Form 550		Short Form Annua		urn/Report nefit Plan	of Small Empl	oyee	ON	IB Nos. 1210-0110 1210-0089
Department of the Tr Internal Revenue Se		This form is required to be filed	-		065 of the Employee R	etirement	2	018
Department of La Employee Benefits Security		Income Security Act of 1974	I (ERISA),		7(b) and 6058(a) of the			m is Open to
Pension Benefit Guaranty	Corporation	Complete all entries in a	accordan	ce with the instru	uctions to the Form 5	500-SF.	Public	Inspection
		dentification Information						
For calendar plan year	r 2018 or fisc	al plan year beginning 01/01/2	_			2/31/2018		
A This return/report is	s for:	X a single-employer plan	list o	f participating emp	n (not multiemployer) (ployer information in ac		-	
		a one-participant plan	a fore	eign plan				
B This return/report is	· [the first return/report	the fir	nal return/report				
	[an amended return/report	a sho	rt plan year return	/report (less than 12 m	onths)		
C Check box if filing	under:	Form 5558	autor	matic extension		DFVC p	rogram	
	[special extension (enter descr	ription)					
Part II Basic F	Plan Infori	mation—enter all requested inf	formation			-		
1a Name of plan						1b Thre		
CRAIN & VENTOLO AS	SOCIATES	INC. PROFIT SHARING PLAN				plan (PN)	number	001
							tive date of p	
							08/01/1	
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	D. Box)			2b Empl (EIN)	•	ation Number
	or province,	country, and ZIP or foreign posta		foreign, see instru	uctions)	,	nsor's telepho	
CRAIN & VENTOED AS	ISOCIATES I	inc.					212-223-2	
215 E 58TH STREET, 4	П					2d Busir		e instructions)
NEW YORK, NY 10022-							812990)
3a Plan administrator	r's name and	address X Same as Plan Spor	nsor.			3b Admi	inistrator's Ell	Ν
						3c Admi	inistrator's tel	ephone number
4 If the name and/o	r EIN of the p	plan sponsor or the plan name ha	as change	d since the last re	turn/report filed for	4b EIN		
• •	e plan spons	sor's name, EIN, the plan name a	and the pla	an number from th	e last return/report.	4d PN		
 a Sponsor's name c Plan Name 						40 PN		
5a Total number of p	articipants a	t the beginning of the plan year				5a		4
		t the end of the plan year				5b		3
•	•	ccount balances as of the end of t			•	5c		2
d(1) Total number c	of active parti	cipants at the beginning of the pla	lan year			5d(1)		4
• •		cipants at the end of the plan yea				5d(2)		3
than 100% veste	ed	erminated employment during the				5e		0
Caution: A penalty for	or the late or	incomplete filing of this return	n/report w	/ill be assessed u	unless reasonable ca			
	mpleted and	er penalties set forth in the instruc I signed by an enrolled actuary, a ate						
		alid electronic signature.	05	5/20/2019	ROBERT VENTOLO			
HERE	e of plan adı	ministrator	C	Date	Enter name of individ	ual signing	as plan admii	nistrator
SIGN								
HERE Signature	e of employe	er/plan sponsor	C	Date	Enter name of individ	ual signing	as employer	or plan sponsor

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

Form 5500-SF (2018) v.171027

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accountant (l	IQPA) Xes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	program (see ERISA section 4021)	? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2095370	1928629
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	2095370	1928629
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	

(2)	Participants	8a(2)	0	
(3)	Others (including rollovers)	8a(3)	0	
b Oth	her income (loss)	8b	-60856	
C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-60856
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d	72369	
e Ce	rtain deemed and/or corrective distributions (see instructions)	8e	0	
f Ad	Iministrative service providers (salaries, fees, commissions)	8f	33516	
g Oth	her expenses	8g	0	
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h		105885
i Ne	et income (loss) (subtract line 8h from line 8c)	8i		-166741
j Tra	ansfers to (from) the plan (see instructions)	8j		
_				

Part IV Plan Characteristics

9a	If the	plan	provides	pension benefits,	enter the applicable p	ension feature codes	from the List	t of Plan Characteristi	ic Codes in the instru	uctions:
	2E	3D	2A							

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
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	1	х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	х	
С	Was the plan covered by a fidelity bond? 10	X		108000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1	х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 109	1	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	1	х	
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		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB	} 		Y	es	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es 🗡	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver			r th ay			letter ear	ruling	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		Nc)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the			[Ye	÷s 🗙	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

Dep	entment of the Treasury	Short Form Annu	Benefit Plan	of Small Employee		OMB Nos. 1210-0110 1210-0080		
rt	ertal Revenue Service	This form is required to be fit	ed under sections 104 and 4	065 of the Employee Retireme	nt	2018		
Employee	Depentment of Labor Benofts Security Administration Benofit Galarianty Corporation	<u> </u>	Revenue Code (the Code)		This P	form is Open to lic Inspection		
		 Complete all entries in 	accordance with the instru	actions to the Form 5500-SF.	5	no onspectori		
Partl		t Identification Information			22.5			
For calen	dar plan year 2018 or	fiscal plan year beginning	01/01/2018		2/31/2018			
B This re	etum/report is for: tum/report is	single-employer plan a one-participant plan the first return/report an amended return/report	Ist of participating em	in (not multiemployer) (Filers d ployer information in accordanc /report (less than 12 months)				
C Check	bax if filing under:	Form 5658	automatic extension	DEV	/C program			
		special extension (enter desc	cription)					
Part II	Basic Plan Inf	formation-enter all requested in						
1a Name CRA	e of plan	ASSOCIATES INC. PROFI		0 1c E	Three-digit Itan number PN) Effective date o 08/01/198			
Mailin	ng address (include ro	loyer, if for a single-employer plan) orn, apt., suite no. and street, or P.0	O. Box)	2b E	2b Employer Identification Number (EIN) 13-3181927			
		nce, country, and ZIP or foreign pos ASSOCIATES INC.	tal code (if foreign, see instru	ZC S	Sponsor's telep			
215	E 58TH STREE	T, 4D		2d 8	lusiness code ((see instructions)		
NEW	YORK	NY 10022-	1296		12990			
3a Plan i	administrator's name :	and address 🔀 Same as Plan Spo	nsor.		dministrator's I	EIN		
				30 A	dministrator's I	telephone number		
		he plan sponsor or the plan name h			EIN			
	sor's name	onsor's name, EIN, the plan name of	and the plan number from th	a last return/report. 4d P	'n			
5a Total	number of nettining	ts at the beginning of the plan year.		5a				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		is at the end of the plan year						
103.25	retrieves or baunchaut	h account balances as of the end of		antribution clans	_			
b Total c Numb					8			
b Total c Numb comp	piete this item)							
b Total c Numi comp d(1) To	plete this item) tal number of active p	articipants at the beginning of the p	lan year	5d(1)			
b Total c Numb comp d(1) To d(2) To e Num	plete this item) tal number of active p tal number of active p iber of participants wh	articipants at the beginning of the p articipants at the end of the plan ye to terminated employment during th	ian year Iar e plan year with accrued ber	5d(1 5d(2 refits that were less 5e	2)			
b Total c Numi comp d(1) To d(2) To e Num than Caution: /	plete this item) tal number of active p tal number of active p ber of participants wh 100% vested A penalty for the late natises of perjury and o vedule MB completed	articipants at the beginning of the p articipants at the end of the plan ye to terminated employment during th a or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary.	ian year ar e plan year with accrued ber mireport will be assessed a ictions, I declare that I have o	sc 5d(1 5d(2 5d(2 5e miless reasonable cause is e mamined this return/report, inc	l) 2) stablished. Juding, if applic			
b Total c Numb comp d(1) Tot d(2) To e Num than Caution: J Under per SB or Sch belief, it is	piete this item) tal number of active p tal number of active p ber of participants wh 100% vested A penalty for the late naities of perjury and o	articipants at the beginning of the p articipants at the end of the plan ye to terminated employment during th a or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary.	ian year ar e plan year with accrued ber mireport will be assessed a ictions, I declare that I have o as well as the electronic vert	sc 5d(1 5d(2 5d(2 5e miless reasonable cause is e mamined this return/report, inc	l) 2) stablished. Juding, if applic			
b Total c Numb comp d(1) To d(2) To e Num than Caution: /	plete this item) tal number of active p tal number of active p ber of participants wh 100% vested A penalty for the late natises of perjury and o vedule MB completed	articipants at the beginning of the plants at the end of the plan ye to terminated employment during the or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	ian year ar e plan year with accrued ber mireport will be assessed o ctions, I declare that I have o as well as the electronic vert	sc 5d(1 5d(2 5d(2 5e miless reasonable cause is e mamined this return/report, inc ion of this return/report, and to	stablished.	y knowledge and		

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Page 2

72,369

33,516

0

0

-60,856

105,885

-166,741

6a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition tot use Form	lent qualified public accountant (IQPA) ins.) n 5500-SF and must instead use For	m 5500.
c	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the			Yes No Not determined (See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2,095,370	1,928,629
b	Total plan liabilities	7b	0	C
c	Net plan assets (subtract line 7b from line 7a)	76	2,095,370	1,928,629
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	o	Country and the second
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-60,856	

8c

8d

80

8f

89

8h

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

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ...

h Total expenses (add lines 8d, 8e, 8f, and 8g)

to provide benefits).

g Other expenses

d Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions)...

f Administrative service providers (salaries, fees, commissions).

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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	106		х	
C	Was the plan covered by a fidelity bond?	10c	X		108,000
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	
•	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	101		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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D	in.	-	÷.	2		
-	a	я	ď,	3-		

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)	te Schedule	SB		Yes	[] N
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA? (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1] Yes	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver. Month		r the date	e of the Ye		iing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		2			
b	Enter the minimum required contribution for this plan year	125				
	Enter the amount contributed by the employer to the plan for this plan year					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	474				
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N		N/A
Part	VII Plan Terminations and Transfers of Assets	1892				
13a	Has a resolution to terminate the plan been adopted in any plan year?	maine	Ye Ye	s [No	-
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				_
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought une control of the PBGC?	er the		Ye		40
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred.	plan(s) to	3.0			
1	3c(1) Name of plan(s)	13c(2) EIN(s	9	1	Bc(3) Pl	N(6)
			1	_		
						_
		_			-	_