Fo	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emp Benefit Plan						
	artment of the Treasury rnal Revenue Service	This form is required to be file		etirement	2018				
	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Revenue Code (the Code).						orm is Open to		
Pension B	enefit Guaranty Corporation	 Complete all entries in a 	accordance with the ins	structions to the Form 55	00-SF.	Public Inspection			
Part I	Annual Report	Identification Information							
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This re	turn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (I employer information in ac		-			
D This set	urn/report is	a one-participant plan	a foreign plan						
	unineportis	the first return/report	the final return/repor						
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension	ı [DFVC p	rogram			
		special extension (enter desci	iption)						
Part II	Basic Plan Info	prmation—enter all requested int	ormation						
1a Name	•				1b Thre				
NEO GROU	JP 401(K) PLAN				plan (PN)	number	001		
				-	, ,	tive date of			
							/2012		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		2b Empl (EIN)	-	ication Number		
City o	r town, state or provinc	ce, country, and ZIP or foreign post		structions)	· · /		hone number		
NEOGROUI	P, INC.					617-830			
					2d Busir	ness code (see instructions)		
1962 MAIN 3 SUITE 253	STREET					5619	00		
SARASOTA	, FL 34236								
3a Plan a	administrator's name a	nd address X Same as Plan Spor	nsor.		3b Admi	inistrator's I	EIN		
				-	3c Admi	nistrator's t	elephone number		
		e plan sponsor or the plan name han son's name, EIN, the plan name a			4b EIN				
•	sor's name				4d PN				
c Plan N	Name								
					-				
		s at the beginning of the plan year			5a 5h		16		
		s at the end of the plan year account balances as of the end of			5b		13		
					5c		13		
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	an year		5d(1)		3		
• •		articipants at the end of the plan yea			5d(2)		3		
		o terminated employment during the			5e		0		
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau					
SB or Sch	edule MB completed a	ther penalties set forth in the instruction and signed by an enrolled actuary, a							
	true, correct, and com		07/23/2019						
SIGN HERE		I/valid electronic signature.		ATUL VASHISTHA					
	Signature of plan a		Date	Enter name of individu	ual signing	as plan adn	ninistrator		
SIGN HERE		I/valid electronic signature.	07/23/2019	ATUL VASHISTHA					
	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500	Date	Enter name of individu	ual signing		r or plan sponsor orm 5500-SF (2018)		

v.171027

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes X If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes								
С	c 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.)							
Pa	Part III Financial Information							
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year							
<u>'</u>		70	685817	692605				
a	Total plan assets	7a	005017	092003				
b	Total plan liabilities	7b	0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	685817	692605				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
			-					

а	Contributions received or receivable from: (1) Employers	8a(1)		87385						
	(2) Participants	8a(2)	4	45240						
	(3) Others (including rollovers)	8a(3) 0								
b	Other income (loss)	8b	-	31907						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1(0718	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		91794						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0	_					
g	Other expenses	8g		2136						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9	93930	
i	Net income (loss) (subtract line 8h from line 8c)	8i							6788	
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							des in the	instructio	ns:	
Ju	2A 2E 2F 2G 2J 2T 3D									
	If the plan provides welfers handits, optar the applicable welfers for	ooturo ooo	dee from the List of Die	n Chara	otoriot		aa in tha i	ootruction	~	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the i	nstructior	S:	
		eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the i	nstructior	s:	
b		eature coo	des from the List of Pla	n Chara	acterist Yes	ic Cod No	es in the i	nstructior Amou		
b Par	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period	n Chara	1		es in the i			
b Par 10	t V Compliance Questions During the plan year: 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	tions withi 'oluntary F	in the time period Fiduciary Correction		1	No	es in the i			
b Par 10	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions withi ′oluntary F	in the time period Fiduciary Correction	n Chara	1		es in the i			
b Par 10 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	tions withi 'oluntary F 	in the time period Fiduciary Correction include transactions		1	No	es in the i			
b Par 10 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions withi ′oluntary F ? (Do not	in the time period Fiduciary Correction include transactions	10a	1	No	es in the i			
b Par 10 a b	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions withi 'oluntary F ? (Do not fidelity bo	in the time period Fiduciary Correction include transactions ond, that was caused	10a 10b	Yes	No	es in the i		Int	
b Par 10 a b c d	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's Did the plan have a loss.	tions withi 'oluntary F ? (Do not fidelity bo her person he or all of	in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	10a 10b 10c	Yes	No × ×	es in the i		Int	
b Par 10 a b c d	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	tions withi 'oluntary F ? (Do not fidelity bo her person he or all of	in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	10a 10b 10c 10d	Yes	No × × × ×	es in the i		Int	
b Par 10 a b c d e	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	tions withi 'oluntary F ? (Do not fidelity bo ner person ne or all of n?	in the time period Fiduciary Correction include transactions ond, that was caused hs by an insurance f the benefits under	10a 10b 10c 10d	Yes	No × × × × × ×	es in the i		Int	
b Par 10 a b c d d	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans?	tions withi 'oluntary F ? (Do not fidelity bo ner person ne or all of n? s of year (See instru	in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under end.)	10a 10b 10c 10d 10e 10f	Yes	No × × × × × ×	es in the i		1 int 70000	

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)		B		Yes	X 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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
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) Name of plan(s): 13c(2) Ell					EIN(s) 13		

Form 5500-SF		Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089					
Internal Revenue Service		This form is required to be filed Retirement Income Security Act of		2018					
	Department of Labor ployee Benefits Security Administration	the Interna		This Form is Open to Public Inspection					
	Pension Benefit Guaranty Corporation	 Complete all entries in accord 	dance with the instru	ctions to the Form 550	0-SF.	inspection			
Ρ	art I Annual Report Id	Ientification Information							
For	calendar plan year 2018 or fisca	al plan year beginning	01/01/2018	and ending	12/3	31/2018			
Α	This return/report is for:					ecking this box must attach e with the form instructions.)			
в	This return/report is:	the first return/report	the final return/report	rn/report (less than 12 n	nonths)				
	L		a short plan your rota						
С	Check box if filing under:	Form 5558	automatic extension			DFVC program			
_			,						
		mation enter all requested inform	mation		41				
1 a	Name of plan					ree-digit In number			
	NEO GROUP 401 (K) PLA	N			(Pl	N) ► 001			
						ective date of plan ./01/2012			
2a	Plan sponsor's name (employe Mailing Address (include room City or town, state or province	er, if for a single-employer plan) a, apt., suite no. and street, or P.O. Bo , country, and ZIP or foreign postal co	ox) ode (if foreign, see ins	tructions)		nployer Identification Number			
	NeoGroup, Inc.	, , ,	(,		onsor's telephone number 17) 830-1664			
	1962 Main Street Suite 253 US Sarasota FL 34236					siness code (see instructions) 1900			
3a		address X Same as Plan Sponso	r		3b Ad	ministrator's EIN			
					3c Ad	ministrator's telephone number			
4		plan sponsor or the plan name has ch or's name, EIN, the plan name and th			4b Ell	N			
	Sponsor's name				4d PN				
С	Plan Name								
5a	Total number of participants at	t the beginning of the plan year	•••••		5a	16			
b		t the end of the plan year			5b	13			
С		count balances as of the end of the p			5c	13			
d(. ,	cipants at the beginning of the plan ye		•••••	5d(1)	3			
d(•••••	5d(2)	3			
е	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0			
Ca	ution: A penalty for the late or	r incomplete filing of this return/re	port will be assessed	d unless reasonable ca	iuse is es	tablished.			
SE		er penalties set forth in the instruction d signed by an enrolled actuary, as w lete.							
			07/23/2019	ATUL VASHIS	STHA				
	IERE Signature of plan admir	nistrator	Date	Enter name of individu	al signing	as plan administrator			
			07/23/2019	ATUL VASHIS					
	IGN Signature of employer/p		ual signing as employer or plan sponsor						

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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

XYes No

ι	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)			,		<u>x</u>	Yes [No
	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC in								Not do	torminod
	If "Yes" is checked, enter the My PAA confirmation number from the								-	
		PBGC pi	emium ning for this year					(See	e instruct	lons.)
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of Y	ear	
a	Total plan assets	7a	68	85,8	17				692,6	505
b ⁻	Total plan liabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	68	85,8	17				692,6	505
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tota		
	Contributions received or receivable from:	80(1)	9	87,3	85					
	(1) Employers	8a(1)		5,2						
	(2) Participants	8a(2)		. J , Z	40 0					
-	(3) Others (including rollovers) Other income (loss)	8a(3)	/21	00	-					
		8b	(31	.,90	<i>')</i>					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_			100,7	/18
	to provide benefits)	8d	g	91,7	94					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g (Other expenses	8g		2,1	36					
<u>h</u> .	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				93,930				30
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i							6,7	/88
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics									
9 a	f the plan provides pension benefits, enter the applicable pension fe	eature coc	les from the List of Plan C	harad	cteristi	c Cod	es in th	e instruction	s:	
	2A 2E 2F 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instructions:		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Am	ount	
a	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					7		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		-							
	Program)			10a		х				
b				10h		x				
c	reported on line 10a.)			10b 10c	v				7	0.000
	Was the plan covered by a fidelity bond?			100	Х				/	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		x				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	carrier, insurance service, or other organization that provides som			10e		x				
	the plan? (See instructions.)									
	Has the plan failed to provide any benefit when due under the plan	n?	•••••••••••••••••	10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	х					0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	x					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	x					

Form 5500-SF 2018

Page **3 -**

Part	VI	Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)									
11a	Enter t	ne 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 302 of ERISA?									
	(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 enter the date of the letter ruling granting the waiver Day Year									
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
b	Enter t	ne minimum required contribution for this plan year	•••••	12b					
С	Enter t	ne amount contributed by the employer to the plan for the plan year	12c						
d	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)								
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 ı	esolution to terminate the plan been adopted in any plan year?	•••••		Yes	X No	C		
_	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?								
С	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.)								
1:	13c(1) Name of plan(s): 13c(2) EIN					13c(3)	PN(s)		