Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(K) SHARING SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1980

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)
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.

32 OLD SLIP
10TH FL
NEW YORK, NY 10005

2b Employer Identification Number (EIN)
13-2804089

2c Plan Sponsor's telephone number
212-620-7970

2d Business code (see instructions)
541330

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 accompanying schedules, statements and attachments, 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.	04/15/2019	JOHN MCCUE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2019	JOHN MCCUE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c 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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	211
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	166
a(2) Total number of active participants at the end of the plan year	**6a(2)**	158
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	55
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	213
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	213
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	206
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2G 2J 2R 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

A Name of plan
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(K) SHARING SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.

D Employer Identification Number (EIN)
13-2804089

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

USB FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 54 71 63 99	INVESTMENT	145076	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

A Name of plan
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(K) SHARING SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.

D Employer Identification Number (EIN)
13-2804089

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	250000	252000
(2) Participant contributions	1b(2)	37885	52269
(3) Other	1b(3)	6167	6802
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2414367	2040911
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	976373	237824
(B) Common	1c(4)(B)	5097332	5147732
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	382993	380870
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7179372	9992948
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		326511

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16344489	18437867
	Liabilities			
g	Benefit claims payable	1g	3	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16344486	18437867

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	252000	
	(B) Participants	2a(1)(B)	1339144	
	(C) Others (including rollovers)	2a(1)(C)	12770	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1603914
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	20309	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20309
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	383515	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		383515
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		692763
c Other income	2c		1841
d Total income. Add all **income** amounts in column (b) and enter total	2d		2702342
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	461890	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		461890
f Corrective distributions (see instructions)	2f		1694
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	145076	
(4) Other	2i(4)	301	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		145377
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		608961
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2093381
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRASSI & COMPANY **(2)** EIN: 11-3266576

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		85614
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If 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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

A Name of plan
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(K) SHARING SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.

D Employer Identification Number (EIN)
13-2804089

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3874463 36-3865716

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

JUNE 30, 2018

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

To The Board of Trustees
Robert Silman Associates Structural Engineers, D.P.C.
401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits at June 30, 2018 and 2017 and the related statement of changes in net assets available for benefits for the year ended June 30, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing Plan at June 30, 2018 and 2017, and the changes in its net assets available for benefits for the year ended June 30, 2018 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at June 30, 2018 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended June 30, 2018, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Grassi & Co, CPAs, P.C.

GRASSI & CO., CPAs, P.C.

Jericho, New York
April 15, 2019

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2018 AND 2017

	2018	2017
ASSETS:		
Investments, at fair value	$ 17,745,926	$ 15,667,443
RECEIVABLES:		
Employer contributions	252,000	250,000
Participants' contributions	52,269	37,885
Rollover contributions	6,802	6,166
Notes receivable from participants	380,870	382,993
Total Receivables	691,941	677,044
Total Assets	18,437,867	16,344,487
NET ASSETS AVAILABLE FOR BENEFITS	$ 18,437,867	$ 16,344,487

The accompanying notes are an integral part of these financial statements.

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2018

ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment Income:		
Net appreciation in fair value of investments	$	692,763
Interest and dividend income		383,515
Other income		1,841
Total Investment Income		1,078,119
Interest income on notes receivable from participants		20,309
Contributions:		
Employer		252,000
Participants		1,339,144
Rollover		12,770
Total Contributions		1,603,914
Total Additions		2,702,342
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid to participants		457,002
Deemed distributions of participant loans		6,582
Administrative expenses		145,076
Other expense		302
Total Deductions		608,962
NET INCREASE		2,093,380
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		16,344,487
End of year	$	18,437,867

The accompanying notes are an integral part of these financial statements.

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018

Note 1 - Description of Plan

The following description of the Robert Silman Associates Structural Engineers, D.P.C. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which was established on July 1, 1980 and amended and restated on July 1, 2016, is a defined contribution profit sharing plan covering all eligible employees of Robert Silman Associates, PLLC. Robert Silman Associates Structural Engineers, D.P.C. is the Plan sponsor ("Sponsor"). Employees who are age 21 or older are eligible to make contributions. Employees who have one year of service and are age 21 or older are eligible to receive profit sharing contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Investments of the Plan are held by the Plan custodian, UBS Financial Services, Inc. ("UBS"). The custodian invests all contributions as directed by the participants, and allocates to each participant's account its proportionate share of investment income. The Plan administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan administrator. The record-keeper for the Plan is Correll Co. ("Correll" or the "Record-Keeper"). The trustee of the Plan is Robert Silman Associates, PLLC.

Contributions

Each year, participants may contribute a percentage of their eligible annual compensation, as defined in the Plan, provided that such contributions do not exceed the limitations under the Internal Revenue Code (the "Code") of $18,500 for 2018 and $18,000 for 2017, plus a maximum of $6,000 in catch-up contributions for participants who have attained age 50 before the end of the Plan year. Contributions may be made as a pre-tax deferral. Highly compensated employees are subject to additional limits set forth in the Code. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor also may make discretionary profit sharing contributions to the Plan at the option of the Sponsor's board of trustees and allocate among participants eligible to share in the contribution for the Plan year. Profit sharing contributions are invested as directed by the participants. During the year ended June 30, 2018, the Company made a $252,000 profit sharing contribution to the Plan.

Additional contributions to the Plan may include the following:

- A discretionary qualified non-elective contribution solely to correct a failure of non-discrimination testing.

Note 1 - Description of Plan (cont'd.)

Participant Accounts

Each participant's account is credited with the participant's contributions, as well as allocations of the Sponsor's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants shall have a vested percentage in their employer contribution accounts according to a graded vesting schedule based on years of service as follows:

Years of Service	Percent Vested
At least 2	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at one percentage point above prime rate as defined by the Plan. The interest rate is determined as of the date of origination and is fixed for the loan term. Principal and interest is paid ratably through monthly payroll deductions over a period not to exceed five years, unless the funds are used to acquire a principal residence, in which case the maximum repayment period is 30 years.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also allows certain withdrawals at age 59½ and hardship withdrawals.

Forfeitures

At June 30, 2018 and 2017, forfeited nonvested accounts totaled $0. These accounts will be used first to pay the administrative expenses of the Plan and then allocated to the other participant accounts. During the year ended June 30, 2018, $3,097 in forfeitures was allocated to participant accounts.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Plan considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. The Plan administrator will charge a reasonable fee to the participant to process and administer participant loans. No allowance of credit losses has been recorded as of June 30, 2018 or 2017. Interest rates on loans outstanding at June 30, 2018 range from 4.25% to 8.75%.

Administrative Expenses

Administrative expenses are paid by the participants and charged to each participant's account. For the year ended June 30, 2018, participants paid $145,076 in investment advisory and management fees to UBS Financial Services, Inc., a related party and the Plan's custodian.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Payment of Benefits

Benefits are recorded when paid.

Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification Topic 820 are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs that are unobservable inputs for the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2018 and 2017.

Corporate stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Note 3 - Fair Value Measurements (cont'd.)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at June 30, 2018 and 2017.

	Assets at Fair Value at June 30, 2018			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 2,040,911	$ -	$ -	$ 2,040,911
Common stock	5,147,732	-	-	5,147,732
Preferred stock	-	237,824	-	237,824
Investment in partnerships	-	326,511	-	326,511
Exchange traded funds	9,992,948	-	-	9,992,948
Total Assets at Fair Value	$ 17,181,591	$ 564,335	$ -	$ 17,745,926

	Assets at Fair Value at June 30, 2017			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 2,413,255	$ -	$ -	$ 2,413,255
Common stock	5,582,098	-	-	5,582,098
Corporate bonds	-	491,609	-	491,609
Exchange traded funds	7,180,481	-	-	7,180,481
Total Assets at Fair Value	$ 15,175,834	$ 491,609	$ -	$ 15,667,443

Note 4 - Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are held in cash and money-market accounts with UBS Financial Services, Inc., the custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions.

Notes receivable from participants also qualify as party-in-interest transactions.

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 6 - Tax Status

The Plan is a prototype plan that has received a favorable determination letter dated March 31, 2014 issued by the National Office of the Internal Revenue Service ("IRS") that the Plan is qualified under Internal Revenue Code Section 401. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

Note 7 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 - Subsequent Events

The Plan administrator has evaluated subsequent events or transactions that occurred after June 30, 2018 through April 15, 2019, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULES

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Preferred Stock:			
	BACPRB	BANK OF AMERICA CO SER GG 6.000% PREFERRED CLBL PAR VALUE - 25.00 USD	**	$ 1,541
	BBTPRD	BB&T CORPORATION (BBT) 5.850% PREFERRED CLBL PAR VALUE -25.00 USD	**	79,567
	WFCPRN	WELLS FARGO AND COMPANY 5.200% (WFC) 5.200% PREF CLBL 25.00 USD	**	156,716
				$ 237,824
	Common Stock:			
	ABBV	ABBVIE INC COM	**	$ 30,111
	ASIX	ADVANSIX INC	**	110,220
	AGNC	AGNC INVT CORP REIT	**	186
	BABA	ALIBABA GROUP HLDG LTD SPON ADR	**	127,830
	GOOG	ALPHABET INC CL C	**	46,857
	AMZN	AMAZON.COM INC	**	501,441
	AIG	AMERICAN INTL GROUP INC COM NEW	**	5,196
	AMT	AMERICAN TOWER CORP REIT	**	77,419
	AAPL	APPLE INC	**	498,871
	T	AT&T INC	**	50,316
	BAC	BANK OF AMER CORP	**	408,050
	BP	BP PLC SPON ADR	**	2,100
	CAH	CARDINAL HEALTH INC	**	4,590
	CELG	CELGENE CORP	**	170,197
	CX	CEMEX S.A.B. DE C.V. SPON ADR	**	13,120
	CVX	CHEVRON CORP	**	32,113
	KO	COCA COLA CO COM	**	8,772
	DNKN	DUNKIN BRANDS GROUP INC	**	3,868
	EW	EDWARDS LIFESCIENCES CORP	**	220,830
	XOM	EXXON MOBIL CORP	**	29,204
	FB	FACEBOOK INC CL A	**	345,307
	FBHS	FORTUNE BRANDS HOME & SEC INC COM	**	68,777
	GD	GENL DYNAMICS CORP	**	115,947
	GE	GENL ELECTRIC CO	**	13,610
	HON	HONEYWELL INTL INC	**	75,050
	ITW	ILLINOIS TOOL WORKS INC	**	68,439
	INTC	INTEL CORP	**	110,306
	JBGS	JBG SMITH PPTYS SBI	**	146
	JNJ	JOHNSON & JOHNSON COM	**	88,215
	KHC	KRAFT HEINZ CO/THE	**	37,692
	LLY	LILLY ELI & CO	**	22,186
	LOW	LOWES COMPANIES INC	**	87,255
	LTC	LTC PROPERTIES INC REAL ESTATE INVESTMNT TR	**	427
	MKL	MARKEL CORP (HOLDING CO)	**	21,687
	MKC	MC CORMICK & CO NV	**	69,654
	MRK	MERCK & CO INC NEW COM	**	3,278
	MSFT	MICROSOFT CORP	**	239,622
	NSC	NORFOLK STHN CORP	**	96,708
	NTNX	NUTANIX INC CL A	**	75,705
	PEP	PEPSICO INC	**	80,019
	PXD	PIONEER NAT RES CO	**	18,924
	PJT	PJT PARTNERS INC - A	**	197,917
	PG	PROCTER & GAMBLE CO	**	65,961
	CRM	SALESFORCE.COM INC	**	68,200

See independent auditors' report.

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common Stock (cont'd.):			
	HSIC	SCHEIN HENRY INC	**	$ 2,179
	SNH	SENIOR HSG PROPERTIES TRUST SBI	**	1,049
	NOW	SERVICENOW INC	**	119,349
	SIRI	SIRIUS XM HLDGS INC COM	**	27,710
	SWKS	SKYWORKS SOLUTIONS INC	**	19,330
	SYK	STRYKER CORP	**	146,402
	SYN	SYNTHETIC BIOLOGICS INC COM	**	5,945
	TTWO	TAKE-TWO INTERACTIVE SOFTWRE	**	11,836
	TSLA	TESLA INC	**	6,859
	TOT	TOTAL S.A. FRANCE SPON ADR	**	2,120
	UAA	UNDER ARMOUR INC CL A	**	240,581
	UNP	UNION PACIFIC CORP	**	92,517
	VZ	VERIZON COMMUNICATIONS INC	**	16,250
	VFC	VF CORP	**	5,869
	V	VISA INC CL A	**	12,715
	VNO	VORNADO REALTY TRUST	**	739
	DIS	WALT DISNEY CO (HOLDING CO) DISNEY COM	**	5,345
	ZIOP	ZIOPHARM ONCOLOGY INC	**	118,614
				$ 5,147,732
	Exchange Traded Funds:			
	CHCLX	AB DISCOVERY GROWTH FUND CLASS A	**	$ 11,973
	CHCYX	AB DISCOVERY GROWTH FUND CLASS ADVISOR	**	6,025
	AGDYX	AB HIGH INCOME FUND CLASS ADVISOR	**	170,478
	AIDYX	AB INTERMEDIATE DIVERSIFIED MUNICIPAL PORTFOLIO FUND CLASS ADV	**	45,871
	ABIAX	AB INTERNATIONAL VALUE FUND CLASS A	**	9,437
	ALTVX	AB MUNI INCOME FUND NATIONAL PORTFOLIO FUND CLASS ADVISOR	**	114,679
	PNBAX	ALLIANZGI NFJ LARGE-CAP VALUE FUND CLASS A	**	295
	AMRFX	AMER FUNDS AMERICAN MUTUAL FUND CLASS F2	**	109,518
	RMFEX	AMERICAN FUNDS AMERICAN MUTUAL FUND CLASS R4	**	13,684
	BFAFX	AMERICAN FUNDS BOND FUND OF AMER F-1	**	14,351
	GFAFX	AMERICAN FUNDS GROWTH FUND OF AMER F-1	**	15,649
	BMCSX	BLACKROCK HIGH EQUITY INCOME FUND SERVICE CLASS	**	1,229
	CSIEX	CALVERT EQUITY FUND CLASS A	**	2,194
	SHRAX	CLEARBRIDGE AGGRESSIVE GROWTH FUND CLASS A	**	21,909
	CSRSX	COHEN & STEERS REALTY SHARES	**	18,600
	SRBFX	COLUMBIA TOTAL RETURN BOND FUND CLASS INSTITUTIONAL	**	15,749
	CIBRX	COLUMBIA TOTAL RETURN BOND FUND CLASS R	**	5,739
	FAHDX	FIDELITY ADVISOR HIGH INCOME ADVANTAGE FUND CLASS A	**	17,690
	FIATX	FIDELITY ADVISORS INTL APPRECIATION FUND CLASS M	**	30
	FGINX	FIRST INVESTORS GROWTH & INCOME FUND CLASS A	**	3,431
	FCGAX	FRANKLIN GROWTH FUND ADVISOR CLASS	**	11,448
	FGRAX	FRANKLIN GROWTH OPPORTUNITIES FUND A	**	24,304
	GADVX	GABELLI ABC ADVISOR FUND	**	47,363
	SVUIX	GUGGENHEIM MID CAP VALUE INSTITUTIONAL FUND CLASS INSTITUTIONAL	**	10,648
	IHOIX	OPPORTUNITIES FD CL I	**	10,485
	IHOAX	HARTFORD INTERNATIONAL OPPORTUNITIES FUND CL A	**	20,566
	HWDIX	HARTFORD WORLD BOND FUND I	**	44,815
	HFOAX	JANUS HENDERSON INTERNATIONAL OPPORTUNITIES FUND CL A	**	3,430
	JMCVX	JANUS HENDERSON MID CAP VALUE FUND CLASS T SHARES	**	17,309
	PZFVX	JOHN HANCOCK CLASSIC VALUE FUND CLASS A	**	46,815
	JQLBX	JOHN HANCOCK MULTIMANAGER LIFESTYLE BALANCED PORTFOLIO FUND CLASS R2	**	16,235
	JQLCX	JOHN HANCOCK MULTIMANAGER LIFESTYLE CONSERVATIVE PORTFOLIO FUND CLASS R2	**	6,191
	JQLGX	JOHN HANCOCK MULTIMANAGER LIFESTYLE GROWTH PORTFOLIO FUND CLASS R2	**	111,730
	JQLMX	JOHN HANCOCK MULTIMANAGER LIFESTYLE MODERATE PORTFOLIO FUND CLASS R2	**	10,505
	JQLAX	JOHN HANCOCK MULTIMANGER LIFESTYLE AGGRESSIVE PORTFOLIO FUND CLASS R2	**	19,149

See independent auditors' report.

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Exchange Traded Funds (cont'd.):			
	JFAMX	JP MORGAN EMERGING MARKETS CLASS A	**	$ 2,827
	JEMSX	JP MORGAN TR I EMERGING MKTS EQUITY FUND CLASS I	**	51,765
	KSCVX	KEELEY SMALL CAP VALUE FUND CLASS A	**	14,596
	LZOEX	LAZARD EMERGING MARKET PORTFOLIO-OPEN SHARES	**	4,704
	LAVFX	LORD ABBETT FUNDAMENTAL EQUITY CLASS F	**	15,683
	LDLFX	LORD ABBETT SHORT DURATION INCOME FUND CLASS F	**	81,176
	EPLPX	MAINSTAY EPOCH US EQUITY YIELD CLASS A	**	23,224
	MHYIX	MAINSTAY MACKAY HIGH YIELD CORPORATE BOND FUND CLASS I	**	40,058
	MWTRX	METROPOLITAN WEST TOTAL RETURN BOND FUND	**	19,257
	OPTFX	OPPENHEIMER CAPITAL APPRECIATION FUND CL A	**	131
	OPPAX	OPPENHEIMER GLOBAL FUND CLASS A	**	11,262
	OIDYX	OPPENHEIMER INTL DIVERSIFIED FUND CLASS Y	**	5,066
	OPGVX	OPPENHEIMER LIMITED TERM GOVERNMENT FUND CLASS A	**	23,216
	PARWX	PARNASSUS ENDEAVOR FUND INVESTOR	**	7,613
	PIFZX	PGIM SHORT-TERM CORP BOND CL Z	**	130,956
	JDTRX	BOND CL R	**	5,254
	PIGFX	GROWTH CLASS A	**	22,142
	FUNYX	PIONEER PIONEER FUNDAMENTAL GROWTH FUND CLASS Y CL Y	**	6,126
	PSDYX	PUTNAM SHORT DURATION INCOME FUND Y	**	30,980
	TRBCX	T ROWE PRICE BLUE CHIP GROWTH FUND INC	**	3,147
	PRMSX	T ROWE PRICE INTL EMERGING MARKET FUND	**	10,592
	PRSMX	T ROWE PRICE SUMMIT MUNICIPAL INTERMEDIATE FUND	**	210,696
	PRFSX	T ROWE PRICE TAX FREE SHORT INTERMEDIATE FUND	**	115,027
	TGBAX	TEMPLETON GLBAL BOND ADV	**	7,170
	WEIMX	TETON WESTWOOD MIGHTY MITES CLASS I	**	9,400
	GFFFX	THE GROWTH FUND OF AMERICA FUND CLASS F2	**	86,091
	IHOSX	THE HARTFORD INTL OPPORTUNITIES FUND-R4	**	5,357
	TGVAX	THORNBURG INTERNATIONAL VALUE FUND CLASS A	**	25,345
	TGVIX	THORNBURG INTL VALUE FUND I	**	4,634
	VFIAX	VANGUARD 500 INDEX FUND ADMIRAL	**	18,745
	VCSAX	VANGUARD CONSUMER STAPLES INDEX FUND ADMIRAL	**	2,204
	VWETX	VANGUARD LONG TERM INVESTMENT GRADE FUND ADMIRAL	**	3,184
	RSDYX	VICTORY INCORE LOW DURATION BOND FUND CLASS Y	**	99,514
	RHS	INVESCO S&P 500 EQUAL WEIGHT CONSUMER STAPLES ETF	**	87,375
	SHY	ISHARES 1-3 YR TREAS BOND ETF	**	697,307
	TLT	ISHARES 20+ YEAR TREAS BOND ETF	**	116,243
	IEF	ISHARES 7-10 YEAR TREAS BOND ETF	**	718
	KXI	ISHARES GLOBAL CONSUMER STAPLES ETF	**	1,470
	LQD	ISHARES IBOXX $ INVT GRADE CORPORATE BOND ETF	**	176,552
	EFA	ISHARES MSCI EAFE ETF	**	6,697
	EEM	ISHARES MSCI EMERGING MARKETS ETF	**	182,983
	EUFN	ISHARES MSCI EUROPE FINANCIALS ETF	**	126,458
	EWH	ISHARES MSCI HONG KONG ETF	**	63,261
	EWJ	ISHARES MSCI JAPAN ETF	**	3,533
	IWF	ISHARES RUSSELL 1000 GROWTH ETF	**	637,753
	IWD	ISHARES RUSSELL 1000 VALUE ETF	**	14,808
	IWB	ISHARES RUSSELL 1000 ETF	**	1,064
	IWO	ISHARES RUSSELL 2000 GROWTH ETF	**	385,571
	IWN	ISHARES RUSSELL 2000 VALUE ETF	**	2,770
	IWR	ISHARES RUSSELL MIDCAP ETF	**	849
	IWP	ISHARES RUSSELL MID-CAP GROWTH ETF	**	721,347
	IWS	ISHARES RUSSELL MID-CAP VALUE ETF	**	2,566
	DVY	ISHARES SELECT DIVID ETF	**	6,353
	TIP	ISHARES TIPS BOND ETF	**	157,679
	IYW	ISHARES U.S. TECHNOLOGY ETF	**	3,387

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Exchange Traded Funds (cont'd.):			
	PFF	ISHARES US PFD STOCK ETF	**	$ 2,677
	IYR	ISHARES US REAL ESTATE ETF	**	1,853
	KWEB	KRANESHARES CSI CHINA INTERNET ETF	**	99,379
	DWX	SPDR S&P INTL DIVID ETF	**	266,944
	XSW	SPDR S&P SOFTWARE & SERVICES ETF	**	34,750
	BIL	SPDR SER TR SPDR BLOOMBERG BARCLAYS 1-3 MONTH T-BILL ETF	**	511,474
	VOX	VANGUARD COMMUNICATION SERVICES ETF	**	8,492
	VDC	VANGUARD CONSUMER STAPLES ETF	**	33,568
	VEA	VANGUARD FTSE DEVELOPED MKT ETF	**	16,216
	VWO	VANGUARD FTSE EMERGING MARKETS ETF	**	33,380
	VUG	VANGUARD GROWTH ETF	**	22,472
	VHT	VANGUARD HEALTH CARE ETF	**	47,265
	VGIT	VANGUARD INTER TERM TREAS ETF	**	6,892
	VOE	VANGUARD MID-CAP VALUE ETF	**	22,092
	VNQ	VANGUARD REAL ESTATE ETF	**	220,730
	VONV	VANGUARD RUSSELL 1000 VALUE ETF	**	819,446
	VIOG	VANGUARD S&P SMALL-CAP 600 GROWTH ETF	**	3,734
	VBR	VANGUARD SMALL-CAP VALUE ETF	**	36,935
	VTI	VANGUARD TOTAL STOCK MKT ETF	**	32,580
	VPU	VANGUARD UTILITIES ETF	**	17,394
	VTV	VANGUARD VALUE ETF	**	20,766
	DEM	WISDOMTREE EMERGING MARKETS HIGH DIVID FUND ETF	**	193,301
	DWM	WISDOMTREE INTL EQUITY FUND ETF	**	898,227
	DLS	WISDOMTREE INTL SMALLCAP DIVID FUND ETF	**	7,555
	DON	WISDOMTREE US MIDCAP DIVID ETF	**	868,043
	DES	WISDOMTREE US SMALLCAP DIVID FUND ETF	**	273,373
				$ 9,992,948
	Investments in Partnerships			
	AB	ALLIANCE BERNSTEIN HLDG LP MLP	**	2,427
	BX	BLACKSTONE GROUP LP/THE UNIT REPSTG LTD PARTNERSHIP INT	**	184,141
	BPL	BUCKEYE PARTNERS L P UNIT LTD PARTNERSHP INTS	**	5,905
	EEP	ENBRIDGE ENERGY PARTNERS LP MLP	**	1,366
	ETP	ENERGY TRANSFER PARTNERS, L.P. MLP	**	130,862
	NS	NUSTAR ENERGY LP UNITS	**	1,586
	PBT	PERMIAN BASIN ROYALTY TR UBI	**	224
				$ 326,511
	Cash and cash equivalents:			
*	UBS Financial Services	Cash and cash equivalents	**	$ 2,040,911
		Total Investments, at fair value		$ 17,745,926
*	Participant Loans	Interest rates ranging from 4.25% to 8.75%	$ -	380,870
	Total			$ 18,126,796

* Indicates party-in-interest to the Plan.
** Cost information is not required for participant-directed investments.

See independent auditors' report.

Schedule H - Part IV - Line 4a - Schedule of Delinquent Participant Contributions
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED JUNE 30, 2018

Participant contributions transferred late to the plan	Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-1
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Check here if late participant loan repayments are included: **X**	$ 85,614	$ -	$ -	$ -

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C. 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Corporate stocks - preferred:			
		Total	**	237,824
				$ 237,824
	Corporate stocks - common:			
		Total	**	5,147,732
				$ 5,147,732
	Registered Investment Companies:			
		Total	**	10,319,459
				$ 10,319,459
	Participant Loans	Interest rates ranging from 4/25% to 8.75%	-	$ 380,870
	Cash and cash equivalents:			
	Morgan Stanley			
*	UBS Financial Services	Cash and cash equivalents	**	2,040,911
				$ 2,040,911
				$ 18,126,796

* Indicates party-in-interest to the Plan
** Cost Information is not required for participant-directed investments

Attachment to Form 5500-SF
2017 Form 5500, Line 4a - Schedule of Delinquent Participant Contributions

Plan Name: Robert Silman Associates, P.C. 401(k) Profit Sharing Plan
EIN: 13-2804089
PN: 002

Participant Contribution Transferred Late to Plan	**Total that Consitute Nonexempt Prohibited Transactions**			
Check here if Late Participant Loan Repayments are included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	85,614			