## 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

2018

This Form is Open to **Public Inspection** 

A This return/report is for:    a single-employer plan   a multiple-employer plan fort multiemployery (Filers checking this box must attach a   ist of participating employer information in accordance with the form instructions.)   a one-participant plan   a foreign plan   an amended return/report   a short plan year return/report (less than 12 months)   This return/report   an amended return/report   a short plan year return/report (less than 12 months)   Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   18 Name of plan   MEYER & ASSOCIATES LLC 401(K) PLNN   10 months of the plan participants are instructions, and instructions, as in the plan number of participants and address   Same as Plan Sponsor.   2d Business code (see instructions)   Administrator's name and address   Same as Plan Sponsor.   3b Administrator's telephone number of participants at the beginning of the plan year.   5a   14   Name of plan   4d PN   1785   3c   14   Name of plan   4d PN   1785   3c   Name of plan   4d PN   1785   3d Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's telephone number   516-699-5487   2d PN	Part I Annua	al Report Identification Info	ormation							
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C Check box if filling under:   Form 5558   automatic extension   DFVC program   DFVC program	For calendar plan ye	ar 2018 or fiscal plan year beginnin	g 01/01/2018		and ending 12	2/31/2018				
B This return/report is	A This return/report	a single-employer is for:	piuii 🗀			-				
me interstrut/report   me interstrut/report (less than 12 months)	·	a one-participant p			,		,			
C Check box if filing under:	<b>B</b> This return/report	is the first return/repo								
Special extension (enter description)		an amended return	n/report as	short plan year returr	n/report (less than 12 m	onths)				
Part II   Basic Plan Information—enter all requested information 1a Name of plan   MEYER & ASSOCIATES LLC 401(K) PLAN	C Check box if filing	under: Form 5558	a	utomatic extension		DFVC prog	ram			
18   Name of plan   MEYER & ASSOCIATES LLC 401(K) PLAN		special extension	(enter description)			_				
18   Name of plan   MEYER & ASSOCIATES LLC 401(K) PLAN	Part II Basic	Plan Information—enter all re	equested informati	on						
Plan number (PN)   001   C Effective date of plan (O42/O2/O2/O2/O2/O2/O2/O2/O2/O2/O2/O2/O2/O2			1	<u>-                                      </u>		<b>1b</b> Three-di	igit			
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 2IP or foreign postal code (if foreign, see instructions)  MEYER & ASSOCIATES MARKETING COMMUN ICATIONS LLC  2a Business code (see instructions)  3187 WILLIAM STREET WANTAGH, NY 11793  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.  3 Sponsor's name c Plan Name  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.  4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  5 Total number of participants at the beginning of the plan year  5 Plan Name  5 Total number of participants at the beginning of the plan year  6 Number of participants with account balances as of the end of the plan year  7 Total number of active participants at the beginning of the plan year  8 Number of participants with account balances as of the end of the plan year  9 Number of participants with terminated employment during the plan year with accrued benefits that were less from 100% vested.  1 On Number of participants with terminated employment during the plan year with accrued benefits that were less for 100% vested.  2 Number of participants with terminated employment during the plan year with accrued benefits that were less for 100% vested.  3 Demployer the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  4 Demployer the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  5 Demployers demployers the plan plan administrator  1 Date Entername of individual signing as plan administrator	·	ES LLC 401(K) PLAN				plan nur	mber			
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) MEYER & ASSOCIATES MARKETING COMMUN ICATIONS LLC  2c Sponsor's Lelephone number 516-89-6497  2d Business code (see instructions)  3187 WILLIAM STREET WANTAGH, NY 11793  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.  5 Administrator's telephone number or this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 B EIN  4d PN  5a Total number of participants at the beginning of the plan year  5 Plan Name  5 Total number of participants at the end of the plan year  5 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  6 (1) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 109% vested.  6 Under penalties of pertury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule Story Schedule MB completed and signed by a removined activary, as well as the electronic vernor of his return/report, including, if applicable, a Schedule Story Netsed  6 Signature of plan administrator  5 Date  6 Enter name of individual signing as plan administrator						( /				
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)  MEYER & ASSOCIATES MARKETING COMMUN ICATIONS LLC  2c Sponsor's telephone number 516-659-5497  2d Business code (see instructions)  3t87 WILLIAM STREET WANTAGH, NY 11793  3a Plan administrator's name and address Same as Plan Sponsor.  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.  a Sponsor's name  c Plan Name  5a Total number of participants at the beginning of the plan year						IC LITECTIVE	·			
City of 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 \$16-659-5497  2d Business code (see instructions)  541910  3a Plan administrator's name and address  Same as Plan Sponsor.  3b Administrator's EIN  3c Administrator's telephone number this plan, enter 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.  Sponsor's telephone number  4b EIN  4d PN  4d PN  5a Total number of participants at the beginning of the plan year  5a 14  b Total number of participants at the end of the plan year  5b 0  c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  4d(2) Total number of active participants at the beginning of the plan year  5c 0  5d(1) 11  5d(2) 0  ENUMBER OF A Cative participants at the end of the plan year with accrued benefits that were less than 100% wested										
3a Plan administrator's name and address  Same as Plan Sponsor.  3b Administrator's telephone number  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.  5 Sponsor's name  7 Plan Name  5a Total number of participants at the beginning of the plan year.  5b Total number of participants at the beginning of the plan year.  5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  6d(1) Total number of active participants at the beginning of the plan year.  6d(2) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 10% wested.  7 Selection: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  8 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  8 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  8 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  8 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  8 SIGN Filed with authorized/walid electronic signature.  8 David 2019 EDWARD HOEY  8 Enter name of individual signing as plan administrator				e (if foreign, see instr	uctions)	, ,				
318 Plan administrator's name and address ☑ Same as Plan Sponsor.  32 Administrator's telephone number  33 Administrator's telephone number  34 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.  3 Sponsor's name  3 Plan Name  4 PN  5 Total number of participants at the beginning of the plan year.  5 Total number of participants at the end of the plan year.  5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.  4 PN  5 Total number of participants at the end of the plan year.  5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  4 If the name and/or EIN of the plan year.  5 Number of participants at the beginning of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants with account balances as of the end of the plan year.  5 Number of participants at the end of the plan year.  5 Number of participants with accoun	MEYER & ASSOCIAT	ES MARKETING COMMUN ICATIO	ONS LLC							
3a Plan administrator's name and address Same as Plan Sponsor.  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.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year						2d Business	s code (see instructions)			
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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.  a Sponsor's name  C Plan Name  5a Total number of participants at the beginning of the plan year										
4b EIN  4d PN  5a Total number of participants at the beginning of the plan year	3a Plan administrat	or's name and address 🏻 Same a	s Plan Sponsor.			<b>3b</b> Administrator's EIN				
4b EIN  4d PN  5a Total number of participants at the beginning of the plan year						3c Administrator's telephone number				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year						7 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
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Total number of participants at the beginning of the plan year						4D EIN				
5a Total number of participants at the beginning of the plan year	•					<b>4d</b> PN				
b Total number of participants at the end of the plan year	C Plan Name									
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of active participants at the beginning of the plan year	5a Total number of	participants at the beginning of the	plan year			5a	14			
d(1) Total number of active participants at the beginning of the plan year						5b	0			
d(2) Total number of active participants at the end of the plan year						5c	0			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Total number	of active participants at the beginn	ing of the plan yea	r		5d(1)	11			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  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.  SIGN HERE  Signature of plan administrator  Date  Enter name of individual signing as plan administrator	d(2) Total number	of active participants at the end of	the plan year			5d(2)	0			
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.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator  SIGN HERE	· · · · · · · · · · · · · · · · · · ·									
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.  SIGN Filed with authorized/valid electronic signature.  Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN HERE	Caution: A penalty	for the late or incomplete filing of	f this return/repo	rt will be assessed	unless reasonable cau	use is establis	hed.			
SIGN HERE Filed with authorized/valid electronic signature.  O3/04/2019 EDWARD HOEY  Signature of plan administrator Date Enter name of individual signing as plan administrator  SIGN HERE	SB or Schedule MB	completed and signed by an enrolle								
Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN HERE			ıre.	03/04/2019	EDWARD HOEY					
SIGN HERE	HERE Signatu	re of plan administrator		Date	Enter name of individ	ividual signing as plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN		_							
	HERE Signatu	Signature of employer/plan sponsor Date Enter name of i				dividual signing as employer or plan sponsor				

Form 5500-SF (2018) Page **2** 

_	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>							
	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance p	orogram (see ERISA se	ection 4	021)?		Yes N	Not determined
Pa	rt III Financial Information		Г					
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Eı	nd of Year
<u>a</u>	Total plan assets	7a	209	59270				0
<u>b</u>	Total plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c	20:	59270				0
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	-34	45177				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-345177
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17 <sup>-</sup>	14093				
е	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						1714093
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2059270
j	Transfers to (from) the plan (see instructions)	8i		0				
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 Plant	an Cha	racteri	stic Co	odes in the i	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the in	structions:
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 contributed 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.)	? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X			40000
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?					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.).					X		
f	f Has the plan failed to provide any benefit when due under the plan?					X		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X		
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			10i				

Form 5500-SF (2018)	Page <b>3-</b>

Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)		SB	Yes 🛚 No						
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?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		of the letter ruling Year						
lf y	ou 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?		X Ye	s 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 control of the PBGC?		X Yes No							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to								
1	3c(1) Name of plan(s):	(2) EIN(s)		<b>13c(3)</b> PN(s)						

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Part I

SIGN

HERE

SIGN HERE

Department of Labor Employee Benefits Security Administration

Annual Report Identification Information

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

2018

This Form is Open to **Public Inspection** 

For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018 and ending	12/31/2	018				
A This return/report is for:	🛚 a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.						
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	X the final return/report						
	an amended return/report	a short plan year return/report (less than 12 r	months)					
C Check box if filing under:	Form 5558	automatic extension	DFVC program					
	special extension (enter desc		_					
Part II Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name of plan			1b Three-digit	3				
MEYER & ASSOCIATES	LLC 401(K) PLAN		plan numbe (PN)	001				
			1c Effective da	te of plan				
20. Dian anaman's name (aman)	lavas if far a simula assalavas alauk		04/20/2					
Mailing address (include roo	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.		(EIN)13-4	entification Number 117202				
	ice, country, and ZIP or foreign pos MARKETING COMMUN	stal code (if foreign, see instructions)	2c Sponsor's telephone number					
ICATIONS LLC			(516) 659–5497 <b>2d</b> Business code (see instruction					
3187 WILLIAM STREET	Γ		24 24011000 00	de (dee mendenne)				
WANTAGH		NY 11793	541910					
3a Plan administrator's name a	and address 🛚 Same as Plan Spo	onsor.	3b Administrato	r's EIN				
			3c Administrato	r's telephone number				
			The second of th	e la lacopula Provincia de la composición del composición de la co				
4 If the name and/or EIN of the	ne plan sponsor or the plan name h	nas changed since the last return/report filed for	4b EIN					
this plan, enter the plan spe		and the plan number from the last return/report.						
a Sponsor's name			4d PN					
C Plan Name								
5a Total number of participant	s at the beginning of the plan year		5a	14				
<b>b</b> Total number of participant	s at the end of the plan year		5b	0				
	f the plan year (only defined contribution plans	5c						
		olan year	5d(1)	11				
		ear	5d(2)	0				
e Number of participants who	o terminated employment during th	ne plan year with accrued benefits that were less	50	0				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and con	and signed by an enrolled actuary,	actions, I declare that I have examined this return/r as well as the electronic version of this return/repo	eport, including, if a ort, and to the best o	oplicable, a Schedule f my knowledge and				
	1							

Date

Date

EDWARD HOEY

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Signature of plan administrator

Form 5500-SF (2018)

Form	5500-SF	(2018)
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Page 2

b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>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</li> </ul>								res No res No res No res tructions.)
Par	t III Financial Information								<u></u>
7	Plan Assets and Liabilities	<u> </u>	(a) Beginning	of Year			(b) En	d of Year	
a	Total plan assets	7a	2,	059,	270			,	0
b	Total plan liabilities	7b			0				0
C	Net plan assets (subtract line 7b from line 7a)	7c	2,	059,	270			···	0
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b)	Total	
	Contributions received or receivable from:  (1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0			· 	·
b	Other income (loss)	8b	_	345,	177				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							345,177
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	714,	093				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						···	714,093
	Net income (loss) (subtract line 8h from line 8c)	8i	8i				-2,	059,270	
j	Transfers to (from) the plan (see instructions)				0				
Par	t 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 Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in the inst	tructions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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 Verogram)	oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	·····		10b		Х			
С	Was the plan covered by a fidelity bond?	•	***************************************	10c	Х				40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			·
е	Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		Х			
f						Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10f 10g		Х			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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 (2018)		Page 3-					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimur (Form 5500) and line 11a below)	n funding requirements? (If "Ye	s," see instructions a	nd complete Sch	edule S	В	Ye	es ⊠ No
11a	Enter the unpaid minimum required contribution				11a			
12	Is this a defined contribution plan subject to the ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 1			e Code or section	1 302 of		Y	es 🛛 No
a	If a waiver of the minimum funding standard for granting the waiver.	a prior year is being amortized	in this plan year, see		enter t		e letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, a							
b	Enter the minimum required contribution for this	plan year			12b			
	Enter the amount contributed by the employer to				12c			·
d	Subtract the amount in line 12c from the amount negative amount)				12d			
е	Will the minimum funding amount reported on li	ne 12d be met by the funding d	eadline?			Yes 📗 I	No [	N/A
Part	VII Plan Terminations and Transfer	s of Assets						
13a	Has a resolution to terminate the plan been adopte	d in any plan year?				X Yes	No	
-	If "Yes," enter the amount of any plan assets th	at reverted to the employer this	year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a			(
b	Were all the plan assets distributed to participa control of the PBGC?					XY	es 🗌	No
С	If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	were transferred from this plan			to			

13c(3) PN(s)

13c(2) EIN(s)

13c(1) Name of plan(s):