Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

For celedar plan year 2018 or fiscal plan year teginning 0.01/2018 an unitiple-employer plan foot multiengloyery (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a non-participant plan a toreign plan year return/report (less than 12 months)			dentification Information											
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filing under: Form \$558 automatic extension DFVC program DFVC pr	For calendar pla	n year 2018 or fisc	al plan year beginning 01/01/2	2018		and ending 12	2/31/2	018						
B This return/report is	M a dirigio diripidyol piari													
me tinst return/report me tinst return/report me tinst return/report (less than 12 months)					,									
C Check box if filing under:	B This return/re	the first return/report the final return/report the final return/report												
Special extension (enter description)			an amended return/report	a s	short plan year return	/report (less than 12 m	onths)						
Part II Basic Plan Information—enter all requested information 1a Name of plan BERGER & SOLOMON 401(K) RETIREMENT PLAN 16 Effective date of plan 17	C Check box if	filing under:	X Form 5558	au	utomatic extension		DF	FVC program						
18 Name of plan BERGER & SOLOMON 401(K) RETIREMENT PLAN 20 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) BERGER & SOLOMON, INC. 20 Exponsor's telephone number 845-647-5000 21 Business code (see instructions) 22 Exponsor's telephone number 845-647-5000 22 Exponsor's telephone number 845-647-5000 23 Business code (see instructions) 524290 24 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. 3 Sponsor's name C Plan Name 5 Total number of participants at the beginning of the plan year C Plan Name 5 Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4 (2) Total number of active participants at the beginning of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number			special extension (enter desc	ription)										
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Plan number (PN) 002			·				1b	Three-digit						
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) BERGER & SOLOMON, INC. 2b Employer Identification Number (EIN) 14-1419902 2c Sponsor's telephone number 845-647-8000 2d Business code (see instructions) 2d Business code (see instructions) 524290 2d Business code (see instructions) 524290 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 524290 4b EIN 3c Administrator's telephone number 624290 4d Pit the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 3 Sponsor's name c Plan Name 5a Sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d Pit Name 5a Total number of participants at the beginning of the plan year c Plan Name 5a 6 5b Total number of participants at the beginning of the plan year 5b 6 C Number of participants with account balances as of the end of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(3) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(3) Total number of active participants at the end of the plan year 6d(3) Total number of active partic			IREMENT PLAN					plan number	002					
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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) BERGER & SOLOMON, INC. 2c Sponsor's telephone number 845-647-5000 2d Business code (see instructions) 524290 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b 6 b Total number of participants at the end of the plan year 5b 6 c Number of participants with account balances as of the end of the plan year 5d(1) 6e d(1) Total number of participants at the beginning of the plan year 5d(2) 6e e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5 of plan yard other penalties set forth in the instructions, I declare that I have examined this return/report, including, If applicable, a Schedule Sor Schedule Mb completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, If applicable, a Schedule Signature of plan administrator 5 Date 5 Enter name of individual signing as plan administrator Filed With utbrocal participants and the plan administrator 5 Date 5 Enter name of individual signing as plan administrator	20 Dlan anana		- if for a simple completion plan				2h							
26 Sponsor's telephone number 845-47-5000 2d Business code (see instructions) 524/290 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number description of the plan sponsor or the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b G Number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year. 5d(2) Total number of active participants at the end of the plan year. 5c C Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Signature of plan administrator Date Enter name of individual signing as plan administrator	Mailing add	ress (include room,	, apt., suite no. and street, or P.C		(if foreign, see instri	uctions)	2 D							
3a Plan administrator's name and address ☑ Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b 6 b Total number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year. 5d (2) 16 d(2) Total number of active participants at the end of the plan year. 5d(2) 6 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjuny and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Signa Filed with authorized/valid electronic signature. 08/20/2019 JONATHAN BERGER			country, and ZIF or loreign post	iai code	i (ii loreign, see instit	uctions)	2c							
3a Plan administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year							2d	Business code (see instructions)					
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d(1) Total number of active participants at the beginning of the plan year			. ,				5	b	6					
d(2) Total number of active participants at the end of the plan year							5	С	6					
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	d(2) Total nur	nber of active parti	cipants at the end of the plan ye	ear			5d	(2)	6					
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SIGN HERE Filed with authorized/valid electronic signature. O8/20/2019 JONATHAN BERGER Enter name of individual signing as plan administrator SIGN HERE	SB or Schedule	MB completed and	d signed by an enrolled actuary, a											
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE					08/20/2019	JONATHAN BERGER	2							
SIGN HERE	HERE	nature of plan adı	ministrator		Date	Enter name of individ	name of individual signing as plan administrator							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor														
	HERE Sig	nature of employe	er/plan sponsor		Date	Enter name of individ	ual siç	gning as employe	er or plan sponsor					

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes [] !	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							No
	If you answered "No" to either line 6a or line 6b, the plan cann					_		
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	ie PBGC p	remium filing for this p	ian yea	r		(See instructions	S.)
Pa	t III Financial Information	1						
_7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year	
a	Total plan assets	7a	8	96217			855699	
<u>b</u>	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	8	96217			855699	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		8338				
	(2) Participants	8a(2)		15057	_			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	-1	63913				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-40518	
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							
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)						0	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)							
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the instructions:	
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 instructions:	
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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Χ		
С				10c	Χ		150000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X		15892	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ		
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 Sche (Form 5500) and line 11a below)		В	Y	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 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 Tressury Internal Revenue Service

Department of Lebor 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

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 Repor	t Identification Information						
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/			
A This return/report is for:	x a single-employer plan	a multiple-employer list of participating	plan (not multiemployer) employer information in a	(Filers checking t	his box must attach a ne form instructions.)		
_	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 ret	um/report (less than 12 m	nonths)			
C Check box if filling under:							
	special extension (enter desc		•	DFVC progra	ım		
Part II Basic Plan Inf	ormation—enter all requested in						
1a Name of plan	Cimation—enter all requested il	niormation		145 m			
	401(K) RETIREMENT P	LAN		1b Three-dig			
				1c Effective of			
				01/01/			
2a Pian sponsor's name (emp	loyer, if for a single-employer plan)				Identification Number		
City or town, state or proving	om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos	O. Box) stal code (If foreign, see Inc	ets totions)		1419902		
BERGER & SOLOMON	, INC.	wai oodo (ii iolaigii, aca ilis	sa acaons)		telephone number		
				845-64			
129 SOUTH MAIN S	TREET			20 Business	code (see instructions)		
ELLENVILLE	NY 124	28		524290			
3a Plan administrator's name a	and address X Same as Plan Spo	nnsor.		3b Administrator's EIN			
	i del			An William Statol & Elia			
				3C Administrator's telephone number			
4 If the name and/or FIN of th							
this plan, enter the plan spear. Sponsor's name	ne plan sponsor or the plan name h onsor's name, EIN, the plan name :	as changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN			
C Plan Name				4d PN			
5a Total number of participants	s at the beginning of the plan year.			5a	6		
b Total number of participant	s at the end of the plan year			5b	6		
 C Number of participants with 	account balances as of the end of	the plan year (only define	d contribution plans	5c	6		
d(1) Total number of active pa	articipants at the beginning of the pi	lan vear		5d(1)	6		
d(2) Total number of active pr	articipants at the end of the plan ye	ar		5d(2)	6		
 Number of participants who 	o terminated employment during the	e plan vear with accrued b	enafite that were less		- 0		
than 100% vested				50	0		
Under penalties of periury and or	ther penalties set forth in the instru	n/report WIII be assessed	unless reasonable cau	and to alread the second	and the state of t		
SB or Schedule MB completed a belief, it is true correct, and com-	u lu alul leu uv an enrollen actigiv s	as well as the electronic ve	ersion of this return/report	, and to the best	applicable, a Schedule of my knowledge and		
SIGN hualley	0		JONATHAN BERGE	.D			
	der ger	1.7	DOMATIMA DERGE	120	1		
HERE signature of plan	man y	Date Sholig			n administrator		
HERE Signature of plan a	man y	Date sholig	Enter name of Individu		n administrator		
SIGN HERE Signature of emplo	administrator	Date		al signing as pla			

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6a	Were all of the plan's assets during the plan year invested in eligit	ole assets? (See instructions.)		*********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X	Yes No
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (if 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 us						X	Yes 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							determined
		ie PBGC pie	armorn ming for this p	лап уев			. (366 II	nstructions.)
Pa	rt III Financial Information							
	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
_a	Total plan assets	7a		896,	217		14-7-	855,699
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c		896,	217			855,699
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total	
a 	Contributions received or receivable from: (1) Employers	8a(1)			338			
_	(2) Participants	88(2)		15,	057			
	(3) Others (Including rollovers)	8a(3)						
_ <u>b</u>	Other income (loss)	8b		-63,	913			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-40,518
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
_f	Administrative service providers (salaries, fees, commissions)	8f						3114
_ 9	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
\perp	Net income (loss) (subtract line 8h from line 8c)	81						-40,518
1	Transfers to (from) the plan (see instructions)	8)						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature code	es from the List of Pl	an Cha	racterl	stic Cod	les in the instructions	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	acteris	lic Code	es in the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a fallure to transmit to the plan any participant contribut	tions within t	the time period		100	140	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fld	uciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		х		
C	Was the plan covered by a fidelity bond?		***************************************	10c	х			150,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was caused	10d		х		
8	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See Instructions.)	er persons t	by an insurance	10e		х		
f	Has the plan falled to provide any benefit when due under the plan	1?		101		ж		
g	Did the plan have any participant loans? (if "Yes," enter amount as				х			15 902
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See Instruct	lons and 29 CFR	10g 10h	46	х		15,892
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or one of the	101				