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**

	ort identification information									
For calendar plan year 2018 c	or fiscal plan year beginning 01/01/2	2018	and e	nding 12/31/2	2018					
A This return/report is for:	X a single-employer plan		oloyer plan (not multionating employer inform		-					
	a one-participant plan	a foreign plan	•			,				
B This return/report is	the first return/report	the final return	n/report							
	an amended return/report	a short plan y	ear return/report (less	than 12 months)					
C Check box if filing under:	X Form 5558	automatic ex	ension	_ D	FVC program					
	special extension (enter desc	ription)								
Part II Basic Plan Ir	nformation—enter all requested in	formation								
1a Name of plan	•			1b	Three-digit					
•	ABSOLUTE AUCTIONS & REALTY, INC. DEFINED BENEFIT PENSION PLAN AND TRUST									
2a Plan sponsor's name (em	ployer, if for a single-employer plan)			2b	Employer Ident	ification Number				
	room, apt., suite no. and street, or P.0 rince, country, and ZIP or foreign pos		see instructions)		(EIN) 14-1	722898				
ABSOLUTE AUCTIONS & REA			,	2c	Sponsor's telep					
				2d		(see instructions)				
PO BOX 565 FISHKILL, NY 12524					5312	210				
TIOTIVIEL, IVI 12024										
3a Plan administrator's name and address										
				3c	3c Administrator's telephone number					
	the plan sponsor or the plan name h				4b EIN					
a Sponsor's name	sponsor's name, EIN, the plan name	and the plan numb	er from the last return		PN					
C Plan Name				""						
5a Total number of participa	nts at the beginning of the plan year.				a	6				
	nts at the end of the plan year				b	6				
	ith account balances as of the end of				ic					
d(1) Total number of active	participants at the beginning of the p	lan year			(1)	6				
• •	participants at the end of the plan ye				(2)	6				
than 100% vested	vho terminated employment during th				ie	0				
	te or incomplete filing of this retur									
	d other penalties set forth in the instru d and signed by an enrolled actuary, omplete.									
SIGN Filed with authoriz	zed/valid electronic signature.	09/19/201	9 SUSAN DO	OYLE						
HERE Signature of pla	n administrator	Date	Enter nam	e of individual si	dual signing as plan administrator					
SIGN										
HERE Signature of om	ployer/plan sponsor	Date	Enter nam	e of individual si	ridual signing as employer or plan spons					

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and mus	account t instea	ant (IC	PA) • Form	Yes ☐ No is 5500.			
C	If "Yes" is checked, enter the My PAA confirmation number from the		- :							
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year			
a	Total plan assets	7a		56000			341321			
	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	15	56000		341321				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	19	97395						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		12074						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					185321			
	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	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									
	Net income (loss) (subtract line 8h from line 8c)	8i					185321			
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	des 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 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?			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				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
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	ne require	d notice or one of the	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)		B 	X Yes	s No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
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 the letter ruling granting the waiver									
lf y	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	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 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) F	PN(s)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public

OMB No. 1210-0110

2018

Inspection

File as an attachment to Form FEOO or FEOO SE

			▶ File	e as an attachment to Form	1 5500 or :	5500-SF.			
Fo	r calendar p	olan year 2018 or fiscal pla	an year beginning	01/01/2018		and endin	g 12/3	31/2018	
•	Round off	famounts to nearest dol	lar.						
•	Caution: A	A penalty of \$1,000 will be	assessed for late filin	g of this report unless reaso	nable caus	se is establishe	d.		
	Name of pla					B Three-di	git		
4	ABSOLUTE	E AUCTIONS & REALTY,	INC. DEFINED BENE	FIT PENSION PLAN AND 1	RUST	plan num	ber (PN) •	002
C	Plan enone	or's name as shown on lir	ne 2a of Form 5500 or	5500-SE		D Employer	Identific:	ation Number (E	=INI)
	•	E AUCTIONS & REALTY,		0000 01		Linployer	14-172		-114)
		•					17-172	2000	
E -	Type of plan	n: X Single Multiple	-A Multiple-B	F Prior year pl	an size: X	100 or fewer	101-	500 More th	nan 500
	1								
_		Basic Information	Month 12	Day <u>31</u> Year <u>2</u>	∩18				_
<u>1</u>		e valuation date:	Month	Day <u>31</u> Year <u>2</u>	010				
2	Assets:	tvoluo					. 2a		143926
							2b		
2						Number of		sted Funding	(3) Total Funding
3	Funding	target/participant count br	eakdown		` '	ticipants	` '	Target	Target
	a For ret	tired participants and bene	eficiaries receiving pay	ment		0		0	0
	b For ter	rminated vested participar	ıts			0		0	0
	C For act	tive participants				6		141347	142058
	d Total.					6		141347	142058
4				e lines (a) and (b)					
	•		·	otions	L.		4a		
	_			garding transition rule for pla					
			•	d disregarding loading factor			4b		
5	Effective	interest rate					5		5.60 %
6	Target n	ormal cost					6		191810
	-	Enrolled Actuary							
	accordance wi	th applicable law and regulations.	In my opinion, each other ass	companying schedules, statements a sumption is reasonable (taking into ac					
		offer my best estimate of anticipate	d experience under the plan.						
	SIGN								
ŀ	HERE							09/18/201	9
			Signature of actuary					Date	
ED STEINMETZ						<u> </u>		17-04803	
		,,	or print name of actua	ry			Most r	ecent enrollme	
E	D STEINM	ETZ						845-425-85	
1	HILLTOP	LANE	Firm name			le	elephone	number (includ	ing area code)
	MONSEY, N								
						_			
			Address of the firm						
f the	actuary ha	as not fully reflected any re	egulation or ruling pro	mulgated under the statute in	n completi	ng this schedule	e, check	the box and see	<u></u> е П
nstr	uctions	•	- •						ш

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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances						_	
							(a) C	arryover balance		(b) P	refundin	g balance	
7		•	•		able adjustments (line 13 fron			0				0	
8			•	-	nding requirement (line 35 fro			0				0	
9	Amount r	emaining	g (line 7 minus line	8)				0		0			
10	Interest of	n line 9	using prior year's	actual retu	rn of%			0				0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	a Present value of excess contributions (line 38a from prior year)										28597		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of										0		
				-	edule SB, using prior year's a							0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance							28597	
	d Portion	of (c) to	be added to prefu	unding bala	ance							0	
12	Other red	ductions i	n balances due to	elections	or deemed elections			0				0	
					line 10 + line 11d – line 12)			0				0	
Р	Part III Funding Percentages												
		•									14	101.31%	
)						15	101.31%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								current	16	80.00%			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ar by employer(s) and employ					1			
(1)	(a) Date MM-DD-Y	e (YY)	(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer(s		(c	c) Amount paid by employees		
	9/05/2019		. ,	197395	. ,	,		. , .	•				
						Totals ►	18(b)		197395	18(c)		0	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a v	aluation da	te after the	beginning of the y	ear:				
	a Contril	outions a	llocated toward ur	npaid minin	num required contributions fro	om prior yea	ars	1	9a			0	
	b Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date			<u>1</u>	9b			0	
	c Contrib	outions all	ocated toward min	imum requi	red contribution for current yea	r adjusted to	valuation d	ate 1	9с			190226	
20	-		tions and liquidity								,		
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes X No	
	b If line	20a is "Y	es," were required	quarterly	installments for the current ye	ear made in	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as a								
		(1) 1s	<u> </u>		Liquidity shortfall as of end (2) 2nd	of quarter of	• • •	/ear 3rd	1		(4) 4th		
		(1) 18			(2) 2nd		(3)	oru .			(T) 4 111		
						1			1				

	Part V Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Discount		ons oseu u	Determine	runung i	arget and Tai	get Norn	iai COSI				
21	a Segme		1st se	egment:	2nd	segment:		Brd segment:				
	a oogiii	one rates.		3.92%		5.52%		6.29 %		N/A, full yield curve used		
	b Applica	able month (er	nter code)						21b	4		
22	Weighted	l average retire	ement age						22	69		
23	Mortality	table(s) (see	instructions)	Prior regulation	n:	Prescribed - com	bined	Prescribed	d - separa	te Substitute		
	Current regulation: Rescribed - combined Prescribed - separate Substitute											
Pa	Part VI Miscellaneous Items											
	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required											
	attachment											
25	Has a me	ethod change l	been made for	the current plan	year? If "Yes	," see instructions	regarding re	quired attach	ment	Yes X No		
26	Is the pla	n required to p	orovide a Sched	dule of Active Pa	articipants? If	"Yes," see instruc	tions regardi	ng required a	ittachmen	tX Yes No		
27		•		ding rules, enter		de and see instruc	tions regard	ing	27			
Pa	art VII	Reconcilia	ation of Un _l	paid Minimu	m Require	d Contributio	ns For Pr	ior Years				
28	Unpaid m	ninimum requir	red contribution	s for all prior ye	ars				28	0		
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)							•	29	0		
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								30	0		
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Target no	ormal cost and	d excess assets	s (see instruction	ns):							
	a Target i	normal cost (li	ne 6)						31a	191810		
	b Excess	assets, if app	olicable, but not	greater than line	e 31a				31b	1868		
32	Amortiza	tion installmen	nts:				Outs	tanding Bala	nce	Installment		
	a Net sho	ortfall amortiza	ation installmen	t					0	0		
							•		0	0		
33	If a waive (Month _					e ruling letter gran waived amount			33			
34	Total fund	ding requireme	ent before refle	cting carryover/p	orefunding bala	ances (lines 31a -	31b + 32a +	· 32b - 33)	34	189942		
					Carryo	ver balance	Pre	funding balar	nce	Total balance		
35			se to offset fund	-		0			0	0		
36	Additiona	l cash require	ment (line 34 m	ninus line 35)					36	189942		
37				•		rrent year adjusted		•	37	190226		
38	Present v	alue of excess	s contributions	for current year	(see instructio	ns)						
-	a Total (e	excess, if any,	of line 37 over	line 36)	`				38a	284		
-				*		unding standard ca			38b	0		
39	Unpaid m	ninimum requir	red contribution	for current year	r (excess, if an	y, of line 36 over l	ine 37)		39	0		
40	Unpaid m	ninimum requir	red contribution	s for all years					40	0		
Pa	rt IX	Pension	Funding Re	lief Under P	ension Rel	lief Act of 201	0 (See In	structions	5)			
41	If an elect	tion was made	to use PRA 20	010 funding relie	of for this plan:							
	a Schedu	ıle elected								2 plus 7 years 15 years		
	b Eligible	plan year(s) f	for which the ele	ection in line 41a	a was made				<u></u>	08		

Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust 12/31/2018 14-1722898 / 002

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE ATTAINED Up to 10 to 15 to 25 to 30 to 20 to 35 to 40 & **AGE** 2 to 4 5 to 9 up Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69 Grand 70 & up Total Total

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust

EIN / PN: 14-1722898 / 002

Year: 2018

The actuarial assumptions and funding methods used to calculate the target Normal Cost and the Funding Target are as follows:

- Participants are assumed to elect, 100% of the time, the lump sum optional form of benefit.
- The table used is the one prescribed under IRC 417(e)(3) pursuant to IRS Treasury 1.430(d)-1(f)(4)(ii)(B). This mortality table is based upon a fixed blend of 50 percent of the static male combined mortality rates and 50 percent of the static female combined mortality rates.
- No assumption is made for withdrawal, mortality, or turnover. All participants are assumed to retire at Normal Retirement Age.
- Upon death, a participant becomes 100% vested.
- Compensation is not expected to increase.
- Assets are based on the fair market value

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**

	2018 or fiscal plan year beginning 01/01/20		and ending 12/3	11/2018					
1 of calcindar plan year 2					nin hay must attach a				
A This return/report is		list of participating e	plan (not multiemployer) (employer information in ac	•					
D -	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 reti	urn/report (less than 12 m	onths)					
C Check box if filing un	nder: X Form 5558			П рг. /o					
	N 1 01111 03300	automatic extension		DFVC progra	m				
Part II Basic PI	special extension (enter description		*						
	an Information—enter all requested in	tormation		46 -					
1a Name of plan Absolute Auctions & Real	lty, Inc. Defined Benefit Pension Plan and T	rust		1b Three-digit plan numb (PN) ▶	i				
				1c Effective d 01/01/201					
2a Plan sponsor's nam Mailing address (inc	2b Employer I (EIN) 14-1	dentification Number 722898							
Absolute Auctions & Real	or province, country, and ZIP or foreign post ty, Inc.	structions)		telephone number 914) 474-1232					
PO Box 565				2d Business of 531210	ode (see instructions)				
Fishkill. NY 12524									
	name and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN				
				3c Administrat	tor's telephone number				
this plan, enter the	EIN of the plan sponsor or the plan name ha plan sponsor's name, EIN, the plan name a			4b EIN					
a Sponsor's namec Plan Name				4d PN					
5a Total number of par	ticipants at the beginning of the plan year			5a	6				
	ticipants at the end of the plan year			5b	6				
C Number of participa	ints with account balances as of the end of	the plan year (only define	d contribution plans	5c					
d(1) Total number of a	active participants at the beginning of the pl	an year		5d(1)	6				
d(2) Total number of a	active participants at the end of the plan yea	ar		5d(2)	6				
	ants who terminated employment during the		-	5e	0				
than 100% vested	the late or incomplete filing of this return	/ron ort will be appears	d unland research to see						
Under penalties of perjur	y and other penalties set forth in the instruction pleted and signed by an enrolled actuary, a	tions. I declare that I hav	e examined this return/rep	ort, including, if a	applicable, a Schedule				
sign Susa	r a. Doule	Susan Doyle							
HERE	of plan administrator	Date	Enter name of individu	ıal signing as pla	n administrator				
SIGN				· · · · · · · · · · · · · · · · · · ·					
HERE Signature of	of employer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor				
	Act Natice age the Instructions for Form FEOD				F #500 OF (0010)				

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	Were all of the plan's assets during the plan year invested in eligib						X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes 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 ir	nsurance p	rogram (see ERISA se	ction 4	021)?	X	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this pl	an yea	r		4180160 . (See instructions.)
Dai	t III Financial Information						
	Plan Assets and Liabilities		(a) Beginning o	of Voor			(b) End of Year
	Total plan assets	. 7a	(a) Deginning (15600	10		341321
	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c		15600	10		341321
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
	Contributions received or receivable from:		(a) 7 anoan	•			(a) rotar
	(1) Employers	8a(1)		19739	5		
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		-1207	4		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					185321
	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	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					185321
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pla	an Char	acteris	stic Cod	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plar	n Chara	cterist	ic Code	es in the instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu	utions within	n the time period				
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-	•	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х	
С	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	
е	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		х			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i			
			L				

Form 5500-SF (2018)	Page 3-	1

Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule Sl	В	X Ye	es 🗌 No					
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	:	Ye	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 enter the date of the letter ruling granting the waiver. Month Day Year									
lf y	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	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 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)					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Pocution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust B Three-digit plan number (PN)	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	_{ig} 12/	31/2018						
A Name of plan Assolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust B	Round off amounts to nearest dollar.									
Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) 14-1722898	▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cau	se is establishe	d.							
Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) 14-1722898	A Name of plan	B Three-di	git		002					
Absolute Auctions & Realty, Inc. Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500	Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust	plan nun	nber (PN) •	002					
Absolute Auctions & Realty, Inc. E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assats:										
Absolute Auctions & Realty, Inc. E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assats:	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (F	:INI)					
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: 2	·	, ,	Identino	ation Number (L	-1111)					
Part Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018		111122000								
Part Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2018	E Type of plan: Single	E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500								
1 Enter the valuation date: Month 12 Day 31 Year 2018 2 Assets: a Market value			Ц -							
Assets: a Market value										
a Market value	_									
B Actuarial value 2b 143926 3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_ ,,,,,,,,,		2a		143926					
3 Funding target/participants count breakdown a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants c For a			_							
a For retired participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Number of		sted Funding						
b For terminated vested participants 0 0 0 0 0 0 0 C For active participants 6 141347 142058 d Total 6	• I diffallig talgot participant ocalit broaktown									
C For active participants d Total 6 141347 142058 d Total 142058 d Total 15 the plan is in at-risk status, check the box and complete lines (a) and (b) 26 a Funding target disregarding prescribed at-risk assumptions 37 a Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate 5 5 5.60 % 6 Target normal cost To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Ed Steinmetz Type or print name of actuary Ed Steinmetz Firm name 1 Hilltop Lane Monsev, NY 10952 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	For retired participants and beneficiaries receiving payment	0 0								
d Total	b For terminated vested participants	0		0	0					
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	C For active participants	6	6 141347 142							
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 5 5.60 % 6 Target normal cost. 6 191810 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN Firm pame Type or print name of actuary Firm name 1 Hilltop Lane Monsev. NY 10952 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	d Total	6	6 141347 14:							
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b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate	a Funding target disregarding prescribed at-risk assumptions	_	4a							
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SIGN	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the exp									
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Signature of actuary Ed Steinmetz Type or print name of actuary Most recent enrollment number (845) 425-8532 Firm name 1 Hilltop Lane Monsev. NY 10952 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	SIGN S Telmone	Q	/10/2	010						
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Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		l e	elephone	number (includ	ing area code)					
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Monsev. NY 10952	<u> </u>								
	Address of the firm									
	If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completi	ing this schedul	e, check	the box and see	e <u> </u>					

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alance	s							
	•						(a)	(a) Carryover balance				(b) Prefunding balance		
7		U	0 1 7		able adjustments (line 13 fro	•					0			
8		ortion elected for use to offset prior year's funding requirement (line 35 from prior ar)							0					
9	Amount r	emaining	(line 7 minus line	8)					0			0		
10	Interest of	n line 9 ເ	using prior year's	actual retur	n of0.00 %				0			0		
11	Prior yea	r's exces	s contributions to	be added t	o prefunding balance:									
	a Preser	it value of	f excess contribut	ions (line 3	8a from prior year)							28597		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of							0						
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return							0						
	C Total available at heginning of current plan year to add to profunding belance							28597						
	d Portion	n of (c) to	be added to prefu	unding bala	ınce							0		
12	Other red	ductions i	n balances due to	elections	or deemed elections				0		0			
13	Balance	at beginn	ing of current yea	r (line 9 + l	ine 10 + line 11d – line 12).				0			0		
Р	art III	Fund	ding Percenta	ages										
14	Funding	target atta	ainment percenta	ge							14	101.31 %		
15	Adjusted	funding t	arget attainment _l	percentage			15 101.31 c					101.31 %		
16						mining whether carryover/prefunding balances may be used to reduce current 80.00 %								
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding t	arget, enter sı	ich percentage			17	%		
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18			•		ar by employer(s) and empl									
(1)	a) Date) MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees		a) Date -DD-YYYY)					(c) Amount paid by employees		
	09-05-201	•		197395		(*****		employer(o)				-,		
									_					
						Totals	► 18(b)			0				
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:														
a Contributions allocated toward unpaid minimum required contributions from prior years														
	b Contributions made to avoid restrictions adjusted to valuation date								0					
	C Contrib	outions all	ocated toward min	imum requir	required contribution for current year adjusted to valuation date									
20	20 Quarterly contributions and liquidity shortfalls:													
	a Did the	e plan ha	ve a "funding sho	rtfall" for the	e prior year?							Yes X No		
	b If line 2	20a is "Ye	es," were required	l quarterly i	nstallments for the current	year mad	le in a timely n	nanner?				Yes No		
	C If line 2	20a is "Ye	es," see instructio	ns and com	plete the following table as	applicat	le:							
		(4) 4 :			Liquidity shortfall as of en	d of quar		•			(4)			
		(1) 1st			(2) 2nd		(3)	3rd			(4) 4th	1		

Р	art V	t V Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Discount	rate:											
	a Segme	ent rates:	1st segment: 3.92 %	2	nd segment: 5.52 %	3rc	d segment: 6.29 %		N/A, full yield curve used				
	b Applica	licable month (enter code)					21b	4					
22	Weighted	l average retir	ement age					22	69				
23	Mortality	table(s) (see	instructions) Prior reg	julation:	Prescribed - comb	ined	Prescribed	l - separat	e Substitute				
			Current :	regulation:	Prescribed - comb	ined	Prescribed	l - separat	e Substitute				
Pa	rt VI	Miscellane			_								
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment												
25	Has a me	ethod change l	been made for the currer	nt plan year? If "Y	es," see instructions r	egarding requ	uired attach	ment					
26	Is the pla	n required to p	provide a Schedule of Ac	ctive Participants?	If "Yes," see instruction	ons regarding	required a	ttachment					
27			alternative funding rules					27					
Pa	art VII		ation of Unpaid Mi										
28	Unpaid m	ninimum requir	red contributions for all p	rior years				28	0				
29			ontributions allocated to					29	0				
30	Remainir	ng amount of u	ınpaid minimum required	l contributions (line	e 28 minus line 29)			30	0				
Pa	rt VIII	Minimum	Required Contribu	ution For Curr	ent Year								
31	31 Target normal cost and excess assets (see instructions):												
	a Target	normal cost (li	ne 6)					31a	191810				
	b Excess	assets, if app	olicable, but not greater th	han line 31a				31b	1868				
32	Amortiza	zation installments: Outstanding Balance Installment						Installment					
		shortfall amortization installment							0				
			installment			•		0	0				
33			oproved for this plan year lay Year _					33					
34	Total fund	ding requireme	ent before reflecting carr	yover/prefunding b	palances (lines 31a - 3	31b + 32a + 32b - 33) 34			189942				
				Carr	yover balance	Prefu	nding balan	ice	Total balance				
35			se to offset funding		0			0	0				
36	Additiona	l cash require	ment (line 34 minus line	35)				36	189942				
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 37						190226						
38	Present v	alue of excess	s contributions for curren	nt year (see instruc	ctions)								
	a Total (e	excess, if any,	of line 37 over line 36)					38a	284				
			ne 38a attributable to use					38b	b 0				
39	Unpaid m	ninimum requir	red contribution for curre	nt year (excess, if	(excess, if any, of line 36 over line 37)								
40	Unpaid m	nimum required contributions for all years											
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)													
41	If an elec	tion was made	e to use PRA 2010 fundir	ng relief for this pla	in:								
	a Schedu	ıle elected							2 plus 7 years 15 years				
-	h Eligible	nlan vear(s) f	for which the election in I	ine 41a was made	1			200	ов Проор Прои Прои				

Plan Name: Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust

EIN / PN: 14-1722898 / 002

Year: 2018

Schedule SB, line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age is 69. The weighted average retirement age is the sum of each participant's weighted retirement age determined by multiplying each participant's retirement age by the ratio of the sum of their target cost and funding target cost to the sum of the total target cost and funding target cost.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Absolute Auctions & Realty, Inc. Defined Benefit Pension Plan and Trust

EIN / PN: 14-1722898 / 002

Year: 2018

This is a Defined Benefit Plan which provides a retirement benefit, in the form of a single life annuity, payable at Retirement Date, age 65 with 5 years of participation, equal to

- 1) More than 50% Owners- 14.62% of compensation for each year of participation limited to 6 years of participation.
- 2) Spouses of more than 50% Shareholders- 15% of compensation for each year of participation limited to 6 years of participation.
- 3) All other participants- ½ of 1% of compensation for each year of participation limited to 6 years of participation.

Compensation is defined as the average of the highest 3 consecutive years of earnings.

Participants are eligible after one, provided they have attained age 21. The entry date is the earlier of the January 1 or July 1 coincident or next following the satisfaction of the eligibility requirements. This plan excludes non-highly compensated employees hired prior to 1-1-2014 or after 3-31-2016.

In this plan benefits accrue on a unit credit basis.

A) Eligibility:

Summary of Changes (if any):

B) Benefit Formula:
C) Definition of Average Annual Compensation:
D) Retirement Age:
E) Normal Form of Benefit Payable Under the Plan:
F) Description of Significant Changes: