Form 5500-SF	Short Form Annu	t of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	I 4065 of the Employee Retir	rement	2018				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		ternal	This Form is Open to				
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5500	)-SF.	Public Inspection				
Part I Annual Report Identification Information									
For calendar plan year 2018 or fiscal plan year beginning       01/01/2018       and ending       12/31/2018         Image: Strategy and the st									
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (File employer information in acco		-				
<b>B</b> This return/report is	a one-participant plan								
	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	urn/report (less than 12 mont	ths)					
<b>C</b> Check box if filing under:	X Form 5558	automatic extension		DFVC pr	rogram				
	special extension (enter descr	iption)							
Part II Basic Plan Info	rmation—enter all requested inf	ormation	1		P				
1a Name of plan			1	<b>b</b> Three	e-digit number				
ABAIR-LAVERY INCORPORATED	401(K) RETIREMENT PLAN			(PN)					
	m, apt., suite no. and street, or P.O			01/01/2000 <b>2b</b> Employer Identification Number (EIN) 06-0944719					
City or town, state or province ABAIR-LAVERY INCORPORATED	structions) 2	2c Sponsor's telephone number 860-953-9000							
			2	2d Business code (see instructions)					
32 BRIXTON ST WEST HARTFORD, CT 06110-150	)1			812990					
<b>3a</b> Plan administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.	3	<b>3b</b> Administrator's EIN					
			3	<b>3c</b> Administrator's telephone number					
	e plan sponsor or the plan name hans or the plan name hans or the plan name a			<b>b</b> EIN					
a Sponsor's name C Plan Name			4	d PN					
5a Total number of participants	at the beginning of the plan year			5a	20				
	at the end of the plan year			5b	18				
	account balances as of the end of t			5c	15				
d(1) Total number of active par	rticipants at the beginning of the pla	an year		5d(1)	17				
• •	rticipants at the end of the plan yea			5d(2)	15				
	terminated employment during the			5e	0				
Caution: A penalty for the late of	or incomplete filing of this returr	n/report will be assesse	d unless reasonable cause						
	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete								
Sign     Filed with authorized/valid electronic signature.     09/16/2019     MICHAEL LAVERY									
HERE Signature of plan a	l signing as plan administrator								
	/valid electronic signature.	Date 09/16/2019	MICHAEL LAVERY						
HERE Signature of emplo	č	Date		l signing a	as employer or plan sponsor Form 5500-SE (2018)				

۶, 5500 Form 5500-SF (2018) v.171027

6a b c											
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	1037361	1021119							
b	Total plan liabilities	7b	0								
С	Net plan assets (subtract line 7b from line 7a)	7c	1037361	1021119							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	30549								
	(2) Participants	8a(2)	38277								
	(3) Others (including rollovers)	8a(3)									

		0a(3)						
b	Other income (loss)	8b	-85068					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-16242				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i		-16242				
j	Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics								

9a	If the	e plan	provic	les pe	ension	benefi	its, e	enter the a	pplicable	pension	feature	codes fr	om the	List of	Plan C	Characte	ristic C	odes ir	n the insti	ructions:
	2A	2E	2F	2G	2J	2K	2T	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 C	ompliance Questions				
10	During th	ne plan year:		Yes	No	Amount
а	describ	re a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction n)	10a	Х		99
b		ere any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)	10b		Х	
С	Was the	plan covered by a fidelity bond?	10c	Х		50000
d		lan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?	10d		X	
е	carrier, i	y fees or commissions paid to any brokers, agents, or other persons by an insurance nsurance service, or other organization that provides some or all of the benefits under ? (See instructions.)	10e	Х		2574
f	Has the	plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the p	lan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		10064
h		an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	10h		Х	
i		as answered "Yes," check the box if you either provided the required notice or one of the ns 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	X 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		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	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				
e	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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X 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)		13	<b>:(3)</b> PN	۱(s)

Form 5500-SF	Short Form Annual	Return/Report	of Small Employ		77 - 36747	OMB Nos. 1210-0110				
Department of the Treasury Internal Revenue Service		Benefit Plan		-		1210-0089				
	This form is required to be Retirement Income Security A	filed under sections 104	and 4065 of the Employed			2018				
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance with the inst	ructions to the Form 5500	)-SF.	Ir	spection				
	dentification Information									
For calendar plan year 2018 or fisca		01/01/2018	and ending		31/2018	·····				
A This return/report is for:	a one-participant plan a foreign plan									
B This return/report is:	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	onths)						
C Charle have if filling under	x Form 5558			, 						
C Check box if filing under:	special extension (enter descrip	automatic extension	ł		DFVC progra	im				
Dout II Doolo Dion Inform		,								
Part II Basic Plan Inform 1a Name of plan	mation enter all requested in	formation		<u>1h ты</u>	ree-digit	<u> </u>				
	rated 401(k) Retiremen	t Plan		pla	n number					
		0 1 1 4 1		·	N) ► ective date o	001				
					/01/2000	rpian				
2a Plan sponsor's name (employe Mailing Address (include room, City or town, state or province,	er, if for a single-employer plan) , apt., suite no. and street, or P.O. country, and ZIP or foreign postal	Box) Loode (if foreign, see ins	structions)		ployer Identi N) 06-09	fication Number 44719				
Abair-Lavery Incorpo			Siraciono)	2c Sponsor's telephone number (860) 953-9000						
32 Brixton St	32 Brixton St									
US West Hartford CT 06110- 3a Plan administrator's name and				01- 1-						
	address 🔝 Same as Plan Spon	ISOF		3D Adr	ministrator's	EIN				
				3c Adr	ministrator's I	elephone number				
4 If the name and/or EIN of the plan sponso	lan sponsor or the plan name has or's name, EIN, the plan name and	changed since the last	return/report filed for	4b EIN						
a Sponsor's name	to hame, Env, the plan hame and	i the plan number notin t	ne last return/report.	4d PN						
C Plan Name				ia / ii						
5a Total number of participants at t	the beginning of the plan year			5a		20				
<b>b</b> Total number of participants at t	the end of the plan year	*****		5b		18				
C Number of participants with acc complete this item)	count balances as of the end of the	e plan year (only defined	l contribution plans	5c		15				
d(1) Total number of active particip			ſ	5d(1)		17				
d(2) Total number of active particip				5d(2)		15				
	minated employment during the pla			5e		0				
Caution: A penalty for the late or	incomplete filing of this return/r	report will be assessed	d unless reasonable caus	e is esta	blished.					
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true porrect, and complete	signed by an enrolled actuary, as	ons, I declare that I have well as the electronic ve	e examined this return/report, ersion of this return/report,	ort, includ and to the	ing, if applica e best of my	able, a Schedule knowledge and				
SIGN MARCH	Mery	9/16/19	Michael F. Laver	Y						
HERE Signature of plan adminis	strator	Date	Enter name of individual	signing a	s plan admin	istrator				
SIGN AND THE	uem	9/16/19	Michael F. Laver							
HERE Signature of employer/pla	an sponsor	Date	Enter name of individual	signing a	s employer o	r plan sponsor				

SIGN HERE Signature of employer plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Enter name of individual signing as employer or plan sponsor

i

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

.....

b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	-						🕱 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins	tead i	use F	orm 5	500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pi	rogram (see ERISA sectio	n 402	1)?		Yes [	No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year					(See instructions.)
Ρ	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	r		(b)	End of Year
а	Total plan assets	7a	1,0	37,3	61			1,021,119
b	Total plan liabilities	7b			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1,0	37,3	61			1,021,119
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		30,5	49			
	(2) Participants	8a(2)		38,2	77			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	(8)	5,06	8)		n an an an Anna Anna An Anna	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			25.1	ŝ.		(16,242)
d	Benefits paid (including direct rollovers and insurance premiums	04						
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d						
e	· · · · ·	8e					<u>d se se se se</u> Na je se je se s	Aliteration (Composition) Aliteration (Composition)
_f	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g		·				
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(16.040)
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i	and the second					(16,242)
	Transfers to (from) the plan (see instructions)	8j						
	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2T 3D	ature cod	es from the List of Plan Cl	haract	eristio	c Code	es in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Ch	aracte	ristic	Codes	s in the inst	ructions:
Pa	art V Compliance Questions						·····	
<u>10</u>	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributi	ons withir	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fic	luciary Correction					
	Program)			10a	x	<u> </u>		99
t	<ul> <li>Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)</li> </ul>	•		10b		x		
C	Was the plan covered by a fidelity bond?			10c	х			50,000
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x		
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	the benefits under	10e	x			2,574
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.) х 10g 10,064 .....  ${f h}$  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) ..... 10h х 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

X Yes No

Form 5500-SF 2018

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Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500 and line 11a below)				<u> </u>	es 🗴	No	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a								
12	of 	ΠY	es 🗴	No				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru						g	
	granting the waiver	h	Da	у	_ Year			
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Т	<b>1</b>					
b	Enter the minimum required contribution for this plan year.	12b						
C	Enter the amount contributed by the employer to the plan for the 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 negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌	No [	N/A	4	
Par	t 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 brought control of the PBGC?			□ Y	es 🗴	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	the plan(s	) to					
1	3c(1) Name of plan(s):	N(s)		13c(	3) PN(s)	)		