_	rm 5500-SF	Short Form Annu	t of Small Employee	OMB Nos. 1210 1210					
D	Intment of the Treasury rnal Revenue Service epartment of Labor lenefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the I						
	enefit Guaranty Corporation	- Complete all entries in a	Revenue Code (the Cod	<sup>te).</sup> tructions to the Form 5500-SF	Pub	Form is Open to lic Inspection			
Part I	Annual Report	Identification Information							
For calend		scal plan year beginning 01/01/2	018	and ending 12/31/20	18				
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 foreign plan									
<b>B</b> This ret	urn/report is	the first return/report							
C Check	box if filing under:	Form 5558	automatic extension		/C program				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name NEAL & LEF					Three-digit blan number PN) ►	001			
				1c	Effective date o	of plan 01/2000			
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		tructions)	2b Employer Identification Number (EIN) 36-4195775				
NEAL & LEF		o, coarniy, ana <u>-</u> ir or roroigir poor		2c \$	<b>2c</b> Sponsor's telephone number 312-641-7144				
20 S. CLARI CHICAGO, I	K STREET, SUITE 205 L 60603	50		2d	Business code 541	(see instructions)			
<b>3a</b> Plan a	idministrator's name ar	nd address 🛛 Same as Plan Spor	isor.	3b /	Administrator's	EIN			
				Зс /	Administrator's	telephone number			
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			EIN				
•	sor's name	nsor s name, Lin, the plan name a		4d	۶N				
5a Total	number of participants	at the beginning of the plan year				22			
_		at the end of the plan year				22			
C Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans 50		18			
<b>d(1)</b> ⊺ot	al number of active pa	rticipants at the beginning of the pla	an year		I)	19			
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan yea	ar		5d(2) 18				
than	100% vested	terminated employment during the	• •			1			
Under pen SB or Sche	alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, a plete.	tions, I declare that I hav	e examined this return/report, in	cluding, if appl				
SIGN		valid electronic signature.	09/11/2019	LANGDON D. NEAL					
HERE	Signature of plan a	dministrator	Date	Enter name of individual sign	ning as plan ac	Iministrator			
SIGN									
HERE	Signature of emplo		Date	Enter name of individual sign					
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.171027			

g Other expenses .....

h Total expenses (add lines 8d, 8e, 8f, and 8g) .....

i Net income (loss) (subtract line 8h from line 8c) .....

2**T** 

Part IV | Plan Characteristics

2G 2J

Transfers to (from) the plan (see instructions).....

3B 3D

j

9a

b

2E 2F

15682

50722

-116897

-								
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	<ul> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>							
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Do	rt III Financial Information							
<u>га</u> 7								
	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	3988998	3872101				
b	Total plan liabilities	7b	0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	3988998	3872101				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)	158881					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-225056					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-66175				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33980					
e	Certain deemed and/or corrective distributions (see instructions)	8e	1060					
f	Administrative service providers (salaries, fees, commissions)	8f						

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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	
а	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	
С	Was the plan covered by a fidelity bond?	10c	Х		350000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e	X		327
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		14105
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	f 	[	Yes	X No	
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of a granting the waiver							
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB N	los. 1210-0110 1210-0089			
Depa Inte	artment of the Treasury rnal Revenue Service	This form is required to be file	s required to be filed under sections 104 and 4065 of the Employee Retirement ecurity Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal							
Employee E	epartment of Labor Benefits Security Administration		Revenue Code (the Code	).		s Open to spection				
Pension B	enefit Guaranty Corporation	► Complete all entries in a		uctions to the Form 55	m 5500-SF.					
Part I		Identification Information	01/01/0010	and anding	12/3	31/2018				
For calend	lar plan year 2018 or fit	scal plan year beginning	01/01/2018	and ending			t attach a			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) ( ployer information in ac						
<b>B</b> This ret	urn/report is		the final return/report							
		the first return/report an amended return/report	<u> </u>	n/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descr				5				
Part II	Basic Plan Info	rmation-enter all requested inf	formation							
1a Name					1b Three	e-digit				
		401K PROFIT SHARING	PLAN		plan (PN)	number 001				
				-	1c Effect	tive date of plan 01/2000				
Mailin	a address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	). Box)		2b Employer Identification Number (EIN) 36-4195775					
-	town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	<b>2c</b> Sponsor's telephone number 312-641-7144					
20 s	G. CLARK STREE	T, SUITE 2050		-	2d Business code (see instructions)					
CHIC		IL 6060			541					
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3D Admi	nistrator's EIN				
					3c Admi	nistrator's teleph	one number			
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last re	turn/report filed for	4b EIN					
this p	lan, enter the plan spor	nsor's name, EIN, the plan name a	and the plan number from th	e last return/report.	4d PN					
c Plan N	or's name lame									
Fo Tatal	number of portioinants	at the beginning of the plan year			5a		22			
		at the end of the plan year			5b		22			
c Numb	er of participants with a	account balances as of the end of t	the plan year (only defined	contribution plans	5c		18			
	,	rticipants at the beginning of the pla			5d(1)		19			
• •		rticipants at the end of the plan yea		-	5d(2)		18			
e Numi	per of participants who	terminated employment during the	e plan year with accrued be	nefits that were less	5e		1			
Caution: A Under pensisB or Sche	A penalty for the late of alties of periury and oth	or incomplete filing of this return ner penalties set forth in the instruc- nd signed by an enrolled actuary, a	n/report will be assessed ( ctions, I declare that I have	unless reasonable cau examined this return/rep	port, includir	ng, if applicable,	a Schedule /ledge and			
SIGN	and com	Ala	9-11-19	LANGDON D. NEA	AL					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing a	as plan administr	ator			
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing a	s employer or p	an sponsor			
For Paperw		e, see the Instructions for Form 5500	-SF.			Form 5	500-SF (2018) v.171027			

	Were all of the plan's assets during the plan year invested in eligib						
	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.)						
с	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 th	nsurance program (see ERISA section 4021)?					
Pai	t III Financial Information	· · · · · · · · · · · · · · · · · · ·					
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) E						
		2 000 000	2 072 101				

Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
Total plan assets	7a	3,988,998	3,872,101
	7b	0	0
Net plan assets (subtract line 7b from line 7a)	7c	3,988,998	3,872,101
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)	158,881	
(3) Others (including rollovers)	8a(3)		
	8b	-225,056	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-66,175
	8d	33,980	
Certain deemed and/or corrective distributions (see instructions)	8e	1,060	7.1
Administrative service providers (salaries, fees, commissions)	8f		
Other expenses	8g	15,682	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		50,722
Net income (loss) (subtract line 8h from line 8c)	8i		-116,897
Transfers to (from) the plan (see instructions)	8j	S I I	下马拉 茶 红 湖
	Total plan assets         Total plan liabilities         Net plan assets (subtract line 7b from line 7a)         Income, Expenses, and Transfers for this Plan Year         Contributions received or receivable from:         (1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)	Total plan assets7aTotal plan liabilities7bNet plan assets (subtract line 7b from line 7a)7cIncome, Expenses, and Transfers for this Plan Year7cContributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)Other income (loss)8bTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cBenefits paid (including direct rollovers and insurance premiums to provide benefits)8dCertain deemed and/or corrective distributions (see instructions)8eAdministrative service providers (salaries, fees, commissions)8fOther expenses8gTotal expenses (add lines 8d, 8e, 8f, and 8g)8h	Total plan assets7a3,988,998Total plan liabilities7b0Net plan assets (subtract line 7b from line 7a)7c3,988,998Income, Expenses, and Transfers for this Plan Year(a) AmountContributions received or receivable from: (1) Employers8a(1)1(2) Participants8a(2)158,881(3) Others (including rollovers)8a(3)1Other income (loss)8b-225,056Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c1Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d33,980Certain deemed and/or corrective distributions (see instructions)8e1,060Administrative service providers (salaries, fees, commissions)8f1Other expenses (add lines 8d, 8e, 8f, and 8g)8h1Net income (loss) (subtract line 8h from line 8c)8i1

## 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 2T 3B 3D

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: Ye				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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		350,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
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	х		327
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		14,105
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)			SB			] Ye	s 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?						Ye	s 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			_				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see is granting the waiver.			r th ay	e date	of the le Yea		uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 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 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	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro- control of the PBGC?					X I	No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred.	ntify the plan(s)	to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s	)		130	( <b>3</b> ) P	N(s)
				-				
				_		_		
			_	-				

Department of the Treasury Internal Revenue Service

## **Application for Extension of Time To File Certain Employee Plan Returns**

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ► Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Pa	rt I Identification						
A	Name of filer, plan administrator, or plan sponsor (see instructions) NEAL & LEROY, LLC Number, street, and room or suite no. (If a P.O. box, see instructions)	В			<b>ying number (s</b> entification number <b>3</b> 6–41	er (EIN) (9 digit	•
	20 S. CLARK STREET, SUITE 2050 City or town, state, and ZIP code		Social	securit	y number (SSN)	(9 digits XXX-)	(X-XXXX)
	CHICAGO, IL 60603						
С	Plan name		Plan		Plan	year endir	g —
		-	numbe	er 👘	ММ	DD	YYYY
	NEAL & LEROY, LLC 401K PROFIT SHARING PLAN	0	0	1	12	31	2018
Par	t II Extension of Time To File Form 5500 Series, and/or Form 89	955-9	SSA				
1	Check this box if you are requesting an extension of time on line 2 to file the in Part I, C above.					eport for the	plan listed
2	<b>Note:</b> A signature IS NOT required if you are requesting an extension to file For						
3	I request an extension of time until $10 / 15 / 2019$ to file Form <b>Note:</b> A signature IS NOT required if you are requesting an extension to file For				structions.		
	The application <b>is automatically approved</b> to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the 3rd month after the no	this e	extension	on is i	a) the Form 5 requested; an	558 is filed id <b>(b)</b> the d	on or before ate on line 2
Par	t III Extension of Time To File Form 5330 (see instructions)						
4	I request an extension of time until /// to file Form You may be approved for up to a 6-month extension to file Form 5330, after the	5330 e nori	nal due	date	of Form 5330	I.	
а	Enter the Code section(s) imposing the tax		a				
b	Enter the payment amount attached	•	• • 38	0.000	• •	b	
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	amen	dment	date	►	c	
Dealer	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on	this fr	rm are tr		rect and comple	ate and that I	am authorized

ū to prepare this application.

Signature >