Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2017

This Form is Open to Public Inspection

Parti	Annual Report	identification information									
For calendar	r plan year 2017 or fi	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017						
A This retu	rn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer) (F	_						
D This makes	on the manual tra	a one-participant plan	a foreign plan								
B This retur	n/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)						
C Check bo	neck box if filing under: X Form 5558 automatic extension DFVC program										
		special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name o	f plan				1b Three-digi	t					
	OLOMON 401(K) RI	ETIREMENT PLAN			plan numb						
					(PN) •	002					
					1c Effective d	late of plan					
				01/01/1998							
		oyer, if for a single-employer plan)	`		2b Employer I	Identification Number					
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(EIN)	14-1419902					
	OLOMON, INC.	, , , , , , , , , , , , , , , , , , ,	(ii 10.0.g., 000 ii.o.		2c Sponsor's telephone number 845-647-5000						
						code (see instructions)					
129 SOUTH MAIN STREET					524290						
ELLENVILLE,	NY 12428					02.200					
0		🗖			01						
3a Plan administrator's name and address ∑ Same as Plan Sponsor.					3b Administrator's EIN						
					3c Administra	tor's telephone number					
4 100				atoma /mara ant Claud Care	4h en	_					
		e plan sponsor or the plan name he onsor's name, EIN, the plan name a			4b EIN						
a Sponso	r's name				4d PN						
C Plan Na	ame										
5a Total nu	umber of participants	s at the beginning of the plan year.			5a	6					
		s at the end of the plan year		F	5b	6					
C Numbe	r of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	6					
•	,	articipants at the beginning of the pl		F	5d(1)	6					
	•	articipants at the beginning of the plan ye	•	<u> </u>	5d(2)	6					
` '	•	o terminated employment during the		-	. ,						
than 10	00% vested		•••••		5e	0					
		or incomplete filing of this return									
SB or Sched		ther penalties set forth in the instruind signed by an enrolled actuary, aplete.									
SIGN	· · · · · · · · · · · · · · · · · · ·	I/valid electronic signature.	09/04/2018	JONATHAN BERGER							
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	ın administrator					
SIGN											
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signing as em	nployer or plan sponsor					

Form 5500-SF 2017 Page **2**

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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 th							. (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	. 7a	81	18222				896217
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	81	18222				896217
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 7	Total
a	Contributions received or receivable from: (1) Employers	. 8a(1)		8677				
	(2) Participants	8a(2)	,	15724				
	(3) Others (including rollovers)	. 8a(3)		9794				
<u>b</u>	Other income (loss)	. 8b		53393				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						87588
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	istrative service providers (salaries, fees, commissions) 8f 9593						
g	Other expenses 8g							
<u>h</u>	otal expenses (add lines 8d, 8e, 8f, and 8g)							9593
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)					77995		
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	es in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	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)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X		
С				10c	Х			150000
d	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		130000
е	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 pla	ın?		10f		X		
g				10g	X			21509
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		Х		
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			10i				

Form 5500-SF 2017	Page 3- 1
-------------------	------------------

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
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 ERISA?	n 302 of			es X No
а	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	d enter t		of the letter Year	ruling
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
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. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treeeury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Bensili Guerenty 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

2017

This Form is Open to Public inspection

Part	Annual Repor	t identification informa	ition					
For calend	dar plan year 2017 or	fiscal plan year beginning	01/0	1/2017	and ending	12/31/20	017	NO MEDICAL
A This re	etum/report ls for:	🛚 a single-employer plan			an (not multlemployer) aployer information in a			*tomerca:
377a v		a one-participant plen	general,	foreign plan			,	
⊠ This re	tum/report is	the first return/report	Epper	final return/report				
_		an amended return/repo	nt []es	hort plan year retur	n/report (less than 12 r	months)		
C Check	box if filing under:	図 Form 5558	hand	itometic extension	·	DFVC program	Ĩ	
		apecial extension (enter					***************************************	
Part II		ormation—enter all request	ted informati	on .	£			
1a Name	of plan					1b Three-digit	3	
BERGER	& SOLOMON 401	1(K) RETIREMENT PLA	AN			plan numbe (PN) b		
Ministra Nanoro						1c Effective da 01/01/19		
2a Plan s Mallin	sponsor's name (empl to address (include rec	loyer, if for a single-employer p om, apt., suite no. and street, c	oreo Boy		TO CONTROL OF AN TO THE BEST BEST AS A SHARE B	, , ,	dentification Number	Marin-sepak
City o	r town, state or provin	ica, country, and ZIP or foreign	n postal code	(if foreign, see inst	ructions)	(EIN) 14-	talana kana kana kana kana kana kana kana	
BERGER	& SOLOMON, I	INC.				2C Sponsors 1 845-647-	lelephone number -5000	
129 SOUTH MAIN STREET					2d Business code (see instructions)			
						524290		
ELLENV		NY 1242			**************************************		2000 PP00 PP00 PP00 COLUMN COL	
3a Plan administrator's name and address 🗓 Same las Plan Sponsor.					3b Administrator's EIN			
						3c Administrati	or's telephone numbe	N.
4 If the this p	name and/or EIN of th	ne plan sponsor or the plan nai onsor's name, EIN, the plan na	me has char ame and the	ged since the last n	stum/report filed for	4b EIN	N	
	or's name			for a second contains the man party of	so some topestillights of	4d PN	Minda Newson Commission Commissio	
C Plan i	Varne							
5a Total	number of participants	s at the beginning of the plan y	/68f	14144444444444		. 5a	And Market Control of the Control o	б
		s at the end of the plan year					***************************************	- 6
G Numb	er of participants with	account balances as of the er	nd of the plai	n vear (only defined	contribution plans		**************************************	6
		articipants at the beginning of t						6
		erticipants at the end of the pla						6
Numl than	ber of participants who 100% vested	o terminated employment durir	ng the plan y	ear with accrued be	nefits that were less	50		0
Caution: /	a penalty for the late) or incomplete filling of this (return/repor	t will be essessed	uniesa reasonable ca	use la establishe	i.	MANAGET.
SB or Scho	alities of perjury and o adule MB completed a <u>true_correct_and</u> corr	other penaliles set forth in the in and signed by an enrolled actu inplete.	natructions, i lary, as well i	declare that I have as the electronic ver	examined this return/re sion of this return/repo	eport, including, if a rt, and to the best o	pplicable, a Schedule of my knowledge and	3
SIGN	MUCLERIA	TO THE CONTRACT OF THE CONTRAC		9-4-18	JONATHAN BERG	ER		
HERE	Signature of plan	edministrator		Date	Enter name of Individ	iual signing as ciar	administrator	
SION HERE				#Markinia da di Markinia da di Mark	The second secon			
endostreso di	Signature of empl	oyer/plan sponsor		Date	Enter name of Individ	iual signing as emp	lloyer or plan aponsor	r

	Form 5500-SF 2017	······································	Page 2					
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indeper and condit	ndent qualified public	account	ant (IC	(PA)		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in the "Yes" is checked, enter the My PAA confirmation number from the second sec	nsurance p	orogram (see ERISA s	ection 4	021)?		Yes No	Not determined (See instructions.)
Pai	t III Financial Information	Talana sana						
	Plan Assets and Liabilities		(a) Beginning				(b) End	
	Total plan assets	. 7a		818,	222			896,21
	Total plan liabilities							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		818,	222			896,21
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	1t			(b) To	otal
а	Contributions received or receivable from: (1) Employers	. 8a(1)		8,	677			
	(2) Participants	1 '		15,				
	(3) Others (including rollovers)				794			
	Other income (loss)	1		53,				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	 						87,58
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		9,	9,593			
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						9,59
	Net income (loss) (subtract line 8h from line 8c)							77,99
j	Transfers to (from) the plan (see instructions)	. 8i						
Par	t IV Plan Characteristics	1 9			I			
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of P	lan Cha	racteri	stic Cod	les in the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	ın Chara	acteris	tic Code	s in the instru	ctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Α	mount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
b		t? (Do not	include transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			150,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	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.)	ne or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х		

Х

Х

10g

10h

10i

21,509

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

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.....

Form 5500-SF 2	017
----------------	-----

		p
Page	3-	l I

Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)			В	Ye	s No			
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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			f 	Ye	s X 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								
<u>lf</u> \	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		1		***************************************				
<u>b</u>	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 negative amount)		12d						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No [N/A			
Part \	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s 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 uncontrol of the PBGC?				Yes 🗓	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	olan(s) to						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			

						····			