## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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** 

A This return/report is for:    a single-employer plan   a multiple-employer plan foot multiemployer) (Filers checking this box must attach a list of participant plan   and return/report   and single-employer plan   and return/report   and anomaly attach a list of participant plan   a foreign plan   a short plan year return/report (jess than 12 months)    C Check box if filing under:   Form 5558   automatic extension   DFVC program   DFVC program	Part I Annua	Report Identification Information											
A This return/report is for:    a one-participant plan   a foreign plan   a foreign plan   a foreign plan   a foreign plan     B This return/report   the first return/report   the first return/report   the first return/report   an amended return/report   as short plan year return/report (less than 12 months)	For calendar plan yea	r 2018 or fiscal plan year beginning 01/01/2	2018	and ending 12/3	31/2018								
B This return/report is	M a single chipleyor plan												
In the Institution of Part (Part III)   The Institution of Part III   Basic Plan Information — enter all requested information   DFVC program   DFVC progr	·	a one-participant plan				,							
C Check box if filing under:	<b>B</b> This return/report is	the first return/report	the final return/report										
Special extension (enter description)   Special extension (enter description)		an amended return/report	a short plan year return	short plan year return/report (less than 12 months)									
Part II   Basic Plan Information	C Check box if filing	under: Form 5558	automatic extension		DFVC progra	m							
THE FOCUS ROOM 4D1(K) PLAN  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) THE FOCUS ROOM  THE FOCUS ROOM  30 MAMARONECK AVENUE SUITE #205 HARRISON, NY 10628  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's telephone number 914-428-3805.  2d Business code (see instructions) 812990  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.  5 Plan Name  5 Total number of participants at the beginning of the plan year  5 Plan Name  5 Total number of participants at the end of the plan year  6 Number of participants at the end of the plan year  6 Number of participants at the defining of the plan year  6 Number of participants at the end of the plan year  6 Number of participants at the end of the plan year  7 Sepansor's decive participants at the end of the plan year  8 Number of participants at the end of the plan year  9 Number of participants at the end of the plan year  10 Number of participants at the end of the plan year  11 Sepansor's decive participants at the end of the plan year  12 Sepansor's number of advice participants at the end of the plan year  13 Sepansor's number of advice participants at the end of the plan year  14 Deciver of participants at the end of the plan year  15 Deciver of participants at the end of the plan year  16 Deciver of participants at the end of the plan year  17 Deciver of the participants at the end of the plan year  18 Deciver of the participants at the end of the plan year  19 Deciver of the participants at the end of the plan year  10 Deciver of the participants at the end of the plan year  10 Deciver of the participant of the plan year  10 Deciver of the participant of the plan year		special extension (enter desc	ription)										
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HERE	HERE Signatur	e of plan administrator	Date	Enter name of individua	al signing as pla	an administrator							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor													
	HERE Signatur	e of employer/plan sponsor	Date	Enter name of individua	al signing as en	nployer or plan sponsor							

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	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 PBGC premium filing for this plan year (See instructions.)									
Pa	rt III Financial Information	T								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year		
<u>a</u>	Total plan assets	7a	;	36105				36105		
<u>b</u>	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	;	36105				36105		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						0		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	1 Total expenses (add lines 8d, 8e, 8f, and 8g)							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i						0		
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	-,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2T	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	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 V Program)		•	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С				10c	X			100000		
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	ner person	s by an insurance							
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		X				
f				10f		X				
g				10g		X				
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						
	. , , , , , , , , , , , , , , , , , , ,			1			•			

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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 con (Form 5500) and line 11a below)			В		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 Cod ERISA?	e or section	n 302 of		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 instrugranting the waiver		d enter t Day		of the letter Year	ruling
lf :	ou 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 negative amount)	of a	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?			X Yes	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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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).

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

Part I		ort Identification Information						
For calend	dar plan year 2018 o	or fiscal plan year beginning (	01/01/2018	and ending	12/31/	2018		
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) employer information in a				
	•	a one-participant plan	a foreign plan			,		
<b>B</b> This ref	turn/report is	the first return/report	the final return/report					
<b>C</b> 01 1	1 1000	an amended return/report	_	urn/report (less than 12 r	months)			
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC progra	am		
Part II	Pasia Blan Ir	<u> </u>						
		nformation—enter all requested info	mation		1 41	·		
1a Name THE	FOCUS ROOM	401(K) PLAN			1b Three-dig plan num			
					1c Effective 01/01,			
Mailin	ig address (include r	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.O.	Box)			Identification Number -1067574		
	Focus Room	rince, country, and ZIP or foreign postal	code (if foreign, see ins	tructions)		s telephone number 28-3805		
	Mamaroneck . te #205	Avenue				code (see instructions)		
	rison	NY 10528			812990			
3a Plan a	administrator's name	and address X Same as Plan Spons	or.		3b Administrator's EIN			
					3c Administr	ator's telephone number		
4 If the this p	name and/or EIN of lan, enter the plan s	the plan sponsor or the plan name has ponsor's name, EIN, the plan name and	changed since the last I the plan number from	return/report filed for the last return/report.	4b EIN			
	sor's name	•	•	•	4d PN			
C Plan N	Name							
<b>5a</b> Total	number of participar	nts at the beginning of the plan year			. 5a	16		
<b>b</b> Total	number of participar	nts at the end of the plan year		***************************************	. 5b	16		
	4 4 41 5 54 A	th account balances as of the end of the		•	5c	16		
		participants at the beginning of the plan	-			16		
		participants at the end of the plan year			. 5d(2)	16		
than	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							
Under pena SB or Sche	alties of perjury and	te or incomplete filing of this return/r other penalties set forth in the instruction I and signed by an enrolled actuary, as implete.	ons, I declare that I have	e examined this return/re	eport, including, if	applicable, a Schedule		
SIGN	W		7/34/19	IRA WEINSTEIN		· · · · · · · · · · · · · · · · · · ·		
HERE	Signature of plar	n administrator	Date	Enter name of individ	lual signing as pla	an administrator		
SIGN HERE	Signature of a	Nover/alon on one c	Data	P* . L				
	j olgilature of emp	oloyer/plan sponsor	Date	□ Lnter name of individ	iual signing as en	nplover or plan sponsor		

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	Were all of the plan's assets during the plan year invested in eligible. 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 cannot be a second to the plan cannot be a se	an indepe and cond	endent qualified public	accoun	tant (IC	QPA)			Yes [	No No
С	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	nsurance	program (see ERISA s	ection 4	1021)?	[	Yes No	) [] No (See	t detern instructi	
Pa	rt III Financial Information	***************************************		<del></del>						•••
7	Plan Assets and Liabilities		(a) Beginning	of Year	- T	***************************************	(b) En	d of Yea	r	***************************************
а	Total plan assets	7a	\-/		105	***************************************	(~)			5,105
b	Total plan liabilities	†				······································				······
С	Net plan assets (subtract line 7b from line 7a)	7c		36,	105		***************************************		36	, 105
8	Income, Expenses, and Transfers for this Plan Year	1.00	(a) Amour	nt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)								
•••••	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)				440				
b	Other income (loss)	8b				N (Mile)				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								43.44
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g							11 11 11	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							0	
J	Transfers to (from) the plan (see instructions)	8j								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2T  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.									
Par					Г.,		T			
10	During the plan year:	4:			Yes	No		Amoun	<u>t</u>	
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	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				100	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
е		ner person	s by an insurance the benefits under	10e		Х			•	
f	Has the plan failed to provide any benefit when due under the plan	n?	•••••	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
h	2520.101-3.)	`		10h		Х				
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						

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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 (Form 5500) and line 11a below)	complete Sch	edule S	B		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 ERISA?	Code or section	n 302 o	f		Yes X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	d enter Day		of the let Year	•
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	⊋ 13.		· · · · · · · · · · · · · · · · · · ·		
<u>b</u>	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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	з П	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	T		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	ught under the			Yes	⊠ No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN(s)