## 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 Report	i Identification Information							
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
▲ This re	<b>A</b> This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
	·	a one-participant plan	a foreign plan	p.o, ooa.c ac					
<b>B</b> This ret	urn/report is	t							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am			
Dort II	Decis Dien Infe	special extension (enter desc	. ,						
Part II		ormation—enter all requested in	formation		T				
1a Name GANDHI EN	of plan NGINEERING, INC. 40	01K PLAN			1b Three-dig plan num (PN) ▶				
					1c Effective	date of plan 01/01/1992			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)		2b Employer (EIN)	Identification Number 13-5657506			
City or		ce, country, and ZIP or foreign post		structions)	2c Sponsor's telephone number 212-349-2900				
						code (see instructions)			
111 JOHN S NEW YORK	STREET 3RD FLOOR				541330				
NEW TORK	, 141 10030								
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN			
					3c Administr	ator's telephone number			
						·			
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
	sor's name	onoor o name, Ent, the plan hame t	and the plan namber from	the last retain, report.	4d PN				
C Plan N	Name								
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			5a	53			
<b>b</b> Total	number of participants	s at the end of the plan year			5b	47			
		account balances as of the end of			5c	36			
<b>d(1)</b> Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	30			
		articipants at the end of the plan ye			. 5d(2) 2				
than	100% vested	o terminated employment during the			5e	0			
		or incomplete filing of this retur							
SB or Sche	alties of perjury and o edule MB completed a true. correct. and com	ther penalties set forth in the instru and signed by an enrolled actuary, and aplete.	ctions, I declare that I hav as well as the electronic v	re examined this return/re ersion of this return/repor	port, including, if t, and to the bes	f applicable, a Schedule t of my knowledge and			
SIGN Filed with authorized/valid electronic signature. 09/10/2019 KIRTI GANDHI									
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator			
SIGN									
HERE	Signature of employer/plan sponsor  Date  Enter name of individ					mnlover 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
b	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.)							X Yes	П No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐								Not deter	mined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	Year	
а	Total plan assets	7a	494	47910				4489190	
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	494	47910				4489190	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b) Tot	al	
а	Contributions received or receivable from: (1) Employers	8a(1)	:	35201					
	(2) Participants	8a(2)		11383					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-21	17201					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-70617	
d	Benefits paid (including direct rollovers and insurance premiums		2:	70705					
	to provide benefits)	8d	3	78785 4213					
<del>E</del>	Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8e 8f		5105					
_ <u>'</u>	Other expenses	8g		3103					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						388103	
÷	Net income (loss) (subtract line 8h from line 8c)	8i						-458720	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	_ <u></u>							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in the instru	ctions:	
b	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe	a atura a a a	log from the List of Dis	n Char	a a ta ria t	io Cod	aa in tha inatuus	tional	
D	in the plan provides werrare benefits, enter the applicable werrare is	eature coc	ies nom the List of Pia	II Chara	acterist	ic Coa	es in the instruct	110115.	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	An	nount	
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)			10a		X			
b									
	reported on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c	X			50000	00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		Χ			
-	Were any fees or commissions paid to any brokers, agents, or oth								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		X			
f	, , , , , , , , , , , , , , , , , , ,			10e		X			
				10g	X			617	70
<u>*</u>	, , , , , , , , , , , , , , , , , , , ,	•		109	- `			017	3
	2520.101-3.)	` 		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
	CACCERTORIS TO PROVIDING THE HOUSE APPLIED UNDER 29 OFR 2520.10	1⁻∪		101	L				

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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	o
	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2018

OMB Nos. 1210-0110

This Form is Open to Public Inspection

W. V. C.	t identification information								
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018 and ending	12/31/2						
A This return/report is for:	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
	a one-participant plan	a foreign plan							
<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 m	nonths)						
C Check box if filing under:	X Form 5558	automatic extension	DFVC program	m					
	special extension (enter desc	cription)							
Part II Basic Plan Inf	formation—enter all requested in	nformation		,					
1a Name of plan GANDHI ENGINEERI	ING, INC. 401K PLAN		1b Three-digit plan numb (PN) ▶	1					
			<b>1c</b> Effective d 01/01/	ate of plan					
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.		<b>2b</b> Employer Identification Number (EIN) 13–5657506						
City or town, state or provi GANDHI ENGINEERI		tal code (if foreign, see instructions)	<b>2c</b> Sponsor's telephone number 212-349-2900						
111 JOHN STREET	2d Business code (see instructions)								
NEW YORK	NY 100	38	541330						
3a Plan administrator's name	and address X Same as Plan Spo	onsor.	3b Administra	tor's EIN					
			3c Administra	tor's telephone number					
		has changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	- !					
<ul><li>a Sponsor's name</li><li>c Plan Name</li></ul>			4d PN						
<b>5a</b> Total number of participan	ts at the beginning of the plan year		. 5a	53					
<b>b</b> Total number of participan	. 5b	47							
<b>c</b> Number of participants wit	h account balances as of the end of	f the plan year (only defined contribution plans	5c	36					
<b>d(1)</b> Total number of active p	5d(1)								
		ear	5d(2)	26					
e Number of participants wh	no terminated employment during th	e plan year with accrued benefits that were less	5e	(					
Caution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed unless reasonable ca							
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	actions, I declare that I have examined this return/re as well as the electronic version of this return/repo	eport, including, if a rt, and to the best	applicable, a Schedule of my knowledge and					

Date

9-10-2019

Kirti Gandhi

Kirti Gandhi

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Signature of plan administrator

belief, it is true, correct, and/complete.

SIGN HERE

SIGN HERE

Pag	e	2

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
c	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 ¡	orogram (see ERISA se	ection 40	021)?		Yes No Not determined	
Pai	t III   Financial Information		Ţ					
_7	Plan Assets and Liabilities		(a) Beginning (				(b) End of Year	
a	Total plan assets	7a	4,	947,	910		4,489,190	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	4,	947,	910		4,489,190	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		35,2				
•	(2) Participants	8a(2)		111,	383			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	_	217,	201			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-70,617	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	378,785					
е	Certain deemed and/or corrective distributions (see instructions)	8e	4,213					
f	Administrative service providers (salaries, fees, commissions)	. 8f		5,	105			
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				388,103		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-458,720	
i	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics		I					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature c	odes from the List of PI	an Cha	racteri	stic Co	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	n Chara	acteris	tic 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	Voluntary	Fiduciary Correction	40-		Х		
b	Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10a 10b		Х		
				10c	Х		500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity be	ond, that was caused	10d		Х	,	
e	by fraud or dishonesty?  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		Х		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
				10g	Х		6,179	
r	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i				

		Form 5500-SF (2018)	Page <b>3-</b>					
Part	vı l	Pension Funding Compliance						
11	ls th	nis a defined benefit plan subject to minimum funding requiremen rm 5500) and line 11a below)					Yes	] No
11a	Ent	er the unpaid minimum required contributions for all years from S	chedule SB (Form 5500) line 40.		11a			
12	ERI	his a defined contribution plan subject to the minimum funding re SA?	•••••••••••••••••••••••••••••••••••••••				Yes X	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a					<u> </u>	
a 		waiver of the minimum funding standard for a prior year is being nting the waiver.			d enter Day		of the letter ruling Year	<u> </u>
lf	you (	completed line 12a, complete lines 3, 9, and 10 of Schedule N	IB (Form 5500), and skip to line	13.				
b	Ente	er the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan	year		12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Wil	the minimum funding amount reported on line 12d be met by the	funding deadline?			Yes	No N/	Α
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	s a resolution 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 em	ployer this year		13a			
b		ere all the plan assets distributed to participants or beneficiaries, to	• *	•		.][	Yes 🛛 No	
С		during this plan year, any assets or liabilities were transferred fror ich assets or liabilities were transferred.	n this plan to another plan(s), ide	ntify the plan(s)	) to			
•	13c(1	I) Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s	s)
			-					