### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

					mopodition		
Part I A	Annual Report Ide	entification Information					
For calendar p	olan year 2018 or fisca	l plan year beginning 01/01/2018	and ending 12/31/2018	}			
A This return	/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking this participating employer information in accorda			ns.)	
		X a single-employer plan	a DFE (specify)				
<b>B</b> This return	/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return/report (less than 12 n	nonths)	)		
<b>C</b> If the plan	is a collectively-bargair	ned plan, check here			<b>•</b> [		
<b>D</b> Check box	if filing under:	Form 5558	automatic extension	the	e DFVC program		
		special extension (enter description	n)				
Part II E	Basic Plan Inform	ation—enter all requested informat	ion				
1a Name of p	plan ER'S B & B INC. RETIF	REMENT PLAN		1b	Three-digit plan number (PN) ▶	001	
				1c Effective date of plan 05/21/2014			
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) 46-5724316		
THE WAGNER	R'S B & B INC.			2c	Plan Sponsor's tele number 607-582-7528	phone	
9496 STATE ROUTE 414 LODI, NY 14860 9496 STATE ROUTE 414 LODI, NY 14860				2d	Business code (see instructions) 721191	e	
Coution: A n	analty for the late or i	noomplete filing of this return/repo	ort will be assessed unless reasonable cause is a	ctablic	Shod		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.  Signature of plan administrator	07/16/2019 Date	MELVIN WAGNER  Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.  Signature of employer/plan sponsor	07/16/2019 Date	MELVIN WAGNER  Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018) v. 171027

Form 5500 (2018) Page **2** 

3a	Plan administrator's name and address X Same as Plan Sponsor	<b>3b</b> Administrator's EIN			
				3c Administrate number	or's telephone
4	If the name and/or EIN of the plan sponsor or the plan name has changed sir enter the plan sponsor's name, EIN, the plan name and the plan number from			<b>4b</b> EIN	
a c	Sponsor's name Plan Name			4d PN	
5	Total number of participants at the beginning of the plan year			5	2
6	Number of participants as of the end of the plan year unless otherwise stated <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	t (welfare plans	s complete only lines 6a(1),		
а(	1) Total number of active participants at the beginning of the plan year			6a(1)	2
a(	2) Total number of active participants at the end of the plan year			. 6a(2)	2
b	Retired or separated participants receiving benefits			. 6b	0
С	Other retired or separated participants entitled to future benefits			. 6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c			. 6d	2
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits.		. 6e	0
f	Total. Add lines 6d and 6e.			. 6f	2
g	Number of participants with account balances as of the end of the plan year (complete this item)			. 6g	2
h	Number of participants who terminated employment during the plan year with less than 100% vested			. 6h	0
7	Enter the total number of employers obligated to contribute to the plan (only r			. 7	
b	If the plan provides pension benefits, enter the applicable pension feature code 2E 2G 2R 3D  If the plan provides welfare benefits, enter the applicable welfare feature code 2E 2E 2E 2E 2E 3D	les from the Lis	st of Plan Characteristics Code	s in the instruction	
уа	Plan funding arrangement (check all that apply)  (1) Insurance	<b>9b</b> Plan be (1)	enefit arrangement (check all the	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3)	insurance contra	cts
	(3) Trust	(3)	X Trust		
40	(4) General assets of the sponsor	(4)	General assets of the s		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	ttached, and, v	where indicated, enter the number	ber attached. (Se	e instructions)
а	Pension Schedules		al Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	,	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Inform		an)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	A (Insurance Infor	,	
	actuary 	(4)	C (Service Provide	,	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participati	•	Ť
	Information) - signed by the plan actuary	(6)	G (Financial Trans	saction Schedules	S)

Page 3

Form 5500 (2018)

Receipt Confirmation Code\_

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018

This schedule is required to be filed under section 104 of the Employee etirement Income Security Act of 1974 (FRISA) and section 6058(a) of the

Financial Information—Small Plan

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

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12/31/2018

and ending

A Name of plan THE WAGNER'S B & B INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001					
C Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)					
THE WAGNER'S B & B INC.	46-5724316					
Complete Schedule I if the plan covered fewer than 100 participants as o small plan under the 80-120 participant rule (see instructions). Complete	e beginning of the plan year. You may also complete Schedule I if you are filing as a hedule H if reporting as a large plan or DFE.					
Part I Small Plan Financial Information						
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plansets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.						
1 Plan Assets and Liabilities:	(a) Beginning of Year (b) End of Year					

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	654050	654050
b	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	654050	654050
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	2c	0	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		0
е	Benefits paid (including direct rollovers)	2e		
f	Corrective distributions (see instructions)	<b>2</b> f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		0
	Transfers to (from) the plan (see instructions)	21		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		Χ	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d	X		654000
е	Participant loans	3e		X	
f	Loans (other than to participants)	3f		Χ	
g	Tangible personal property	3g		X	

Schedule I	(Form	5500)	2018

Page **2-** 1

Pa	art II Compliance Questions						
4	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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		Х			
е	Was the plan covered by a fidelity bond?	4e		X			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X				654000
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		Х			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X				654000
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		Х			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		Χ			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year lf "Yes," enter the amount of any plan assets that reverted to the employer this year	ır?	. Ye	s X No	· 		
	If, during this plan year, any assets or liabilities were transferred from this plan to another plant transferred. (See instructions.)	(s), ide	entify the	e plan(s)	to wh	nich assets or liabiliti	es were
	5b(1) Name of plan(s)					<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERI f "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for the second confirmation of the page of the page of the plan is a defined benefit plan.			21.)?	[		t determined. ee instructions.)

#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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. OMB Nos. 1210-0110 1210-0069

2018

This Form is Open to Public Inspection

14.5	irti   Annuai Repo	rt identification information		
For	calendar plan year 2018 o	or fiscal plan year beginning	01/01/2018	and ending 12/31/2018
<b>A</b> 7	This return/report is for:	a multiemployer plan;	L	ployer plan (Filers checking this box must attach a list of employer information in accordance with the form instructions.)
ВТ	his return/report is:	x a single-employer plan; the first return/report; an amended return/report;	a DFE (specif	(fy)
C II	f the plan is a collectively-t	pargained plan, check here		
D C	Check box if filing under:	Form 5558; special extension (enter descrip	automatic extension)	ension; the DFVC program;
Pa	rt II Basic Plan In	formation enter all requested	information	
1a	Name of plan	B INC. RETIREMENT PLAN		1b Three-digit plan number (PN) ▶ 001  1c Effective date of plan 05/21/2014
2a	Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street or P.O. vince, country, and ZIP or foreign posta		2b Employer Identification Number (EIN) 46-5724316
	THE WAGNER'S B &	B INC.		2c Plan Sponsor's telephone number (607) 582-7528
9496	STATE ROUTE 414	9496 STA	TE ROUTE 414	2d Business code (see instructions)
US LA	ODI NY 14860	US LODI	NY 14860	721191
Caut	ion: A penalty for the late	or incomplete filing of this return/re	port will be assessed	I unless reasonable cause is established.
				e examined this return/report, including accompanying scheduler best of my knowledge and belief, it is true, correct, and complete
	GN MULL	is bound	7/16/19	MELVIN J WAGNER III
	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator
SIGN MUX Magnett			7/16/19	MELVIN J WAGNER III
	Signature of emp	oyer/plan sporsor	Date	Enter name of individual signing as employer or plan sponsor
	GN /			
	Signature of DFE		Date	Enter name of individual signing as DFE

	Form 5500 (2018)	······································	Р	age <b>2</b>		
3a	Plan administrator's name and address X Same as Plan Sponsor				3b Ad	dministrator's EIN
						dministrator's telephone umber
4	If the name and/or EIN of the plan sponsor or the plan name has changed since enter the plan sponsor's name, EIN and the plan name and the plan number of the plan number of the plan name and the plan number of the plan name and the plan number of the plan name and the plan name				4b El	IN
	Sponsor's name Plan name				4d Pi	N
5	Total number of participants at the beginning of the plan year				5	7
6	Number of participants as of the end of the plan year unless otherwise sta 6a(2), 6b, 6c, and 6d).	ted (welfare p	lans	complete only lines 6a(1),		
a(	1) Total number of active participants at the beginning of the plan year				6a(1)	2
a(	2) Total number of active participants at the end of the plan year				6a(2)	2
b	Retired or separated participants receiving benefits				6b	0
С	Other retired or separated participants entitled to future benefits				6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c				6d	2
е	Deceased participants whose beneficiaries are receiving or are entitled to	receive benefi	its		6e	0
f	Total. Add lines <b>6d</b> and <b>6e</b>		• •		6f	2
g	Number of participants with account balances as of the end of the plan year complete this item)	ar (only define	d co	ntribution plans	6g	2
١.						
h	Number of participants who terminated employment during the plan year v less than 100% vested				6h	0
7	Enter the total number of employers obligated to contribute to the plan (on				7	
	If the plan provides pension benefits, enter the applicable pension feature		<u> </u>		les in th	e instructions:
ou		, , , , , , , , , , , , , , , , , , , ,				o mendeno.
b	If the plan provides welfare benefits, enter the applicable welfare feature	codes from the	e Lis	t of Plan Characteristics Code	es in the	instructions:
9a	Plan funding arrangement (check all that apply)	9b Plan	bene	efit arrangement (check all the	at apply)	
	(1) Insurance	(1)		Insurance		
	(2) Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) ins	surance	contracts
	(3) X Trust	(3)	X	Trust		
	(4) General assets of the sponsor	(4)	Ш	General assets of the spo	nsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attac	hed, and, where	e ind	icated, enter the number attache	ed. (See	instructions)
а	Pension Schedules	b Gene	eral S	Schedules		
	(1) R (Retirement Plan Information)	(1)		H (Financial Infor	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) (3)	x	I (Financial Inform		Small Plan)
	actuary	(4)	П	C (Service Provid	•	nation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)		<b>D</b> (DFE/Participat		•
	Information) - signed by the plan actuary	(6)		G (Financial Trans		

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	orovides welfare benefits, was the plan subject to the Form M-1 filling requirements during the plan year? (See instructions and 29 CFR .) No
If "Yes" is c	hecked, complete lines 11b and 11c.
11b is the plan	currently in compliance with the Form M-1 filling requirements? (See instructions and 29 CFR 2520.101-2.)
enter the Re	eceipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, eceipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to d Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt Cor	nfirmation Code

Form 5500 (2018)

Page 3

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information -- Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

b Total plan liabilities	For	calendar plan year 2018 or fiscal plan year beginning 01/01/2018	В	and ending	12/3	1/2018		
C Plan sponsor's name as shown on line 2a of Form 5500 THE WAGNER'S B & B INC.  Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule I if reporting as a large plan or DFE.  Part I Small Plan Financial Information  Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.  1 Plan Assets and Liabilities:  a Total plan assets (subtract line 1b from line 1a)  1 Plan Assets (subtract line 1b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 1b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 1b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 1b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 1b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 1b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 1b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 2b from line 1a)  1 C 654,050  5 Total plan assets (subtract line 2b from line 1a)  1 C 654,050  6 Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)  2 C 0  3 Total expenses (add lines 2a, 12, 2a, 2n, and 2a).  2 C 1 Corrective distributions (see instructions)  2 C 1 Total expenses (add lines 2a, 12, 2a, 2n, and 2a).  2 C 1 Total expenses (add lines 2a, 12, 2a, 2n, and 2a).  2 C 1 Total expenses (add lines 2a, 12, 2a, 2n, and 2a).  3 Specific Assets: If the plan held assets at anyline during the value of the	Α	Name of plan			B Three	e-digit		
THE WAGNER'S B & B INC.  Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filling as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.  Part I Small Plan Financial Information  Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during this plan year. Combine the value of plan seasets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.  1 Plan Assets and Liabilities:  a Total plan assets  Total plan liabilities  b Total plan liabilities  c Net plan assets (subtract line 1b from line 1a)  c Net plan assets (subtract line 1b from line 1a)  c Contributions received or receivable:  (1) Employers  (2) Participants  2a(2)  2a(3)  3) Others (including rollovers)  b Noncash contributions  2a(3)  b Noncash contributions  2a(3)  c Other income  2a(4)  2a(3)  b Noncash contributions  2b  c Other income  2c  0  d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)  2 Benefits paid (including direct rollovers)  2 Ce  Benefits paid (including direct rollovers)  2 Ce  Benefits paid (including direct rollovers)  3 Certain deemed distributions of participant loans  (see instructions)  4 Administrative service providers (salaries, fees, and commissions)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  3 Specific Assets: If the plan held assets at anytime during the plan syer in any of the following categories, check "Yes" and		THE WAGNER'S B & B INC. RETIREMENT PLAN			plan	number (F	N) ▶	001
THE WAGNER'S B & B INC.  Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filling as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.  Part I Small Plan Financial Information  Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during this plan year. Combine the value of plan seasets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.  1 Plan Assets and Liabilities:  a Total plan assets  Total plan liabilities  b Total plan liabilities  c Net plan assets (subtract line 1b from line 1a)  c Net plan assets (subtract line 1b from line 1a)  c Contributions received or receivable:  (1) Employers  (2) Participants  2a(2)  2a(3)  3) Others (including rollovers)  b Noncash contributions  2a(3)  b Noncash contributions  2a(3)  c Other income  2a(4)  2a(3)  b Noncash contributions  2b  c Other income  2c  0  d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)  2 Benefits paid (including direct rollovers)  2 Ce  Benefits paid (including direct rollovers)  2 Ce  Benefits paid (including direct rollovers)  3 Certain deemed distributions of participant loans  (see instructions)  4 Administrative service providers (salaries, fees, and commissions)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  3 Specific Assets: If the plan held assets at anytime during the plan syer in any of the following categories, check "Yes" and								
THE WAGNER'S B & B INC.  Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filling as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.  Part I Small Plan Financial Information  Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during this plan year. Combine the value of plan seasets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.  1 Plan Assets and Liabilities:  a Total plan assets  Total plan liabilities  b Total plan liabilities  c Net plan assets (subtract line 1b from line 1a)  c Net plan assets (subtract line 1b from line 1a)  c Contributions received or receivable:  (1) Employers  (2) Participants  2a(2)  2a(3)  3) Others (including rollovers)  b Noncash contributions  2a(3)  b Noncash contributions  2a(3)  c Other income  2a(4)  2a(3)  b Noncash contributions  2b  c Other income  2c  0  d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)  2 Benefits paid (including direct rollovers)  2 Ce  Benefits paid (including direct rollovers)  2 Ce  Benefits paid (including direct rollovers)  3 Certain deemed distributions of participant loans  (see instructions)  4 Administrative service providers (salaries, fees, and commissions)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  2 Income (loss) (subtract line 2 g from line 2d)  3 Specific Assets: If the plan held assets at anytime during the plan syer in any of the following categories, check "Yes" and								
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.  1 Plan Assets and Liabilities:  a Total plan assets sand Liabilities:  a Total plan assets (subtract line 1b from line 1a)  C Net plan assets (subtract line 1b from line 1a)  1 C 654,050  C Net plan assets (subtract line 1b from line 1a)  1 C 654,050  C Net plan assets (subtract line 1b from line 1a)  1 C 654,050  C Other income, Expenses, and Transfers for this Plan Year:  a Contributions received or receivable:  (1) Employers  (2) Participants  (2) Participants  (3) Others (including rollovers)  D Noncash contributions  2 D C Other income  (4) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)  Benefits paid (including direct rollovers)  C Corrective distributions (see instructions)  G Certain deemed distributions of particutions)  G Certain deemed distributions of particutions  (see instructions)  Administrative service providers (salaries, fees, and commissions)  1 Other expenses  1 Total expenses  2 1 Other expenses  3 Total expenses (add lines 2e, 2f, 2g, 2h, and 2l)  4 Net income (loss) (subtract line 2) from line 2d)  2 Specific Assets: if the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remealing in the plan as of the end of the plan year. Allocate the values of the plan in any containing the sessets of more than one plan on a line-			edule H if report	ing as a large p	olan or DF	E		
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benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.  1 Plan Assets and Liabilities:								
Insurance carriers. Round off amounts to the nearest dollar.    Plan Assets and Liabilities:								
Plan Assets and Liabilities:   a Total plan assets   1a   654,050   654,050     b Total plan liabilities   1b       c Net plan assets (subtract line 1b from line 1a)   1c   654,050   654,050     2 Income, Expenses, and Transfers for this Plan Year:   a Contributions received or receivable:   (1) Employers   2a(1)     (2) Participants   2a(2)     (3) Others (including rollovers)   2a(3)     b Noncash contributions   2b       c Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)   2d       d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)   2d       g Certain deemed distributions (see instructions)   2f       g Certain deemed distributions of participant loans (see instructions)   2g       h Administrative service providers (salaries, fees, and commissions)   2h       i Other expenses   2i       j Total expenses (add lines 2e, 2f, 2g, 2h, and 2f)   2g       k Net income (loss) (subtract line 2j from line 2d)   2k       3 Specific Assets: if the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plans interest in a commingled trust containing the assets of more than one plan on a line-			y trust(s) or sepa	ırately maintain	ed fund(s	and any	payments/	receipts to/from
a Total plan assets			l """	<b>//</b>				
b Total plan liabilities	1			(a) Beginnin			(b) End	
C Net plan assets (subtract line 1b from line 1a)		•			65	4,050		654,050
2 Income, Expenses, and Transfers for this Plan Year: a Contributions received or receivable: (1) Employers	b	•		<b>_</b>				
a Contributions received or receivable:  (1) Employers	<u>c</u>		. 1c			4,050		
(1) Employers		•		(a) Amou	nt		(b) ]	otal
(2) Participants (3) Others (including rollovers)  b Noncash contributions  c Other income  d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)  e Benefits paid (including direct rollovers)  f Corrective distributions (see instructions)  g Certain deemed distributions of participant loans (see instructions)  h Administrative service providers (salaries, fees, and commissions)  i Other expenses  j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)  k Net income (loss) (subtract line 2j from line 2d)  Transfers to (from) the plan (see instructions)  Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-	a		2-/4)	<del> </del>				
(3) Others (including rollovers)				<b>_</b>				
b Noncash contributions				<b>_</b>				
C Other income		• •		<b>_</b>				
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	b			<b>-</b>				
Benefits paid (including direct rollovers)  Corrective distributions (see instructions)  Certain deemed distributions of participant loans (see instructions)  Administrative service providers (salaries, fees, and commissions)  Other expenses  Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)  Net income (loss) (subtract line 2j from line 2d)  Transfers to (from) the plan (see instructions)  Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-	_					- 0		
f Corrective distributions (see instructions)		•		-				0
Gertain deemed distributions of participant loans (see instructions)	_	, ,		<del> </del>				and the second second
(see instructions)			.	<del> </del>				
h Administrative service providers (salaries, fees, and commissions) 2h  i Other expenses	y		20					
i Other expenses	h			1				
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	11		0.	-				
k Net income (loss) (subtract line 2j from line 2d)	;	·						0
Transfers to (from) the plan (see instructions)	J Ir			1				
3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-	ı							
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-	-1			nories, check "Ye	s" and ent	er the curre	nt value of a	anv assets
by-line basis unless the trust meets one of the specific exceptions described in the instructions.	3							
-,		by-line basis unless the trust meets one of the specific exceptions described in the i	nstructions.					
Yes No Amount					Yes	No	Δm	ount
a Partnership/joint venture interests	а	Partnershin/joint venture interests		3a			7.011	

**b** Employer real property . . . .

Participant loans . . . .

f Loans (other than to participants)

g Tangible personal property

**c** Real estate (other than employer real property) **d** Employer securities . . . . .

3b

3с

3d

3e

3f

х

x

Х

х

Х

х

654,000

Schedule I	(Form	5500)	2018

Page	2-	Γ

Part	II Compliance Questions					ATT THE STATE OF T
4	During the plan year:		Yes	No	Amou	nt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X	The second secon	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		х		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		х		
е	Was the plan covered by a fidelity bond?	4e		х		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • • • • • • • • • • • • • • • • • • •	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	x			654,000
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h	Andrew States	X		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X			654,000
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4 <u>j</u>		х		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x			
1	Has the plan failed to provide any benefit when due under the plan?	41		х		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		х		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes <u>x</u>	No	·	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identransferred. (See instructions.)	tify the	płan(s) t	o which asse	ets or liabilities were	
	5b(1) Name of plan(s)				5b(2) EIN(s)	<b>5b(3)</b> PN(s)
5с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section of "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan		1)?	************		Not determined.

## E-SIGNATURE AUTHORIZATION

for

# THE WAGNER'S B & B INC. RETIREMENT PLAN

46-5724316/001

For Plan Year 01/01/2018 through 12/31/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Tierney Pension Administration LLC to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500 that has been provided must be returned to Tierney Pension Administration LLC before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
  - Tierney Pension Administration LLC will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will
  be included in the electronic filing and will be posted by the EBSA to the Internet for public
  disclosure.
- Tierney Pension Administration LLC will maintain a copy of this written authorization in its records.
- Tierney Pension Administration LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Tierney Pension Administration LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed above.

Plan Admiristrator

Date

Plan Sponsor

Date