	rm 5500-SF	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
Inter D	epartment of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974	057(b) and 6058(a) of the		2018 This Form is Open to	
	enefit Guaranty Corporation	 Complete all entries in a 	Revenue Code (the Cod	,	500-SF	Public Inspection
Part I	Annual Report	Identification Information				
For calend	lar plan year 2018 or fis	scal plan year beginning 11/01/2			0/31/2019	
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (mployer information in ac		ing this box must attach a ith the form instructions.)
B This ret	urn/report is	the first return/report	the final return/report			
-		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descr	,			
Part II		rmation—enter all requested inf	ormation		16 Thur	- 19-24
1a Name AQUA SOF	t of plan T WATER SYSTEMS,	INC. 401(K) PLAN			1b Three plan (PN)	number
					. ,	tive date of plan 11/01/1997
	 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) SOFT WATER SYSTEMS, INC. 				2b Empl (EIN)	oyer Identification Number
City of	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)			structions)	()	usor's telephone number 561-753-7700
					2d Busir	less code (see instructions)
	ESS PARK WAY M BEACH, FL 33411					335200
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN	
•	sor's name	nsor s hame, Env, the plan hame a			4d PN	
	Name					
5a Total	number of participants	at the beginning of the plan year			5a	33
b Total	number of participants	at the end of the plan year			5b	34
		account balances as of the end of			5c	21
d(1) Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	31
• •		rticipants at the end of the plan yea			5d(2)	32
than	100% vested	terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return her penalties set forth in the instruc	n/report will be assessed	d unless reasonable cau		
SB or Sche		nd signed by an enrolled actuary, a				
SIGN	Filed with authorized	valid electronic signature.	07/29/2020	DEBORAH SUFTKO		
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual signing a	as plan administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individ	ual signing a	as employer or plan sponsor
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	I-SF.			Form 5500-SF (2018) v.171027

6a b							
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead us	e Form 5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	? Yes No	Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from th				. (See instructions.)		
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year		
а	Total plan assets	7a	1013705		1115498		

<u>a</u>	I otal plan assets	7a	101	3705			1115498
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	101	3705			1115498
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	3	37445			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	8	32183			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					119628
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	2720			
е	Certain deemed and/or corrective distributions (see instructions)	8e		1439			
f	Administrative service providers (salaries, fees, commissions)	8f		3676			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17835
i	Net income (loss) (subtract line 8h from line 8c)	8i					101793
j	Transfers to (from) the plan (see instructions)	8j					
Ра	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plar	n Chara	acterist	ic Cod	es 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x	
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10b		х	
C	Was the plan covered by a fidelity bond?			10c	X	T	1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	

Х

Х

Х

Х

4053

60112

10e

10f

10g

10h

10i

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

f

h

i

the plan? (See instructions.).....

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.)

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

exceptions to providing the notice applied under 29 CFR 2520.101-3

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu	al Return/Report of Small Empl Benefit Plan	oye	e	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	ent	2018		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).	e Intern	al	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation		accordance with the instructions to the Form 5	500-SI	.	
Part I Annual Report Id For calendar plan year 2018 or fisca	dentification Information	11/01/2018 and ending		10/3	1/2019
A This return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	 a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan the final return/report a short plan year return/report (less than 12 n 	ccorda	nce wit	
C Check box if filing under:	X Form 5558 special extension (enter desci	automatic extension	_	VC pro	ogram
Part II Basic Plan Inform	mation-enter all requested in	formation			
1a Name of plan	stems, Inc. 401(k)			(PN) Effect	lumber
	apt., suite no. and street, or P.C country, and ZIP or foreign post	D. Box) tal code (if foreign, see instructions)		Emplo (EIN) Spons	yer Identification Number 59-2094296 sor's telephone number - 753-7700
220 Business Park	Way		2d	1.120.2.0.20	ess code (see instructions)
Royal Palm Beach	FL 334:	11		3352	200
3a Plan administrator's name and	address X Same as Plan Spo	nsor.	3b		histrator's EIN
			3c	Admir	istrator's telephone number
		as changed since the last return/report filed for and the plan number from the last return/report.	4b	EIN	
a Sponsor's namec Plan Name			4d	PN	
5a Total number of participants at	t the beginning of the plan year.		. 5	a	3
			. 5	b	3
		the plan year (only defined contribution plans	5	с	2
d(1) Total number of active partie	cipants at the beginning of the p	lan year	. 5d	(1)	3
d(2) Total number of active partie	icipants at the end of the plan ye	ear	. 5d	(2)	3
e Number of participants who te than 100% vested	erminated employment during th	e plan year with accrued benefits that were less		е	
Under penalties of perjury and othe	er penalties set forth in the instru signed by an enrolled actuary,	rn/report will be assessed unless reasonable ca actions, I declare that I have examined this return/r as well as the electronic version of this return/report 2-09-00 Deborah Suftk	eport, i ort, and	ncludir	ng, if applicable, a Schedule

SIGN	1 alpha yearth	7-29-20	Deborah Suftko
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Paper	work Reduction Act Notice, see the Instructions for Form 5500-SF.		Form 5500-SF (2018)

v.171027

b	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
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined (See instructions.)

7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of Year	
	Total plan assets	7a	1,0	13,7	05		1,115,	498
	Total plan liabilities	7b						
_	Net plan assets (subtract line 7b from line 7a)	7c	1,0	13,7	05		1,115,	498
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		37,4	45			
7	(3) Others (including rollovers)	8a(3)				to Se		
b	Other income (loss)	8b		82,1	.83	1		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Constant and the				119,	628
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12,7	-			
е	Certain deemed and/or corrective distributions (see instructions)	8e		1,4	_	10 Para		
f	Administrative service providers (salaries, fees, commissions)	8f		3,6	576	11 - 1 - ar		
g	Other expenses	8g			_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		200				835
i	Net income (loss) (subtract line 8h from line 8c)	8i					101,	,793
j	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics		des from the List of Pla	n Char	acteris	tic Codes	in the instructions:	
9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ $3H$ If the plan provides welfare benefits, enter the applicable welfare f	feature coo						
b b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions	feature coo			cterist	ic Codes ir	n the instructions:	
b Dar	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year:	feature cod	es from the List of Plan					
b Dar 0 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	feature code eature code utions within /oluntary F	es from the List of Plan n the time period iduciary Correction		cterist	ic Codes ir	n the instructions:	
b Par 0 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	feature code eature code utions within /oluntary F t? (Do not i	es from the List of Plan n the time period iduciary Correction include transactions	Chara	cterist	ic Codes ir	n the instructions: Amount	
b Par 0 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	feature code eature code utions within /oluntary F t? (Do not i	es from the List of Plan n the time period iduciary Correction include transactions	Chara 10a	cterist	No X	n the instructions:	,000
b Par 0 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	feature code eature code utions within /oluntary F t? (Do not i	es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused	Chara 10a 10b	Yes	No X	n the instructions: Amount	,000
b b ar 0 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's VProgram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	feature code eature code utions within /oluntary F t? (Do not i s fidelity boo her person ne or all of	es from the List of Plan In the time period iduciary Correction include transactions Ind, that was caused s by an insurance the benefits under	Chara 10a 10b 10c	Yes	No X X	n the instructions: Amount	
b Par 0 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Vere any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	feature cod eature cod utions within /oluntary F t? (Do not i s fidelity boo her person ne or all of	es from the List of Plan In the time period iduciary Correction include transactions Ind, that was caused s by an insurance the benefits under	Chara 10a 10b 10c 10d	Yes	No X X	n the instructions: Amount	
b Par 0 a b c c c f	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL'S Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature code eature code utions within /oluntary F t? (Do not i s fidelity boo her person me or all of an?	es from the List of Plan in the time period iduciary Correction include transactions ind, that was caused s by an insurance the benefits under	Chara 10a 10b 10c 10d 10e 10f	Yes	No X	n the instructions: Amount 1,000,	, 05
9a b Par 10 a b c c c c c f	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) V Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? V Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature cod eature cod utions within /oluntary F t? (Do not i s fidelity boi her person ne or all of an? as of year-e (See instru	es from the List of Plan In the time period iduciary Correction Include transactions Ind, that was caused Is by an insurance the benefits under Indender Indone State	Chara 10a 10b 10c 10d	Yes X X	No X	n the instructions: Amount 1,000,	,000

Form 5500-SF (2018)

Page 3-

Part \	/I Pension Funding Compliance	-					
11	(Form 5500) and line 11a below)					Yes	N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11			<u>.</u>		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 30	2 01	f	. [] Yes 🛛	N
	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.		ter t Dav		of the le Yea		
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Buj		10		-
	inter the minimum required contribution for this plan year	12	b				
CE	inter the amount contributed by the employer to the plan for this plan year	12	2c				-
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)	12	d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	No	N/A	
art V							
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	13	a				
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.	to					
13	c(1) Name of plan(s): 13c(2)	EIN(s)			13	c(3) PN(s)	-
_		_					