Form 5500-	-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan					0	MB Nos. 1210-0110 1210-0089		
Department of the Trea Internal Revenue Serv		This form is required to be filed under sections 104 and 4065 of the Employee Re					ee Retirement 20			
Department of Labo Employee Benefits Security Ad		Income Security Act of 1974	4 (ERISA),		7(b) and 6058(a) of the		orm is Open to			
Pension Benefit Guaranty Co		ictions to the Form 55	Public Inspect m 5500-SF.							
Part I Annual I	Report Io	dentification Information								
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017										
A This return/report is for:										
B This return/report is		a one-participant plan	pant plan							
	ļ	the first return/report the final return/report								
_	L	an amended return/report	a sho	ort plan year return	/report (less than 12 m	onths)				
C Check box if filing un	ider:	× Form 5558		matic extension		DFVC p	orogram			
		special extension (enter descr								
	an Infori	mation—enter all requested inf	formation							
1a Name of plan						1b Thre	e-digit number			
WETER & ASSOCIATES	MEYER & ASSOCIATES LLC 401(K) PLAN					(PN		001		
			1c Effe	ctive date of 04/20	•					
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	O. Box)			2b Employer Identification Number (EIN) 13-4117202				
City or town, state o	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEYER & ASSOCIATES MARKETING COMMUN ICATIONS LLC						2c Sponsor's telephone number			
						212-965-1447 2d Business code (see instructions)				
588 BROADWAY						541910				
SUITE 1006 NEW YORK, NY 10012						041010				
3a Plan administrator's	name and	address X Same as Plan Spor	onsor.			3b Administrator's EIN				
						3c Administrator's telephone number				
4 If the name and/or I	EIN of the p	blan sponsor or the plan name ha	as change	ed since the last re	turn/report filed for	4b EIN				
this plan, enter the a Sponsor's name	plan spons	or's name, EIN, the plan name a	and the pla	an number from the	e last return/report.	4d PN				
C Plan Name						HU FN				
							1			
-		t the beginning of the plan year				5a		14		
	•	t the end of the plan year count balances as of the end of t				5b		14		
complete this item)						5c		14		
		cipants at the beginning of the pla				5d(1)		11		
· · /	•	cipants at the end of the plan yea				5d(2)		10		
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. 0										
								able, a Schedule		
SB or Schedule MB com	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.									
		alid electronic signature.	07	7/10/2018	EDWARD HOEY					
HERE Signature	of plan adı	ministrator	C	Date	Enter name of individe	dual signing as plan administrator		ninistrator		
SIGN										
HERE Signature	of employe	er/plan sponsor	[Date	Enter name of individ	ual signing	as employe	r or plan sponsor		

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

Form 5500-SF (2017) v.170203 g Other expenses.....

Part IV Plan Characteristics

2A 2G 2J 3B 2T

i i

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9a

b

2E

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

0

52015

386007

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 								
Pa	rt III Financial Information		Γ					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1673263	2059270				
b	Total plan liabilities	7b	0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1673263	2059270				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	133977					
	(2) Participants	8a(2)	51099					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	252946					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		438022				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52015					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					

8g

8h

8i

8j

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

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

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		40000
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		Х	
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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	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 left of a 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	es 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 brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

	m 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl Benefit Plan							
	rtment of the Treasury nal Revenue Service	This form is required to be file	ed under sections 104 and 4			2017				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection				
Pension Be	enefit Guaranty Corporation	Complete all entries in	500-SF.	Fublic Inspection						
Part I	Annual Report	Identification Information								
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017										
A This ret	urn/report is for:	🛛 a single-employer plan				ing this box must attach a ith the form instructions.)				
☐ a one-participant plan ☐ a foreign plan B This return/report is ☐ the Second										
B This retu	Irn/report is	the first return/report	the final return/report							
0		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)					
C Check b	box if filing under:	Form 5558	automatic extension		DFVC pr	rogram				
		special extension (enter desc								
Part II		rmation—enter all requested in	formation							
1a Name					1b Three	0				
MEYER &	& ASSOCIATES I	LLC 401(K) PLAN				number				
					(PN)					
		2				tive date of plan 20/2009				
Mailing	address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			Constraint Constraint Constraint	oyer Identification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEYER & ASSOCIATES MARKETING COMMUN				ructions)	2c Sponsor's telephone number					
ICATION	NS LLC		(212) 965-1447 2d Business code (see instructions)							
588 BRC	DADWAY					na manana mangana kang kang dang 🔸 nganaka dang gimuna ang dang dang dang kang dang dan kang kang dang dang dan				
SUITE 1	1006									
NEW YOF	and the second sec			10012	541910					
3a Plan ac	dministrator's name an	d address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN					
					3c Admir	nistrator's telephone number				
		plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
1000 CONTRACT	or's name	isor s hame, Env, the plan hame a		ne last return/report.	4d PN					
C Plan Na										
5a Total n	umber of participants	at the beginning of the plan year			5a	14				
		at the end of the plan year			5b	14				
c Numbe	er of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	5c					
		ticipants at the beginning of the pl			5d(1)	14 11				
					5d(2)	10				
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 					10					
than 1	100% vested				5e	0				
		or incomplete filing of this return								
SB or Sche	dule MB completed an rue, correct, and comp	ner penalties set forth in the instruct ad signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/re rsion of this return/repor	port, includir t, and to the	ng, if applicable, a Schedule best of my knowledge and				
SIGN			7/10/15	EDWARD HOEY						
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ual signing a	as plan administrator				
SIGN	g				La orgining c	- plan administrator				
HERE	0			_						
	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individ	ual signing a	as employer or plan sponsor				
For PaperWo	TR Reduction Act Notice	e, see the instructions for Form 5500	u-or.			Form 5500-SF (2017) v.170203				

6a		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.	
С	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.)
Pa	art III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of	Year		(b) End of Year				
a	Total plan assets	7a	1,67	73 , 263		2,059,270				
b	Total plan liabilities	7b		Q		. 0				
c	Net plan assets (subtract line 7b from line 7a)	7c	1,67	73,263	2,059,2					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)	13	33,977						
	(2) Participants	8a(2)		51,099						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	25	52 , 946		- ¹⁴ 111111				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c -	*			438,022				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	52,015		· · · · · · · · · · · · · · · · · · ·				
e	Certain deemed and/or corrective distributions (see instructions)	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		· .		52,015				
i	Net income (loss) (subtract line 8h from line 8c)	8i	т. 		386,007					
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics		·							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2A 2G 2J 3B 2T	feature co	odes from the List of Plan	Character	ristic Co	odes in the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plan (Characteris	stic Co	des in the instructions:				
Pa	t V Compliance Questions					·				
10	During the plan year:			Yes	No	Amount				
2	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	0a	x					
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	0b	X					
C				0c X		40,000				
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			0d	x					
6	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.).	ne or all of	the benefits under	0e	x					
-										

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.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i.

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

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Form 5500-SF 2017

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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 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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
a	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										
If	you (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							
C	Ente	r the amount contributed by the employer to the plan for this plan year	,	12c							
d											
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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				
	lf "Y	es," 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				
C		uring 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.)	ify the plan(s)) to							
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)				