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

Part I Annual Repo	ort identification information	1						
For calendar plan year 2018 of	or fiscal plan year beginning 01/01/2	2018	and ending 12/	/31/2018				
A This return/report is for:	X a single-employer plan		an (not multiemployer) (F					
	a one-participant plan	a foreign plan			,			
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC prog	ıram			
	special extension (enter desc	cription)						
Part II Basic Plan Ir	nformation—enter all requested in	nformation						
1a Name of plan	•			1b Three-d	igit			
REGENCY SIGNS AND ENGR	AVING CORP. 401(K) PLAN			plan nui				
				, ,	e date of plan			
30 Diamana and many (and				01	01/01/2000			
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.C			(EIN)	er Identification Number 11-3097482			
	vince, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	2c Sponso	r's telephone number			
REGENCY SIGNS AND ENGR	AVING CORP.				516-248-1076			
475 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				2d Busines	s code (see instructions)			
475 WILLIS AVENUE WILLISTON PARK, NY 11596					812990			
3a Plan administrator's name	e and address X Same as Plan Spo	nsor.		3b Administrator's EIN				
			_	20. 41				
				3c Administrator's telephone number				
	f the plan sponsor or the plan name h sponsor's name, EIN, the plan name a			4b EIN				
a Sponsor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		4d PN				
C Plan Name								
Fo. Tatal combine of a sufficient	and and the character of the order conse			5a	2			
	ants at the beginning of the plan year. ants at the end of the plan year			5b	2			
	rith account balances as of the end of				2			
complete this item)			<u> </u>	5c				
	participants at the beginning of the p	•		5d(1) 5d(2)	2			
* *	e participants at the end of the plan ye who terminated employment during the				2			
than 100% vested				5e	0			
	ate or incomplete filing of this retur							
	d other penalties set forth in the instru d and signed by an enrolled actuary, a omplete.							
SIGN Filed with authoriz	zed/valid electronic signature.	07/26/2019	SIMON NICHOLS					
HERE Signature of pla	n administrator	Date	Enter name of individua	al signing as	plan administrator			
SIGN								
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individua	al signing as	employer or plan sponsor			

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 							_	
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not det	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
a	Total plan assets	7a	4	47002				395634	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4	47002				395634	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	51368					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-51368	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-51368	
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 2K	feature co	des from the List of Pla	an Cha	racteri	stic Co	des 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	acterist	tic Cod	es in the inst	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
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		Χ			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g			•	10g		Х			
	If this is an individual account plan, was there a blackout period? 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 complete Schedule SB (Form 5500) and line 11a below)									
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 Code or section ERISA?		:	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 instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling				
lf :	you 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 of a negative 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?		Yes	× N	0				
	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 under the 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 the plan(s) which assets or liabilities were transferred. (See instructions.)	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

Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement

Short Form Annual Return/Report of Small Employee

This form is required to be filed under sections 104 and 4065 of the Employee Retiremen 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

Part I		Identification Information								
For calen	dar plan year 2018 or f	iscal plan year beginning 0	1/01/2018	and ending	12/31/2	018				
A This re	eturn/report is for:	X a single-employer plan		iple-employer plan (not multiemployer) (Filers checking this box must a f participating employer information in accordance with the form instruct						
_		a one-participant plan	a foreign plan							
B This re	eturn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n				
		special extension (enter descript								
Part II	Basic Plan Info	ormation—enter all requested infor	mation							
1a Name REG		ENGRAVING CORP. 401(F	() PLAN		1b Three-digit plan number (PN) ▶					
					1c Effective da 01/01/2					
Mailin	ng address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. E	lox)		2b Employer Id (EIN) 11-3	dentification Number				
City o	or town, state or provinc ENCY SIGNS ANI	ce, country, and ZIP or foreign postal of ENGRAVING CORP.	code (if foreign, see inst	tructions)	2c Sponsor's t	elephone number				
475	WILLIS AVENUE	E			516-248 2d Business co	ode (see instructions)				
WTT.	LISTON PARK	NY 11596								
					812990					
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.					3b Administrator's EIN					
					3c Administrate	or's telephone number				
4 If the this p	name and/or EIN of the plan spo	e plan sponsor or the plan name has on name and name, EIN, the plan name and	changed since the last re the plan number from t	eturn/report filed for he last return/report.	4b EIN					
	sor's name				4d PN					
5a Total	number of participants	at the beginning of the plan year			5a	2				
		at the end of the plan year			5b	2				
C Numb	per of participants with	account balances as of the end of the	plan year (only defined	contribution plans	5c	2				
d(1) Tot	tal number of active pa	rticipants at the beginning of the plan	year		5d(1)	2				
d(2) Tot	tal number of active pa	rticipants at the end of the plan year			5d(2)	_ 2				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	ise is established	l				
SB or Sche	ealties of perjury and otledule MB completed and true, correct, and completed and complete and c	ner penalties set forth in the instruction nd signed by an enrolled actuary, as wolete.	ell as the electronic ver	examined this return/report	oort, including, if ap , and to the best o	oplicable, a Schedule f my knowledge and				
SIGN HERE	-	1	7.26-19	SIMON NICHOLS						
	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan	administrator				
SIGN										
For Denomin	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as emp	loyer or plan sponsor				

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 								Yes [No No
7 Plan Assets and Liabilities	С										
a Total plan assets	Pa	t III Financial Information									
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a		447,	002				395	,634
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers)	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		447,	002				395	,634
(1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers). 8a(3) b Other income (loss)		·		(a) Amoun	ıt			(b)	Total		
(3) Other s(including rollovers)	a		8a(1)								
b Other income (loss)		(2) Participants	8a(2)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		-51,	368					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			8c							-51	,368
f Administrative service providers (salaries, fees, commissions)	a		8d								
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i -51, 36 j Transfers to (from) the plan (see instructions) 8j Part 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: 2E 2F 2G 2J 2K 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 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of dishonesty? 10c X 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) 10c X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h X If If the was answered "Yes," check the box if you either provided the required notice or one of the	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line is firm on line 8c)	g	g Other expenses									
Transfers to (from) the plan (see instructions)	<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)									0
Part 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: 2E 2F 2G 2J 2K 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10a X C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) 10a X 10b X 10c X 10c X 10c X 10d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10c X 10d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10d X 10d X 10d If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10d If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>i</u>									-51	,368
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K	<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai										
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	9a		feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in the ins	tructions	:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? 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 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	les in the insti	ructions:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? 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 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amount	:	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			х				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? 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 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the							y				
by fraud or dishonesty? 10d 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 f Has the plan failed to provide any benefit when due under the plan? 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the											
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	—				10d						
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		carrier, insurance service, or other organization that provides some or all of the benefits under			10e		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	f Has the plan failed to provide any benefit when due under the plan?					Х				
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х				
· · · · · · · · · · · · · · · · · · ·	h						X				
	i	·	•		10i						

	Fo	orm 5500-SF (2018)	Page 3-					
Part	VI P	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," se 5500) and line 11a below)		d complete Sch	edule S	В	_ Y	es 🗌 No
11a	Enter th	he unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40		11a			
12	ERISA?	a defined contribution plan subject to the minimum funding requirements of services.			n 302 of		Y	es 🏻 No
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		ver of the minimum funding standard for a prior year is being amortized in this g the waiver.					the letter Year _	ruling
lf	you com	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to lir	ie 13.				
b	Enter the	e minimum required contribution for this plan year			12b			
С	Enter the	e amount contributed by the employer to the plan for this plan year			12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a mount)			12d			
е	Will the	minimum funding amount reported on line 12d be met by the funding deadling	ne?			Yes	No	N/A
Part	VII P	Ian Terminations and Transfers of Assets						
13a	Has a re	esolution to terminate the plan been adopted in any plan year?				Yes	X No)
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?					Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to an assets or liabilities were transferred.	other plan(s), ide	entify the plan(s)	to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):