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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 05/01/2019 and ending 12/31/2019

A This return/report is for:
- [X] 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
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] a short plan year return/report (less than 12 months)

C Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FOCUSCORE 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2019

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)
FOCUSCORE INC.

2820 GREENSPOINT PARKWAY
HOFFMAN ESTATES, IL 60169

2b Employer Identification Number (EIN) 81-0658690

2c Sponsor's telephone number 312-212-8495

2d Business code (see instructions) 511210

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	98
b Total number of participants at the end of the plan year	**5b**	98
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	98
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	98
d(2) Total number of active participants at the end of the plan year	**5d(2)**	98
e 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 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 is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2020	AHMED SHAABAN
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] 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.) [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.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	0	147860
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	0	147860
8 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)	139263	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	8597	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		147860
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		147860
j Transfers to (from) the plan (see instructions)	8j		

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 2F 2G 2J 2K 2S 2T 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:		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		1000
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	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a**

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

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. Month _____ Day _____ Year _____

If 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	**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**	
e 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 ☒ No

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)** EIN(s)	**13c(3)** PN(s)

October 16, 2020

To: Department of Labor and Internal Revenue Service

From:
Ahmed Shaaban
Focus Core Corp
2820 Greenspoint Parkway
Hoffman Estates, IL 60167
FEIN: 81-0658690
Plan 001

Re: Request for Forgiveness of Delay and Penalty Abatement under Reasonable Cause
From:

Dear Sir/Madam:

I am writing to request forgiveness of the one (1) day delay in filing this form 5500-SF and requesting dismissal of assessment of any penalties associated with this delay.
I acknowledge and deeply apologize for my late filing. The reason was due to a combination of disaster, serious medical conditions, and an inability to obtain the relevant accurate information and documents from our payroll processor ADP.

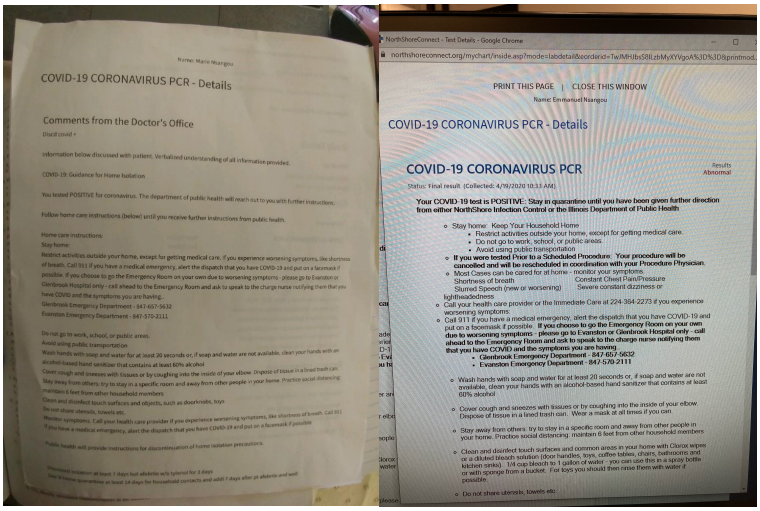
1. The sequence of events that led to my late filing include the Pandemic Disaster hitting our Finance Department, Violent Demonstration, Misguidance of information from our Payroll Processor is as follows:

1. On April 1, 2020 our Finance Director fell ill with symptoms of Covid – 19 and was forced to quarantine for a very extended period (several weeks). His absence left us with very limited access to management information and direction that was necessary to follow the process for understanding and preparing the information necessary to verify and complete our filing.
2. On April 14, 2020 our Controller and Payroll Clerk fell ill and tested positive for Covid – 19, along with his wife and subsequently his children (one or more family members of whom were hospitalized). This absence left us with very limited access and capabilities to process and analyze the information necessary to prepare the information necessary to verify and complete our filing. We felt the security and process risk was too great give sensitive personal data to try and enable anyone else to validate the payroll information.
3. On May 31, 2020 as a result of the chaotic and violent social unrest that descended upon the Chicago business community during the same period of demonstrations associated with the tragic death of George Floyd, our administrative offices in Chicago were severely damaged and closed for access (the offices were already under restricted access only to key financial administration employees due to the pandemic). This created significant difficulty in accessing records, data and people needed to verify and complete our filing.

4. In June of 2020, we began the process to contact ADP as our payroll processor to try to get support and guidance in the form of meetings with their professionals since this was a short plan year and our first filing. We began the process to look at filing an extension for submitting our 5500-SF.
5. In July and August of 2020, through our payroll processor, ADP, we requested an extension to October 15, 2020 to submit our form 5500-SF.
6. On October 7, 2020 we met with professionals from our payroll processor, ADP, who advised they were have significant difficulty in producing payroll information that was reasonably accurate and consistent with our employment records. A number of system and process issues were cited as was a commitment to provide aggressive efforts to remediate the lack of accurate information.
7. On October 15, 2020 we again met into the night with several professionals and executives from our payroll processor, ADP, who advised they were unable to correct and obtain the data necessary from their systems and produce a reliably accurate Form 5500 – SF due to a number of technology related issues beyond our control.
8. On October 16, 2020 we met with executives from our payroll processor, ADP, who advised they were finally able to produce a correct and reliably accurate Form 5500 – SF from their systems, allowing us to submit our Form with 1 day delay.

Please find the enclosed the photos enclosed that support my claim above:

1. Medical evidence of our Payroll Clerk and Controller's affliction with Covid-19.
2. Pictures of the test results and doctors notes for our staff's Covid- 19 illness



3. Pictures of our offices and our staff's vehicle as a result of Violent Demonstrations:



These photos were taken at the front door and shows the situation and its impact directly in front of our offices; these were taken on May 31, 2020

Again, I sincerely apologize and hope that you will consider the forgiveness of the one (1) day delay and any associated penalties for reasonable cause. Please also consider that this is a short plan year, and our first filing.

I am willing to provide any clarifications that you may require. Please feel free to contact me at 847-366-5522

Very Kindly Yours,

Ahmed Shaaban