	ox must attach a m instructions.)		
		a one-participant plan	a foreign plan					
B This retu	rn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	report (less than 12 mont	hs)			
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC program			
		special extension (enter des	cription)					
Part II	Basic Plan Inf	ormation—enter all requested i	information					
1a Name				1	b Three-digit			
	•	fit Sharing Plan & Trust			plan number (PN) ▶	001		
1c Effective date of plan 10/01/2002								
Mailing	address (include ro	loyer, if for a single-employer plan, om, apt., suite no. and street, or P	.O. Box)		b Employer Iden (EIN) 13-3750			
City or Robo Breaking	•	nce, country, and ZIP or foreign po	stal code (if foreign, see instru	actions) 2	c Sponsor's tele	ephone number		
52-54 Beech	Street	2	2d Business code (see instructions) 238900					
Port Chester	NV 10573							
		and address 🛛 Same as Plan Sp	onsor	3	b Administrator's	EIN		
Ja Flalla	arministrator s riame i	and address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Olisor.	-	2 / torring action	<i>-</i>		
this pl	an, enter the plan sp	he plan sponsor or the plan name onsor's name, EIN, the plan name	has changed since the last re and the plan number from th	e last return/report.	4b EIN			
a Sponse C Plan N				4	d PN			
5a Total r	number of participant	ts at the beginning of the plan year			5a	6		
		ts at the end of the plan year			5b	7		
c Numb	er of participants wit	h account balances as of the end o	of the plan year (only defined	contribution plans	5c	7		
	•	participants at the beginning of the			5d(1)	2		
` '		participants at the end of the plan y	•		5d(2)	2		
e Numb	per of participants when the service of participants when the service of the serv	no terminated employment during t	the plan year with accrued ber	nefits that were less	5e	0		
Caution: A	penalty for the late	e or incomplete filing of this retu	irn/report will be assessed to	uniess reasonable cause	is established.			
SB or Sche		other penalties set forth in the instraint and signed by an enrolled actuary mplete.						
SIGN	Marlel	lelm		Mitchell Schumer				
HERE	Signature of plan	administrator	Date 5 - 38 - 30	Enter name of individual	signing as plan a	dministrator		
SIGN								
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individual	signing as emplo	yer or plan sponsor		

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D /	Are you claiming a waiver of the annual examination and report of	an indeper	(See instructions.) ndent qualified public a	ccount	ant (IC	PA)		X Yes X Yes	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									∐ No
C I	If you answered "No" to either line oa or line ob, the plan cann f 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	surance p	rogram (see ERISA se	ction 4	021)?		Yes No	Not dete	
Par	t III Financial Information								
7 F	Plan Assets and Liabilities		(a) Beginning o	of Year	\perp		(b) End	of Year	
<u>a</u> 1	Total plan assets	7a		96669	5			10542	25
b 1	Total plan liabilities	7b			0			_	0
_ C	Net plan assets (subtract line 7b from line 7a)	7c		96669	95			10542	25
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>			(b)	Total	_
	Contributions received or receivable from: (1) Employers	8a(1)		3788	\rightarrow	_			
	(2) Participants	8a(2)		2450	-				
	(3) Others (including rollovers)	8a(3)			<u> </u>			_	
b	Other income (loss)	8 b		3328	18				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			9566	i9
t	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			_	
	Certain deemed and/or corrective distributions (see instructions)	8e		042	0				
	Administrative service providers (salaries, fees, commissions)			813	\rightarrow				
	Other expenses	8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)					_		81	
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			_			875	30
<u> </u>	Transfers to (from) the plan (see instructions)	8j			0				
Part									
	If the plan provides pension benefits, enter the applicable pension 2A 2F 2J 2G 2K 2H 2T 3D								
_ b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Place	n Chara	acteris ——	tic Cod	des in the inst	ructions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		×			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				125000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g 10h		х			_
i	If 10h was answered "Yes," check the box if you either provided to 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							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a 	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		ne letter ruling Year					
lf:	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A					
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	⊠ 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 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							
•	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)					
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