Form 5500	Annual Return/Repo	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury	This form is required to be filed fo and 4065 of the Employee Retirem		
Internal Revenue Service	-	of the Internal Revenue Code (the Code).	2017
Department of Labor Employee Benefits Security Administration		entries in accordance with ions to the Form 5500.	
Pension Benefit Guaranty Corporation	-		This Form is Open to Public Inspection
	entification Information		
For calendar plan year 2017 or fisca		and ending 12/31/20	
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accord	
	X a single-employer plan	a DFE (specify)	
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 1	2 months)
C If the plan is a collectively-bargai	ned plan, check here		
D Check box if filing under:	Form 5558	automatic extension	the DFVC program
	special extension (enter description))	
Part II Basic Plan Inform	ation—enter all requested information	on	
1a Name of plan HELMAR, INC. 401(K) PROFIT SH			1b Three-digit plan number (PN) ▶ 001
			1c Effective date of plan 01/01/2011
	; if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	e (if foreign, see instructions)	2b Employer Identification Number (EIN) 13-3181442
HELMAR, INC.			2c Plan Sponsor's telephone number 845-356-1165
100 RED SCHOOLHOUSE RD CHESTNUT RIDGE, NY 10977-7049		SCHOOLHOUSE RD IT RIDGE, NY 10977-7049	2d Business code (see instructions) 423800
Caution: A penalty for the late or i	incomplete filing of this return/renor	rt will be assessed unless reasonable cause i	s established.
		I declare that I have examined this return/report	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.	06/14/2018	
	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
SIGN HERE			
NERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

	Form 5500 (2017) Page 2		
3a	Plan administrator's name and address X Same as Plan Sponsor	3b Adr	ninistrator's EIN
			ninistrator's telephone nber
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 the last return/report filed for this plan the last return/report filed for the plan name has changed since the last return/report filed for this plan the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the last return/report filed for the plan name has changed since the plan name has change	an, 4b EIN	1
а	enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: Sponsor's name	4d PN	
С	Plan Name		
5	Total number of participants at the beginning of the plan year	5	44
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(2) , 6b , 6c , and 6d).	1),	
a(1) Total number of active participants at the beginning of the plan year	6a(1)	38
a(2) Total number of active participants at the end of the plan year	6a(2)	41
b	Retired or separated participants receiving benefits	<u>6</u> b	0
С	Other retired or separated participants entitled to future benefits	<u>6c</u>	6
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	47
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	(
f	Total. Add lines 6d and 6e	6f	47
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	32
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	C
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item))7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fun	nding	arrangement (check all that apply)	9b	Plan bene	efit a	arrangement (check all that apply)
	(1)	Π	Insurance		(1)		Insurance
	(2)	Π	Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	Х	Trust		(3)	X	Trust
	(4)	Π	General assets of the sponsor		(4)		General assets of the sponsor
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)						
а	Pensior	n Sc	hedules	b	General	Sch	nedules
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)
	(2)	Ш	Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)		C (Service Provider Information)
	(3)	П	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
		Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)	

Page 3

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)				
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)				
If "Yes" is checked, complete lines 11b and 11c.				
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)				
11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)				

Receipt Confirmation Code_____

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d Employer securities	b	Employer real property				3b		Х	<u> </u>		
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f Loans (other than to participants) g Tangible personal property	d	Employer securities				3d		Х			
g Tangible personal property	е	Participant loans				3e		Х			
	f	Loans (other than to participants)				3f		Х	<u> </u>		
For Panarwork Paduction Act Natical sea the Instructions for Form 5500	g	• • • • •				3g		X		Schodulo I (Form 5500) 2017	

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P	art II	Compliance Questions					
4	During	y the plan year:		Yes	No	Amount	
а	describ	ere a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until rrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	Were a close o	ny loans by the plan or fixed income obligations due the plan in default as of the flan year or classified during the year as uncollectible? Disregard participant loans d by the participant's account balance.	4b		x		
C		ny leases to which the plan was a party in default or classified during the year as ctible?	4c		x		
d		nere any nonexempt transactions with any party-in-interest? (Do not include tions reported on line 4a.)	4d		x		
е	Was th	e plan covered by a fidelity bond?	4e		Х		
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was by fraud or dishonesty?	4f		X		
g		plan hold any assets whose current value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4g		X		
h		plan receive any noncash contributions whose value was neither readily inable on an established market nor set by an independent third party appraiser?	4h		X		
i		plan at any time hold 20% or more of its assets in any single security, debt, ge, parcel of real estate, or partnership/joint venture interest?	4i		x		
j		II the plan assets either distributed to participants or beneficiaries, transferred to r plan, or brought under the control of the PBGC?	4j		x		
k	public a	a claiming a waiver of the annual examination and report of an independent qualified accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 04-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
I	Has the	e plan failed to provide any benefit when due under the plan?	41		X		
m		s an individual account plan, was there a blackout period? (See instructions and 29 520.101-3.)	4m		X		
n		as answered "Yes," check the "Yes" box if you either provided the required notice or the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a re If "Yes,"	esolution to terminate the plan been adopted during the plan year or any prior plan yea enter the amount of any plan assets that reverted to the employer this year	ır?	🗌 Ye	s 🗙 No		
	transferr	g this plan year, any assets or liabilities were transferred from this plan to another planed. (See instructions.)	(s), ide	entify the	e plan(s) to	-	
	5b(1)	Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)

5c 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.)

Form 5500	Annual Return/Repo This form is required to be filed for		OMB Nos. 1210 - 0110 1210 - 0089		
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retirem	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).			
Department of Labor Employee Benefits Security Administration	► Complete all e	entries in accordance with ions to the Form 5500.		This Form is Open	to Public
Pension Benefit Guaranty Corporation				Inspectio	
Part I Annual Repor	t Identification Information				
For calendar plan year 2017 o	r fiscal plan year beginning	and ending			
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers che participating employer information			
B This return/report is:	 a single-employer plan the first return/report an amended return/report 	a DFE (specify) the final return/report a short plan year return/report (less	s than 12	months)	
D Check box if filing under:	bargained plan, check here Form 5558 special extension (enter desc			the DFVC program	
Part II Basic Plan Inf	ormation—enter all requested inform	mation			
1a Name of plan HELMAR, INC. 401 (B	X) PROFIT SHARING PLAN	AND TRUST	15	Three-digit plan number (PN)	001
			10	Effective date of plan 01/01/2011	
Mailing address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.O. E nce, country, and ZIP or foreign postal o		21	Employer Identification Number (EIN) 13-3181442	on
HELMAR, INC.			20	Plan Sponsor's telepl number 845-356-1165	hone
100 RED SCHOOLHOUS	SE ROAD		20	Business code (see instructions) 423800	
CHESTNUT RIDGE	NY 10977				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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	Sighature of plan administrator	6/11/18 Date	PAUL PACIELLO Enter name of individual signing as plan administrator
SIGN	The Addition of the second sec	6/11/18	PAUL PACIELLO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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Form 5500 (2017)

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HELMAR,	INC

MAR,	INC.
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Form 5500 (2017)

38	Plan administrator's name and address X Same as Plan Sponsor	3b	Ad	ministrator's EIN
		3с		ministrator's telephone mber
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:	4b	EIN	N
	Sponsor's name Plan Name	4d	PN	
5	Total number of participants at the beginning of the plan year	5	Т	44
6				
a	(1) Total number of active participants at the beginning of the plan year	<u>6a</u>	<u>(1)</u>	38
a	(2) Total number of active participants at the end of the plan year	6a	<u>(2)</u>	41
b	Retired or separated participants receiving benefits	6	<u>b</u>	0
С	Other retired or separated participants entitled to future benefits	6	<u>C</u>	6
d	Subtotal. Add lines 6a(2), 6b, and 6c	6	<u>d</u>	47
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6	e	0
f	Total. Add lines 6d and 6e	6	if	47
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6	<u>g</u>	32
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6	_	<u>0</u>
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	Į –	1

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2J

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b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)			
(1) Insurance	(1) Insurance			
(2) Code section 412(e)(3) insurance contracts	e section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts			
(3) X Trust	(3) 🕱 Trust			
(4) General assets of the sponsor	(4) General assets of the sponsor			
a Pension Schedules	b General Schedules			
a Pension Schedules	b General Schedules			
 (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial 	(3) A (Insurance Information) (4) C (Service Provider Information)			
(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules)			