## 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

Parti	Annual Repor	i identification information									
For calend	endar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This re	A This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D =1.5	over leave and the	a one-participant plan	a foreign plan								
<b>B</b> This ret	return/report is the first return/report the final return/report										
		an amended return/report	a short plan year retur	t plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	m					
		special extension (enter desc	. ,								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name INNOVATIV	e of plan 'E ADVOCATE GROU	JP INC. 401(K) PLAN			<b>1b</b> Three-digir plan numb (PN) ▶						
					1c Effective d	late of plan 01/01/2014					
		oyer, if for a single-employer plan)	) David			Identification Number					
	`	om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	,	ructions)	(EIN) 47-1193562						
-	E ADVOCATE GROU		, ,	,	<b>2c</b> Sponsor's telephone number 732-576-7710						
					2d Business of	code (see instructions)					
370 STATE RED BANK,	HIGHWAY 35, SUITE NY 07701	201			541219						
,											
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN					
_					3c Administrator's telephone number						
	3c Administrator's telephone number										
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN						
<b>a</b> Spons	sor's name				4d PN						
C Plan N	Name										
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	36					
<b>b</b> Total number of participants at the end of the plan year					5b	47					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						39					
d(1) Total number of active participants at the beginning of the plan year					5d(1)	24					
d(2) Total number of active participants at the end of the plan year						31					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						1					
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is establishe	ed.					
SB or Sch	nalties of perjury and of edule MB completed a true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, aplete.	ctions, I declare that I have as well as the electronic ve	examined this return/reprsion of this return/report,	ort, including, if and to the best	applicable, a Schedule of my knowledge and					
SIGN	Filed with authorize	d/valid electronic signature.	05/06/2019	TINA SABATINO							
HERE	Signature of plan	administrator	Date	Date Enter name of individual signing as pl							
SIGN HERE											
HEKE		oyer/plan sponsor	Date	Enter name of individu	ol cianina oc om						

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 550  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Ye If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year  Part III Financial Information	es No Not determined		
_	558831		
7 Disp Assets and I Sale Pitter	558831		
7 Plan Assets and Liabilities (a) Beginning of Year			
<b>a</b> Total plan assets	0		
<b>b</b> Total plan liabilities			
C Net plan assets (subtract line 7b from line 7a)	558831		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total		
a Contributions received or receivable from:       8a(1)         (1) Employers       83452			
(2) Participants			
(3) Others (including rollovers)			
<b>b</b> Other income (loss)			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	188733		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			
e Certain deemed and/or corrective distributions (see instructions) 8e 0			
f Administrative service providers (salaries, fees, commissions) 8f 1025			
g Other expenses			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1971		
i Net income (loss) (subtract line 8h from line 8c)	186762		
j Transfers to (from) the plan (see instructions)			
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes 2A 2E 2F 2G 2J 2K 3D	s in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes	in the instructions:		
Part V Compliance Questions			
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			
C Was the plan covered by a fidelity bond?	55883		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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.)			
f Has the plan failed to provide any benefit when due under the plan?			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(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, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to

Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection				
Part I Annual Report Identification Information										
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This return/report is for:    X   a single-employer plan										
D =: .	,	a one-participant plan	a foreign plan							
<b>B</b> This reti	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	an 12 months)					
C Check	C Check box if filing under:									
D ( !!	<u> </u>	special extension (enter descrip								
Part II		prmation—enter all requested info	ormation		46 -					
1a Name	•	04/Id) Plan			<b>1b</b> Thre	e-digit number				
innovative P	Advocate Group Inc. 40	JI(K) Plan			(PN)	1 001				
						ctive date of plan 1/2014				
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			<b>2b</b> Employer Identification Number (EIN) 47-1193562					
-	r town, state or provinc Advocate Group, Inc.	e, country, and ZIP or foreign posta	l code (if foreign, see instr	ructions)	<b>2c</b> Sponsor's telephone number (732) 576-7710					
270 State Li	ighway 35, Suite 201			-	2d Business code (see instructions) 541219					
370 State III	igitway 55, Suite 201									
Red Bank, NY 07701						<b>3b</b> Administrator's EIN				
<b>3a</b> Plan a	idministrator's name ai	nd address 🛛 Same as Plan Spons	sor.		3D Admi	INISTRATOR'S EIN				
					<b>3c</b> Administrator's telephone number					
4 If the	name and/or EIN of the	e plan sponsor or the plan name has	s changed since the last re	eturn/report filed for	<b>4b</b> EIN					
		nsor's name, EIN, the plan name ar	nd the plan number from th	ne last return/report.	<b>4d</b> PN					
<b>a</b> Spons <b>C</b> Plan N	sor's name Jame				4u PN					
	tamo									
<b>5a</b> Total	5a Total number of participants at the beginning of the plan year				5a	36				
<b>b</b> Total	number of participants	at the end of the plan year			5b	47				
	C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					39				
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	24				
d(2) Total number of active participants at the end of the plan year					5d(2)	31				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	1				
Caution: A	100% vested  A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau		blished.				
Under pen SB or Sche	alties of perjury and ot	her penalties set forth in the instruct nd signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule				
SIGN	Ms. Tina Sa		5/6/2019	Tina Sabatino						
HERE			Date		ıal eigning	as plan administrator				
01071	Signature of plan4a	iummistrator	Date	Enter name of individu	iai siyiiiig	as pian auministratur				
SIGN HERE	Simpature :			<del>                                     </del>						
	Signature of emplo	yenpian sponsor	Date	∟nter name of individu	ıaı sıgnıng	as employer or plan sponsor				

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62	More all of the plan's execte during the plan year invested in cligib	la acceta?	(See instructions)					X Yes	∏ No
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						N 163		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes	No	
_	If you answered "No" to either line 6a or line 6b, the plan cann								
C	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th								
	The second record the my PAA committation number from the	іе РВСС рі	remium ming for this p	ian yea				(See ilisiiu	Clions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year	
а	Total plan assets	7a		37206	9			55883	31
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		37206	9			55883	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		8345	2				
	(2) Participants	8a(2)		14413	35				
	(3) Others (including rollovers)	8a(3)		524	19				
b	Other income (loss)	8b		-4410	3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18873	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		94	6				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		102	5				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						197	'1
i	Net income (loss) (subtract line 8h from line 8c)	8i					186762		
j	Transfers to (from) the plan (see instructions)	8j			0				
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pl	an Chai	acteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	es in the insti	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		Х			
b	,								
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				55883
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the police applied under 20 CER 2520.10		notice or one of the	10i					

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Part	VI Pension Funding Compliance						
11	В	Yes No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of	f	Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A			
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X No			
C 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.)							
13c(1) Name of plan(s): 13c(2)				<b>13c(3)</b> PN(s)			