Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I		<u>t Identification Information</u>	l .						
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) employer information in a					
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m			
		special extension (enter desc	. ,						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name AMERICAN	•	ASSESSMENT CORPORATION 40	1(K) PROFIT SHARING I	PLAN	1b Three-digi plan numb (PN) ▶				
					1c Effective of	late of plan 03/01/1997			
		oyer, if for a single-employer plan)			2b Employer	Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	11-2958444			
		SSESSMENT CORPORATION	(ii 10101g.1, 000 ii 10	and delicite)		telephone number 31-586-2000			
						code (see instructions)			
188 LONG ISLAND AVENUE WYANDANCH, NY 11798-2928					562000				
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN			
					3c Administra	itor's telephone number			
						·			
4 If the	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
this p	lan, enter the plan spo	onsor's name, EIN, the plan name a							
a Spons C Plan N	sor's name				4d PN				
C Flair	vame								
5a Total	number of participants	s at the beginning of the plan year.			. 5a				
		s at the end of the plan year			5b				
	· · ·	account balances as of the end of		•	. 5c	20			
d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	40			
d(2) Total number of active participants at the end of the plan year					5d(2)	45			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0			
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca					
SB or Scho		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.							
SIGN		d/valid electronic signature.	09/20/2019	DAN HIRSCHBERGE	ER .				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ndividual signing as employer or plan sponsor				

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Part III Financial Information Financial Information	X Yes No		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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							b A
7 Plan Assets and Liabilities	Not determined (See instructions.)	Yes No		21)?	ection 40	ram (see ERISA s	nsurance p	d under the PBGC is	If the plan is a defined benefit plan, is it covered un	C II
a Total plan assets									t III Financial Information	Part
b Total plan liabilities	f Year	(b) End of \			of Year	(a) Beginning			Plan Assets and Liabilities	7 F
C Net plan assets (subtract line 7b from line 7a)	1052542	10			09710	11	7a		Total plan assets	a 1
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including followers). (3) Others (including followers). (4) Employers. (5) Other income (loss). (6) Other income (loss). (7) Employers. (8) Other income (loss). (8) Other expenses (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (10) Other income (loss) (subtract line 8h from line 8c). (11) Other income (loss). (12) Other expenses. (13) Other expenses. (14) Other income (loss). (15) Other expenses. (16) Other income (loss). (17) Other income (loss). (18) Other expenses.							7b		Total plan liabilities	b 1
a Contributions received or receivable from: (i) Employers	1052542	10			09710	11	7c		Net plan assets (subtract line 7b from line 7a)	C N
(2) Participants	tal	(b) Tota			t	(a) Amour		Year	Income, Expenses, and Transfers for this Plan Yea	8 I
(3) Others (including rollovers)							8a(1)			
b Other income (loss)					01134	1	8a(2)		(2) Participants	(
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							8a(3)		(3) Others (including rollovers)	(
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					37450	-	8b		Other income (loss)	b (
e 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 Total expenses (loss) (subtract line 8h from line 8c) 8l j Transfers to (from) the plan (see instructions) 8j 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 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3D 3H b Usual Compliance Questions 10 During the plan year: 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10a X c Was the plan covered by a fidelity bond? 10c X 77 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 10c	13684						8c	d 8b)	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b	C T
f Administrative service providers (salaries, fees, commissions)					70852		. 8d			
g Other expenses							8e	(see instructions)	Certain deemed and/or corrective distributions (see	e (
h Total expenses (add lines 8d, 8e, 8f, and 8g)							8f	, commissions)	Administrative service providers (salaries, fees, co	f A
i Net income (loss) (subtract line 8h from line 8c)							8g		Other expenses	g (
Part IV Plan Characteristics	70852						8h		Total expenses (add lines 8d, 8e, 8f, and 8g)	h⊺
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 3D 3H 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: 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)	-57168						8i	·)	Net income (loss) (subtract line 8h from line 8c)	i N
Second Part V Compliance Questions							8j		Transfers to (from) the plan (see instructions)	j⊓
Description During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Description During the plan year:									Part	
Part V Compliance Questions 10 During the plan year: 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)	uctions:	odes in the instruct	stic Co	acteris	an Char	from the List of P	feature co	e applicable pension		9a
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	ctions:	des in the instruction	tic Cod	cterist	n Chara	from the List of Pla	eature cod	applicable welfare f	If the plan provides welfare benefits, enter the app	b
10 During the plan year: 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)									V Compliance Questions	Part
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)	mount	Amo	No	Yes					During the plan year:	10
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond?			X		10a	ciary Correction	/oluntary F	uctions and DOL's \	described in 29 CFR 2510.3-102? (See instruction	а
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? 10e X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 11g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			X		10b	ude transactions	t? (Do not i	any party-in-interes	Were there any nonexempt transactions with any	b
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? 10e X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 11g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	70000			X	10c				Was the plan covered by a fidelity bond?	С
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.)			X			that was caused	fidelity bor	bursed by the plan's	Did the plan have a loss, whether or not reimburs by fraud or dishonesty?	d
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	9			X	10e	y an insurance benefits under	her persons	okers, agents, or ot on that provides son	Were any fees or commissions paid to any broke carrier, insurance service, or other organization the	е
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			X		10f		n?	en due under the pla	Has the plan failed to provide any benefit when d	f
	10792			Χ	10g					
2520.101 0.)			X		10h		·	·	2520.101-3.)	
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		•	•		i

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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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes 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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou 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?		Ye	s 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	rt 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	list of participating en	an (not multiemployer) nployer information in a				
_	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 retur	n/report (less than 12 r	months)			
C Check box if filing under:	X Form 5558	automatic extension		DFVC program			
	special extension (enter desc						
	formation—enter all requested in	nformation		1 41 p. 1			
1a Name of plan				1b Three-digit plan number			
American Environmen				(PN) ▶	001		
Corporation 401(k)	Profit Sharing Plan			1c Effective dat 03/01/1			
Mailing address (include ro	oom, apt., suite no. and street, or P.0			2b Employer Identification Number (EIN)11-2958444			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) American Environmental Assessment Corporation				2c Sponsor's telephone number (631) 586–2000			
				2d Business code (see instructions)			
188 Long Island Ave	enue						
Wyandanch			11798-2928	562000			
3a Plan administrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administrate	3b Administrator's EIN		
				3c Administrato	r's telephone number		
	the plan sponsor or the plan name h	•	· ·	4b EIN			
a Sponsor's name C Plan Name	oonsor's name, EIN, the plan name	and the plan number from t	he last return/report.	4d PN			
5a Total number of participant	ts at the beginning of the plan year.			5a	46		
	ts at the end of the plan year			5b	49		
c Number of participants with	h account balances as of the end of	f the plan year (only defined		5c	20		
d(1) Total number of active participants at the beginning of the plan year				5d(1)	40		
d(2) Total number of active p	participants at the end of the plan ye	ear		5d(2)	45		
	no terminated employment during th			5e	0		
Caution: A penalty for the late	e or incomplete filing of this retur	rn/report will be assessed	unless reasonable c				
	other penalties set forth in the instru and signed by an enrolled actuary, aplete.						
SIGN HERE	h	NHERE × 9/20/19	Dan Hirschber	rger			

Date

Date

Signature of plan administrator

SIGN HERE Enter name of individual signing as plan administrator

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Page	•
1 agc	_

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COLL	JJUU.	-0	1201	Ο.

	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	an indepe	ndent qualified public a	ccount	ant (IC	(PA			
	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 the	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes No Not determined		
Pai	t III Financial Information		g						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year		
a	Total plan assets	7a	1,	109,	710		1,052,542		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	109,	710		1,052,542		
88	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
а 	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		101,	134				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		-87 ,	450				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					13,684		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		70,	852				
<u>e</u>	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)	8h				70,852			
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-57,168		
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 2E 2F 2G 2J 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des 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 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary f	Fiduciary Correction	10a		X			
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		70,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	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.)	ner persor ne or all of	ns by an insurance the benefits under	10e	Х	-	9		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
g				10g	Х		10,792		
h 	2520.101-3.)	•••••		10h		Х			
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					

	Form 5500-SF (2018) Page 3 -					
Part	VI Pension Funding Compliance				ALL ASSAULT OF THE SECOND OF T	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)					Yes 🛛 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?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			f 	🗆	Yes 🛛 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	•	d enter t Day		of the lett Year	
If	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 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	s 🛛 I	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?				Yes	X No
С	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. (See instructions.)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)

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