## 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)

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information							
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017				
A This ret	urn/report is for:	X a single-employer plan		t multiemployer) (Filers checking this box must attach a rinformation in accordance with the form instructions.)					
		a one-participant plan							
<b>B</b> This return/report is		the first return/report	the final return/report						
		an amended return/report	t a short plan year return/report (less than 12 months)						
C Check b	oox if filing under:	Form 5558	automatic extension	1	DFVC progra	am			
1		special extension (enter desc	' /						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name WILLIAM J. I	of plan KELLY & COMPANY	401(K) PLAN			<b>1b</b> Three-dig plan numl (PN) ▶				
					1c Effective	date of plan 01/01/2007			
		oyer, if for a single-employer plan)	) Royl			Identification Number			
City or	town, state or provinc	ce, country, and ZIP or foreign pos	,	structions)	(EIN) 13-3867471  2c Sponsor's telephone number				
WILLIAM J. F	KELLY & COMPANY				646-599-9183				
1250 AVENU	IE OF THE AMERICA	16			2d Business	code (see instructions)			
2ND FL NEW YORK,		10				541600			
<b>3a</b> Plan ad	dministrator's name a	ind address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN			
					3c Administra	ator's telephone number			
		e plan sponsor or the plan name h			4b EIN				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name					4d PN				
C Plan N	ame								
<b>5a</b> Total r	number of participants	s at the beginning of the plan year.			. 5a	3			
<b>b</b> Total number of participants at the end of the plan year				. 5b	3				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					5c	2			
d(1) Total number of active participants at the beginning of the plan year				5d(1)	3				
d(2) Total number of active participants at the end of the plan year				5d(2)	3				
than '	100% vested	terminated employment during th			. 5e	0			
		or incomplete filing of this retur ther penalties set forth in the instru							
SB or Sche		and signed by an enrolled actuary,							
SIGN		d/valid electronic signature.	onic signature. 07/18/2018 TARUNA RUPCHAI						
HERE	Signature of plan a	administrator	Date	Enter name of individ	idual signing as plan administrator				
SIGN					· ·				
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No		
р	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							ctions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	l of Year		
а	Total plan assets	. 7a	17	78523		206187				
b	· · · · · · · · · · · · · · · · · · ·									
C	Net plan assets (subtract line 7b from line 7a)	7c	17	178523			206187			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total			
а	Contributions received or receivable from:	0-(4)		6767						
	(1) Employers	8a(1)		6767						
	(2) Others (including rellance)	8a(2)		11350						
	(3) Others (including rollovers)	8a(3)		9547						
	Other income (loss)	8b		9341		27664				
- d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						27004		
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						27664		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	Part IV Plan Characteristics									
9a	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 2T 3D									
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes 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 contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		X				
b	,			IVa						
	reported on line 10a.)			10b		X				
	C Was the plan covered by a fidelity bond?			10c	X			180	00	
d	<b>d</b> 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									
	the plan? (See instructions.)			10e		X				
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					X				
	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X			389	57	
h	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 exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
	The state of the s					·				

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Part	VI Pension Funding Compliance					
11						
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.)						
<b>a</b> 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 waiverMonth Day Year						
lf y	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	X 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		
<b>c</b> 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.)						
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		