Berner and the Team is th	For	m 5500-SF	Short Form Annual Return/Report of Small Emplo				OMB Nos. 1210-0110 1210-0089				
Learner of classe Jeanner of classe Jeanner of classe Jeanner of classe Jeanner Market A service Jeanner Ma			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re			etirement	2018				
	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th										
For calendar plan year 2018 of titked plan year beginning 01012018 and ending 12012018 A This return/report is for:	Pension Be	nefit Guaranty Corporation	Complete all entries in activity	ccordance with the instr	uctions to the Form 55	500-SF.	Public Inspection				
A This return/report is for: a single-employer plan a fulliple-employer information in accordance with the form instructions.) a one-participant plan a foreign plan b This return/report a one-participant plan b for fair torun/report a short plan year return/report (less than 12 months) C Check box if filing under: poscial extension (enter description) Part II B Salic Plan Information—enter all requested information a short plan year return/report the form sossi information—enter all requested information the form sossi finductor some single-employer plan). Mailing address (includer some single-employer plan). Mailing address (includer some single-employer plan). Mailing address (includer some single-employer plan). CELER INTERNATIONAL PUBLISHING COR P C Some single single-employer plan set end on a site of conf and set end or PL conf one single set end	Part I Annual Report Identification Information										
A This return/report is or:	For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/20								
B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: paccial extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information plan special extension provide attribution (enter description) Part II Basic Plan Information—enter all requested information plan special extension pl	A This ret	urn/report is for:				-					
Image: Set			a one-participant plan								
C Check box if filing under:	B This retu	irn/report is	the first return/report the final return/report								
 a process a process a process a process a Name of plan 1b Three-digit plan number			an amended return/report	ort a short plan year return/report (less than 12 months)							
Part II Basic Plan Information—enter all requested information 1a Name of plan Amee of the plan Amee Amee of the plan Amee of the plan Amee Amee of the plan Amee of the plan Amee of the plan Amee of the plan Amee Amee Amee Amee of the plan Amee Amee Amee Amee Amee Amee Amee Ame	C Check b	oox if filing under:		DFVC program							
1a Name of plan KELLER INTERNATIONAL PUBLISHING CORP RETIREMENT INCOME PLAN 1b Three-digit plan number (PN) 001 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include onc, apt, subine on: and street, or PO. O.Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 13: 1960980 2c Sponsor's tame (employer, if for a single-employer plan) Mailing address (include on province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 2c Sponsor's telephone number Ste-828-9210 2d Business code (see instructions) 516-828-9210 2d Business code (see instructions) S11120 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 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. 4b EIN 4 D ren Name 5a 26 5a Total number of participants at the beginning of the plan year 5a 26 5b Total number of adrive participants at the end of the plan year 5c 17 6(1) Total number of adrive participants at the end of the plan year 5c 17 6(2) Total number of adrive participants at the end of the plan year <td></td> <td></td> <td>special extension (enter descrip</td> <td>otion)</td> <td></td> <td></td> <td></td>			special extension (enter descrip	otion)							
KELLER INTERNATIONAL PUBLISHING CORP RETIREMENT INCOME PLAN plan number of 011/1685 2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, and, suite no. and street, or P.O. Box) City or fown, state or province, country, and 21P or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 2b So SMITH ROAD VECONIC, NY 11958 2b Employer Identification Number (EIN) 2b Employer Identification Number (EIN) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number State 240-210 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number State 220-210 3c Administrator's telephone number 51120 3c Administrator's telephone number 5b Ein 5a Total number of participants at the beginning of the plan year 5a 26 c Number of participants at the beginning of the plan year 5a 26 c Number of participants at the beginning of the plan year 5d (2) 15 c Number of participants at the beginning of the plan year 5d (2) 15 c Number of participants at the beginning of the plan year 5d (2) 15 c Number of participants at the beginning of the plan year 5d (2) 15 c Number of participants at the beginning of the plan year 5d (2) 15 c Number of p	Part II	Basic Plan Infor	mation—enter all requested info	rmation							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 13-1956800 2c Sponsor's telephone number Sciences (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) 2c Sponsor's telephone number Sciences (instructions) Sciences (instructions) 2co SMITH ROAD PECONIC, NY 11958 3b Administrator's name and address Same as Plan Sponsor. 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number Sciences (instructions) Sciences (instructions) 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report field for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN 5a Total number of participants at the beginning of the plan year 5a 26 5b 225 5b 225 5c 117 (d(1) Total number of participants at the beginning of the plan year. 5d (2) 15 6d(2) 15 7c Number of participants with account balances as of the end of the plan year. 5d(1) 6 7c 0 7c Number of participants with account balances as of the end of the plan year. 5d(1) 6 7c 0 7c 0 7c 0 7c 0 7c 0 7c 0 7c 0 7c 0	1a Name	of plan									
2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and 2IP or foreign postal code (if foreign, see instructions) 2b Employer (lentification Number (EIN) 13-1956800 7cs SMITH ROAD PECONIC, NY 11958 2cd Sopnsor's telephone number 516-828-9210 2cd Sopnsor's telephone number 516-828-9210 3a Plan administrator's name and address S ame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 516-828-9210 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for a Sponsor's name. 4b EIN 4d PN 5a Total number of participants at the beginning of the plan year 5a 26 5b 225 c Number of participants with account balances as of the end of the plan year 5b 26 5d(2) c Number of participants with account balances as of the end of the plan year 5d(1) c Number of participants with account balances as of the end of the plan year 5d(2) c Number of participants with account balances as of the end of the plan year 5d(2) c Number of participants with account balances as of the end of the plan year 5d(2) c Number of participants with active participants at the beginning of the plan year 5d(2) c Number of participants with account balances as of the end of the plan year 5d(2) c Number of participants with terminate th	KELLER INT	ERNATIONAL PUBLIS	HING CORP RETIREMENT INCO	ME PLAN		•					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or PO. Box) CPU or town, state or province, country, and 2JP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 13-1966800 2c Sponsor's telephone number S16-829-9210 2c Sponsor's telephone number S16-829-9210 2d Business code (see instructions) 511120 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4b EIN 4 Soppard's name 5a Catal number of participants at the end of the plan year 5a 26 5 Total number of participants with account balances as of the end of the plan year 5a 26 17 c(1) Total number of participants at the end of the plan year 5d(2) 15 16 6 Number of participants with account balances as of the end of the plan year 5d(2) 15 16 6 Number of participants with account balances as of the end of the plan year 5d(2) 15 16 6 Number of participants with account balances as of the end of the plan year 5d(2) 15 16 6 Number of participants with account ba						()					
Maining address (include room, act, suite no. and ZIP or foreign postal code (if foreign, see instructions) Image: Construction of the const							•				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2 C. Sponsor's telephone number 516-829-9210 Zd Business code (see instructions) 2 3 Plan administrator's name and address Same as Plan Sponsor. 3 3 Administrator's telephone number 516-829-9210 3a Plan administrator's name and address Same as Plan Sponsor. 3 3 Administrator's telephone number 516-829-9210 3a Plan administrator's name and address Same as Plan Sponsor. 3 3 Administrator's telephone number 516-829-9210 3a Plan administrator's name and address Same as Plan Sponsor. 3 3 Administrator's telephone number 516-829-9210 3a Total number of 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. 4 4 PN 5a Total number of participants at the beginning of the plan year 5a 26 26 b Total number of participants at the end of the plan year 5d(1) 16 d(2) Total number of participants at the end of the plan year 5d(2) 15 c Number of participants who terminated employment during the plan year with accrued benefits that were less the 100/Ve vested 5d(2) 1				Box)							
56-229-210 750 SMITH ROAD 22 24 Business code (see instructions) 511120 3a Plan administrator's name and address 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. 4b EIN 4. If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the end of the plan year 5b 225 c Number of participants at the end of the plan year 5d(1) d(1) Total number of participants at the end of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants who terminated employment during the plan year with accrued benefits that were less the Number of participants at the end of the plan year 5d(2) e Number of participants who terminated employment during the plan year with accrued benefits that were less the number of participants at the end of the plan year with accrued benefits that were less the number of participants at the end of the plan year with accrued benefits that were less the numoleding, if	City or	town, state or province	, country, and ZIP or foreign postal		ructions)						
Sign SMITH ROAD 511120 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 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. this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the edginning of the plan year 5b 25 c Number of participants at the edginning of the plan year 5d(1) 16 d(1) Total number of active participants at the edginning of the plan year 5d(1) 16 d(2) Total number of active participants at the edginning of the plan year 5d(1) 16 d(2) Total number of active participants at the edginning of the plan year 5d(1) 16 d(2) Total number of active participants at the edgin the plan year 5d(1) 16 d(2) Total number of active participants at the edgin the plan year 5d(2) 15 e Number of aparticipant at the beginning of the plan year 5d(2) 16		ERNATIONAL FUBLIS	TING COR F			516-829-9210					
Seconic, NY 11959 3b Administrator's name and address S Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address S Same as Plan Sponsor. 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 4b EIN 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. 4b EIN 5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the end of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year 5d(1) 16 d(2) Total number of active participants at the beginning of the plan year 5d(2) 15 b Total number of active participants at the end of the plan year 5d(2) 15 d(1) Total number of active participants at the end of the plan year 5d(2) 15 b Romber of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 c Rution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is						2d Business code (see instructions)					
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. 4b EIN 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the end of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year 5d(1) 16 d(2) Total number of active participants at the beginning of the plan year 5d(2) 15 e Number of active participants at the beginning of the plan year 5d(2) 15 d(1) Total number of active participants at the beginning of the plan year 5d(2) 15 e Number of active participants at the end of the plan year 5d(2) 15 e Number of active participants at the end of the plan year 5d(2) 15 f Number of active participants at the end of the plan year 5d(2) 15 c Number of active participants at the end of the plan year 5d(2) 15 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4">511120</td>						511120					
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. 4b EIN 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the end of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year 5d(1) 16 d(2) Total number of active participants at the beginning of the plan year 5d(2) 15 e Number of active participants at the beginning of the plan year 5d(2) 15 d(1) Total number of active participants at the beginning of the plan year 5d(2) 15 e Number of active participants at the end of the plan year 5d(2) 15 e Number of active participants at the end of the plan year 5d(2) 15 f Number of active participants at the end of the plan year 5d(2) 15 c Number of active participants at the end of the plan year 5d(2) 15 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td>											
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. 4b EIN a Sponsor's name 4d PN 5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the beginning of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year 5c 17 d(1) Total number of active participants at the beginning of the plan year 5d(1) 16 d(2) Total number of active participants at the ond of the plan year 5d(2) 15 e Number of participants with account balances as of the end of the plan year with accrued benefits that were less 5d(2) 15 f Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BS or Schedule BMS completed and signed by an enrolled actuary, as well as the electoronic version of this retu	3a Plan ad	dministrator's name and	d address 🛛 Same as Plan Spons	sor.		3b Admi	b Administrator's EIN				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year						3c Admi	C Administrator's telephone number				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year											
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year											
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	A If the name and/or FIN of the plan sponsor or the plan name has changed since the last return/report filed for						4b FIN				
C Plan Name 5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the end of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 17 d(1) Total number of active participants at the beginning of the plan year 5d(1) 16 d(2) Total number of active participants at the end of the plan year 5d(2) 15 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	this pla	an, enter the plan spon									
5a Total number of participants at the beginning of the plan year 5a 26 b Total number of participants at the end of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 17 d(1) Total number of active participants at the beginning of the plan year 5d(1) 16 d(2) Total number of active participants at the beginning of the plan year 5d(2) 15 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE SIGN HERE Enter name of individual signing as plan administrator					4d PN						
b Total number of participants at the end of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 17 d(1) Total number of active participants at the beginning of the plan year 5d(1) 16 d(2) Total number of active participants at the beginning of the plan year 5d(2) 15 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE Signature of plan administrator Date Enter name of individual signing as plan administrator											
b Total number of participants at the end of the plan year 5b 25 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 17 d(1) Total number of active participants at the beginning of the plan year 5d(1) 16 d(2) Total number of active participants at the beginning of the plan year 5d(2) 15 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE Signature of plan administrator Date Enter name of individual signing as plan administrator	5a Total number of participants at the beginning of the plan year					5a	26				
complete this item) 3c 17 d(1) Total number of active participants at the beginning of the plan year 5d(1) 16 d(2) Total number of active participants at the end of the plan year 5d(2) 15 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE Signature of plan administrator Date Enter name of individual signing as plan administrator						5b	25				
d(1) Total number of active participants at the beginning of the plan year 5d(1) 16 d(2) Total number of active participants at the end of the plan year 5d(2) 15 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE SIGN HERE Filed with authorized/valid electronic signature. 07/15/2019 Enter name of individual signing as plan administrator	C Number of participants with account balances as of the end of the plan year (only defined contribution plans					5c	17				
d(2) Total number of active participants at the end of the plan year 5d(2) 15 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE Signature of plan administrator Date Enter name of individual signing as plan administrator						5d(1)	16				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE Signature of plan administrator Date Enter name of individual signing as plan administrator						5d(2)	15				
than 100% vested Image: Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	e Number of participants who terminated employment during the plan year with accrued benefits that were less					5e	0				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE Signature of plan administrator Date Enter name of individual signing as plan administrator	than 100% vested										
belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 07/15/2019 IRWIN I. L. LEVINE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Construction of the second seco	Under pena	alties of perjury and othe	er penalties set forth in the instruct	ions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Construction of the second sec											
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Enter name of individual signing as plan administrator		Filed with authorized/w	valid electronic signature.	07/15/2019	IRWIN I. L. LEVINE						
HERE	HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	vidual signing as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE	Signature of employ	/er/plan sponsor	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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										
•	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)										
		•		,			(,			
	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning			(b) End of Year					
<u>a</u>	Total plan assets	7a	9	56845			929293	929293			
b	Total plan liabilities	7b					+				
C	Net plan assets (subtract line 7b from line 7a)	7c	9	956845			929293				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)		9600							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-	33633							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-24033					
	-			3519							
е	e Certain deemed and/or corrective distributions (see instructions)										
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)					3519					
i	Net income (loss) (subtract line 8h from line 8c)	8i				-27552					
j	Transfers to (from) the plan (see instructions)	8i									
Pa	rt IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2E 2F 2G 2J 2T 3D										
N N	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	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 V Program)			10a		х					
h	b Were there any nonexempt transactions with any party-in-interest? (Dc			TUd		~					
reported on line 10a.)				10b		Х					
С	C Was the plan covered by a fidelity bond?			10c	Х		3000	00			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X					
e	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.)			10e	x		29	59			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х					

Х

Х

Х

638

10g

10h

10i

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

i

2520.101-3.) 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

Page **3-** 1

Part	VI	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)						Yes	X No
11a	Ent	er 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?					f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
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 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				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," 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 🛛 No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	c(1) Name of plan(s): 13c(2) E				EIN(s) 13c(3) PN(s)		