For	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
		This form is required to be filed	065 of the Employee Re	etirement	2017			
Employee Be	enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605	7(b) and 6058(a) of the		This Form is Open to Public Inspection		
Pension Be			cordance with the instr	uctions to the Form 55	00-SF.	Fublic hispection		
Part I			17					
For calenda	ar plan year 2017 or fis					the state is a second attack a		
A This ret	urn/report is for:		list of participating em			-		
<b>B</b> This retu	rn/report is							
0			a snort plan year returr	h/report (less than 12 mc	onths)			
C Check b	box if filing under:	X Form 5558	automatic extension	l	DFVC p	rogram		
			,					
Part II		mation—enter all requested infor	mation		41			
	•	NICATIONS, LLC 401(K) PROF						
OLIVIII (				-	•			
					1c Effect	tive date of plan 01/01/2000		
(PN) ▶       001         1c       Effective date of plan 01/01/2000         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)       2b       Employer Identification Number (EIN) 13-3912336         2c       Sponsor's telephone number 516-997-3147       2c       Sponsor's telephone number 516-997-3147         1400 OLD COUNTRY ROAD SUITE 420 WESTBURY, NY 11590       541910       541910         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's EIN								
			code (if foreign, see instr	uctions)	```	nsor's telephone number		
				-	2d Busir			
		420						
WESTBURT,	, NT 11590							
3a Plan ad	dministrator's name and	d address X Same as Plan Spons	or.		<b>3b</b> Admi	nistrator's EIN		
				-	3c Admi	nistrator's telephone number		
					4b EIN			
•		sor s hame, Lin, the plan hame and			<b>4d</b> PN			
C Plan N	ame							
5a Total r	International security         2017           Department of Liar         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 mode Devenue Code (the Code).         This Form is Open to Public Inspection           Image: Complete all entries in accordance with the instructions to the Form 5500-SF.         This form is open to Public Inspection           Image: Complete all entries in accordance with the instructions to the Form 5500-SF.         This form is open to Public Inspection           Image: Complete all entries in accordance with the instructions to the Form 5500-SF.         This form is open to Public Inspection           Image: Complete all entries in accordance with the instructions to the Form 5500-SF.         This form is open to Public Inspection           Image: Complete all entries in accordance with the instructions to the Form 5500-SF.         Image: Complete all entries in accordance with the form instructions.)           Image: Complete all entries in accordance with the instructions of the Employee relation in accordance with the form instructions.)         Image: Complete all entries in accordance with the form instructions.)           Image: Complete all entries in accordance with end relation information         Image: Complete all entries in accordance with the form instructions.)           Image: Complete all entries is accordance with edge: Complete all entries in accordance with the form instructions.)         Image: Complete all entries in accordance with edge: Completee all entries in accordance withedge: Complet							
					5b	8		
						8		
					. ,			
• •								
than 1	100% vested					-		
SB or Sche	dule MB completed an	d signed by an enrolled actuary, as						
SIGN			09/20/2018	ROBERT A BELL				
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan administrator		
SIGN								
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor		

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

Form 5500-SF (2017) v.170203 Administrative service providers (salaries, fees, commissions) ....

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) .....

2K 3D 2T

g Other expenses.....

Part IV | Plan Characteristics

2G 2J

2F

2E

f

i

j

9a

b

-				
6a b c	Were all of the plan's assets during the plan year invested in eligible 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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit <b>ot use Fo</b>	ndent qualified public accountant (li ions.) rm 5500-SF and must instead us	QPA) [Ves ] No
	If "Yes" is checked, enter the My PAA confirmation number from the			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	991945	1179349
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	991945	1179349
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)	56873	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	130531	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		187404
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		

8f

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:

0

187404

Amount

100000

69473

Part	V Compliance Questions			
10	During the plan year:	Yes	No	
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) <b>10a</b>		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		x	
С	Was the plan covered by a fidelity bond?	X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		х	
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 plan? 10f		Х	
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.)		х	

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Page 3- 1

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	: <b>(3)</b> F	'N(s)

Form 5500-SF	Short Form Annu		of Small Employe	e	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file		065 of the Employee Refirer	ment	2017
	Income Security Act of 1974	(ERISA), and sections 605	7(b) and 6058(a) of the inter	nal This	
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5500-S		
For calendar plan year 2017 or	fiscal plan year beginning				
A This return/report is for:	x a single-employer plan	list of participating em		-	
B This return/report is					
			report (less than 12 months	e)	
•			· · ·	•	
C Check box if filing under:			∐ D	FVC program	
	special extension (enter desc	ription)		·	
Part II Basic Plan Inf	ormation—enter all requested in	formation			
1a Name of plan	Osmunisstiss STO	401 (1-) Dres f	1b		
Centra Marketing &	Communications, LLC	401(K) Proi		(PN)	001
			1c		
Point 3500-Sr       Short Point Artification Reference of the Treasury Internal Revenue Service       1210-008         Department of the Treasury Internal Revenue Service       Department of Labor       2017         Department of Labor       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.       This Form is Open to Public Inspection         Part 1       Annual Report Identification Information       01/01/2017       and ending       12/31/2017         A This return/report is for:       a single-employer plan       a single-employer plan       a foreign plan         B This return/report is       a one-participant plan       a foreign plan       a foreign plan         B This return/report is       The first return/report       a short plan year return/report       a short plan year return/report         B This return/report is       The first return/report       a short plan year return/report       a short plan year return/report       DFVC program         B This return/report is       The first return/report       a short plan year return/report       DFVC program         B This return/report is       The first return/report       a short plan year return/report       DFVC program         B This return/report is					
City or town, state or provin	nce, country, and ZIP or foreign post		uctions)		
Centra Marketing &	Communications,			•	•
			2d	Business code	e (see instructions)
1400 Old Country Ro	oad Suite 420				
Westbury		NY	11590	541910	
3a Plan administrator's name	and address 🛛 Same as Plan Spo	nsor.	3b	Administrator	s EIN
			30	Administrator's	s telephone number
4 If the name and/or EIN of the	he plan sponsor or the plan name h	as changed since the last re		EIN	
	onsor's name, LIN, the plan name a	and the plan number from tr		PN	
•					
5a Total number of participant	ts at the beginning of the plan year.			5a	
				5b	8
c Number of participants with	h account balances as of the end of	the plan year (only defined	contribution plans	5c	8
				l(1)	6
d(2) Total number of active p	participants at the end of the plan ye	ar		1(2)	6
				5e	D
Caution: A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable cause i	s established.	
Under penalties of perjury and on SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ctions.   declare that   have	examined this return/report.	including, if app	licable, a Schedule ny knowledge and
KALLO	au -		Robert A Bell		
HERE	administrator	Date 9/20/18	Enter name of individual si	igning as plan a	dministrator
	<u></u>				
UEDE	loyer/plan sponsor	Date	Enter name of individual si	igning as emplo	
	lice, see the Instructions for Form 550	0-SF.	<u></u>		Form 5500-SF (2017)

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v.170203

	Form 5500-SF 2017 Page <b>2</b>				
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 accountar	nt (IQPA)	_	-	_

by fraud or dishonesty?.....

the plan? (See instructions.).....

2520.101-3.) .....

е

h

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance

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.) .....

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

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 .....

carrier, insurance service, or other organization that provides some or all of the benefits under

\*\*\*\*\*\*

Part III Financial Information

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

10d

10e

10f

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69,473

7	Plan Assets and Liabilities	Alerta Car Historica (Martin	(a) Beginning	of Yea	.		(b) End of Year
а	Total plan assets	. 7a		991,	945		1,179,349
b	Total plan liabilities	. 7b					
C	Net plan assets (subtract line 7b from line 7a)	. 7c		991,	945		1,179,349
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total
a	Contributions received or receivable from: (1) Employers	. 8a(1)			1.1		
	(2) Participants	. 8a(2)		56,	873		
	(3) Others (including roliovers)	. 8a(3)					
b	Other income (loss)	, 8b		130,	531		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					187,404
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e			. ALM.		
f	Administrative service providers (salaries, fees, commissions)	. 8f			AD40		
g	Other expenses	. 8g			1. S.		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					187,404
j	Transfers to (from) the plan (see instructions)	8]			and the second s		それを たちまというたい からい
Pa	TIV Plan Characteristics		······································		•		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	i feature co	des from the List of Pl	an Cha	racteri	istic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Chan	acteris	tic Cod	les 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)	voluntary F	iduciary Correction	10a		x	
b	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	•		10b		x	
c	Was the plan covered by a fidelity bond?			10c	x		100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused				

Form 5500-SF 2017

nts? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 40		SB	·	Yes X 1
Schedule SB (Form 5500) line 40		SB		Vac IV
Schedule SB (Form 5500) line 40			, –	명
	11a	Τ	<b>a</b>	
equirements of section 412 of the Code or se	ction 302	 ວf		res 🛛 t
amortized in this plan year, see instructions				r ruling
MB (Form 5500), and skip to line 13.				
	12b	1		
		†		
he result (enter a minus sign to the left of a	120			
		Yes	No	N/A
		· · · · · ·		
	-	1 Yes	M N	0
			<u>E</u>	
transferred to another plan, or brought under	the		Yes x	No
n this plan to another plan(s), identify the pla	in(s) to			
13	c(2) EIN(s)		13c/3	PN(s)
	as applicable.) g amortized in this plan year, see instructions Month MB (Form 5500), and skip to line 13. n year	as applicable.)       g amortized in this plan year, see instructions, and enter         MB (Form 5500), and skip to line 13.       Da         12b       12c         n year       12c         he result (enter a minus sign to the left of a       12d         e funding deadline?	as applicable.) g amortized in this plan year, see instructions, and enter the date of Month Day  MB (Form 5500), and skip to line 13.  12b  n year  12c  he result (enter a minus sign to the left of a 12d  e funding deadline?	as applicable.)       g amortized in this plan year, see instructions, and enter the date of the lefter         Month       Day       Year         MB (Form 5500), and skip to line 13.       12b         n year       12c         he result (enter a minus sign to the left of a       12d         e funding deadline?       Yes       No         mployer this year       13a         transferred to another plan, or brought under the       Yes       Yes         m this plan to another plan(s), identify the plan(s) to       10