Foi	rm 5500-SF	Short Form Annu	•	t of Small Emplo	IDIOVEE					
		This form is required to be file		4065 of the Employee Re	tirement	2018				
			(ERISA), and sections 60	057(b) and 6058(a) of the I		This Form is Open to				
Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 550						
Part I										
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2								
A This re	turn/report is for:	X a single-employer plan	list of participating e			-				
<b>R</b> This rot	urn/report is	a one-participant plan	a foreign plan							
		the first return/report								
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
MELUCCI, (	JELAURU, & SKLAR,L	LP., 401-K SALARY SAVINGS PI	LAN							
				Γ	1c Effec	•				
2a Plan s	nonsor's name (emplo	ver if for a single-employer plan)			2h Empl					
Mailin	g address (include rooi	m, apt., suite no. and street, or P.C			•	-				
-					2c Sponsor's telephone number 212-244-6222					
						ness code (see instructions)				
						541110				
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
					4b EIN					
•		nsor's name, EIN, the plan name a	and the plan number from		4d PN					
•					HC IN					
5a Total	number of participants	at the beginning of the plan year.			5a	4				
					5b	4				
					5c					
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	3				
d(2) Tot	tal number of active pa	rticipants at the end of the plan ye	ar		5d(2)	3				
					5e	0				
Caution: A	Designed product status         2013           Designed product Security Act of 974 (FRISA), and 6056 (of the Entropy Retirement Increase territor security Act of 974 (FRISA), and 6056 (of the Internation Revenue Codd (the Codd).         The Form is Open to Public Inspection           Image: Security Act of 974 (FRISA), and 6056 (of the Internation request territor security Act of 974 (FRISA), and 6056 (of the Internation Revenue Codd (the Codd).         The Form is Open to Public Inspection           Image: Security Act of 974 (FRISA), and sections 507 (to not 6056) (of the Internation received at plan versa 2016 (or the Internation on complexity and the Internation in accordance with the form instructions.)         Image: Security Act of 974 (FRISA), and the Internation received at plan versa 2016 (or the Internation on complexity plan in a the final returnivepont is a one-participant plan is foreign plan in a thermitic plan is a single employer plan in the final returnivepont is pocial advancesion (enter description)         Image: Security Act of 974 (FRISA), and the Internation is special advancesion (enter description)           att ILL         Basic Plan Information—enter all requested information is special advancesion (enter description)         Image: Security Act of 974 (FRISA), and the Internation is special advances (information - enter all requested information is pocial advances (information - enter all requested information)         Image: Security Biol (Security Biol (Securit									
Under pen SB or Sche	Income Security At a larger Method (1971) (ERISA), and sections 6057(b) and 053(a) of the Internal     Revenue Code (Ith Code).     Complete all entries in accordance with the Instructions to the Form 5300-SF.     This Porm I & Opplet all entries in accordance with the Instructions to the Form 5300-SF.     The Total Report (Learning 1) (101/2018 and endowed to the Form 5300-SF.     The Form I & Opplet all entries in accordance with the Instructions to the Form 5300-SF.     The Form I & Opplet all entries in accordance with the Instructions to the Form 5300-SF.     The Form I & Opplet all entries in accordance with the Instructions to the Form 5300-SF.     The Form I & Opplet all entries in accordance with the Instructions to the Form 5300-SF.     The Form I & Opplet all entries in accordance with the Instructions to the form 5300-SF.     The Form I & Opplet all entries in accordance with the Instructions in accordance with the Iom Instructions.     The Form I & Opplet all entries in accordance with the Instruction in accordance with the Iom Instructions.     The Instrumine of the Instrumi									
			09/23/2019	JEFFREY SKLAR						
		Ű			al signing ·	as plan administrator				
SIGN					a signing a	ao pian aominiotrator				
		5			al signing (	as amployer or plan sponsor				
For Paperw		e, see the Instructions for Form 550			a synny i	Form 5500-SF (2018)				

v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	Yes No
b	Are you claiming a waiver of the annual examination and report of a			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,	
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
C	If "Yes" is checked, enter the My PAA confirmation number from the			
		erboop		
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	46787	46799
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	46787	46799
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	<b>•</b> (1)		
	(1) Employers	8a(1)		
	(2) Participants	8a(2)		
<u> </u>	(3) Others (including rollovers)	8a(3)		
	Other income (loss)	8b	12	
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		12
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
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		
i	Net income (loss) (subtract line 8h from line 8c)	8i		12
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$	feature co	odes from the List of Plan Characteris	tic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Characteristic	c Codes in the instructions:
Pa	t 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		х	
С	Was the plan covered by a fidelity bond?	10c	X		40000
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	
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.).	10e		X	
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	
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 or rm 5500) and line 11a below)		edule S	В		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
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.)				🗆	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver.		l enter t _ Day		of the le Yea		ng
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				0
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	<u> </u>	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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	We con	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?	ght under the			Yes	X No	)
С	lf, d	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.)		to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	: <b>(3)</b> PN	(s)

Department of the Treasury	Short Form Annua	al Return/Repo Benefit Plan	rt of Small Empl	oyee	provinsion and a star of star as, do up a star of star as	OMB Nos 1210-01 1210-00	
hitornal Revoruse Service	This form is required to t	e filed under sections	104 and 4065 of the Emplo	yee		2018	
Depenment of Labor Employee Benafts Security Administration Pension Benaft Guaranty Corporation		Internal Revenue Code	(the Code)			1 is Open to Public Inspection	
	↓ Complete all entries in a dentification Information	ecordance with the in	structions to the Form 5	500-SF.	4//10,-100 /0 (104, pr.) 400 for an Anna prior Salation, pr. 1		
For calendar plan year 2018 or fisc		01/01/201	and the second	······································	101 10010	борон Аналиан такин т	
	$\mathbf{x}$ a single-employer plan	and and a second s	and a set of a second on second of an end of the second of a second of the second of t		/31/2018	ann hallan durch a barran an a	
A This return/report is for.	a one-participant plan	a multiple-amploy a list of participati	er plan (not multiemploye ing employer information i	r) (Filers cl i accordan	necking this b ice with the to	ox must attach orm instructions.)	
B This return/report is:	the first return/report	I the final return/rep	oeit				
l.	an amended return/report	]] a short plan year	returnsteport (less than 12	months)			
Check box if filing under:	x Form 5558	acconatic extensi	on	[]	DFVC progra	ລາວ	
	spacial extension (enter desci	1		L	or oc progr	an	
Part II Basic Plan Inform	mation enter ail requested					α, αλ. 4. απ. σ. 1. α. τ. σ. τ.	
a Name of plan	nacion in caler da regunsteu	RUDIUSH(OB	The first operation of the the start for the start of the formation of the start of	1 4h Th	wee-digit		
MELUCCI, CELAURO, &	SKLAR, LLP., 401-K SAL	ARY SAVINGS PLAT	4	pla	an number		
				and and some succession and	<u>N) Þ</u>	002	
				}	fective date o	ar pian	
a 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.C country, and ZIP or foreign post.	D Box) al code (if foreion, see	1551 (ctions)	2b En		ification Number 09789	
MELUCCI, CELAURO, & S			052 30409157	2c Sponsor's telephone number (312) 244-6222			
31 EAST 32ND STREET 4TH FLOOR 85 New YORK NY 10916					siness code ( 1110	(see instructions)	
Plan administrator's name and a	address X Same as Plan Spo	550ť	na na na na na na manga na	3b Adr	ministrator's t	EIN	
				3c Adr	ninistrator's t	elephone number	
If me name and/or EIN of the pla	an sponsor or the plan name has	s changed since the las	t ceturn/report filed for	4b EIN		e ber mit an strikter og hende særeter for æret æreter at se se	
	r's name. EIN, the plan name an	d the plan number from	the last return/report.		·····	- A 19- A 18 Y 18	
a Sponsor's name				Art ON			
				4d PN			
a Sponsor's name C Plan Name	Te beginning of the plan vesc					7	
<ul> <li>Sponsor's name</li> <li>Plan Name</li> <li>Total number of participants at th</li> </ul>	he beginning of the plan year			5a		3	
<ul> <li>Sponsor's name</li> <li>Plan Name</li> <li>Total number of participants at the Total number of participants at the Total number of participants with according to the part</li></ul>	he end of the plan year	e plan veat (only define	a contribution origin			3 3	
<ul> <li>Sponsor's name</li> <li>Plan Name</li> <li>Total number of participants at the Total number of participants at the Number of participants with according to the state of participants with according to the state of the s</li></ul>	he end of the plan year	e plan γear (only define	d contribution plans	5a 5b			
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<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>b Total number of participants at the Total number of participants at the Number of participants with accord complete this item)</li> <li>(1) Total number of active participants Number of participants who terminal</li> </ul>	he end of the plan year ount balances as of the end of to ants at the beginning of the plan	e plan year (only define year	d contribution plans	5a 5b 5c		· · · · · · · · · · · · · · · · · · ·	
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at the Total number of participants at the Number of participants with acconsistent of participants with terminal participants with ter</li></ul>	he end of the plan year Dunt balances as of the end of the ants at the beginning of the plan ants at the end of the plan year inated employment during the pl	e plan year (only define year an year with accrued be	d contribution plans contribution plans confits that were	5a 5b 5c 5d(1) 5d(2) 50	Nished	3	
<ul> <li>Sponsor's name</li> <li>Plan Name</li> <li>Total number of participants at the Total number of participants at the Number of participants with accord complete this item)</li> <li>Total number of active participants who terms less than 100% vested</li> <li>aution: A penalty for the late or in the penalties of participants and other proceeding of Schedule MB completed and site of Schedule MB complete and site of Schedule MB complete</li></ul>	he end of the plan year ount balances as of the end of the ants at the beginning of the plan ants at the end of the plan year inated employment during the pl icomplete filling of this return/r penalties set forth in the instructio igned by an enrolled actuary, as	e plan year (only define year an year with accrued be report will be assesse	d contribution plans chafits that were d unfoss reasonable cau	5a 5b 5c 5d(1) 5d(2) 50 86 is estal		3	
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<ul> <li>A Sponsor's name</li> <li>C Plan Name</li> <li>Total number of participants at the Total number of participants at the Number of participants with accord complete this item)</li> <li>(1) Total number of active participants who terms less than 100% vested</li> <li>(2) Total number of active participants who terms less than 100% vested</li> <li>aution: A penalty for the late or insider penalties of perjury and other participants at the structure of the s</li></ul>	he end of the plan year punt balances as of the end of the ants at the beginning of the plan ants at the end of the plan year inated employment during the pl icomplete filling of this return/r penalties set forth in the instruction igned by an enrolled actuary, as a	e plan year (only define year an year with accrued be oport will be assesse ons, I declare that I hav well as the electronic year	d contribution plans enofits that white d unless reasonable cau e examined this return/report ersion of this return/report	5a 5b 5c 5d(1) 5d(2) 50 50 is estal port, includi , and to the	ing, if applica best of my k	3 3 3 ble, a Schedule mowiedge and	
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>b Total number of participants at the Total number of participants at the Number of participants with accord complete this item)</li> <li>(1) Total number of active participants Number of participants who terminal</li> </ul>	he end of the plan year punt balances as of the end of the ants at the beginning of the plan ants at the end of the plan year inated employment during the pl icomplete filling of this return/r penalties set forth in the instruction igned by an enrolled actuary, as a	e plan year (only define year an year with accrued be report will be assesse	d contribution plans chafits that were d unfoss reasonable cau	5a 5b 5c 5d(1) 5d(2) 50 86 is estal cort, includi and to the signing as	ing, if applica best of my k	3 3 3 ble, a Schedule mowiedge and	

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes	No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	lo 🔲 Not dete	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instruction	ons.)
F			

P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning c	of Yea	ar		(	(b) End of Year
a	Total plan assets	7a		46,7	787			46,799
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c		46,7	787			46,799
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)				-		
	(3) Others (including rollovers)	8a(3)				_		· · · · · · · · · · · · · · · · · · ·
b	Other income (loss)	8b			12		The state	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					· · · · · · · · · · · · · · · · · · ·	10
d	Benefits paid (including direct rollovers and insurance premiums					-		12
	to provide benefits)	8d			***			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f					10.15	
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)	81						12
1	Transfers to (from) the plan (see instructions)	8j				. <sup>1</sup>		
Pa	rt IV Plan Characteristics							
	2E 2J If the plan provides welfare benefits, enter the applicable welfare feat	ture code	s from the List of Plan Ch	aract	eristic	: Code	is in the i	nstructions:
	rt V Compliance Questions				r	T	······································	
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributi							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)		-	100		x		
b				10a				
	reported on line 10a.)			10b		x		
C	Was the plan covered by a fidelity bond?			10c	х			40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?			10d		x		#** <u>**********************************</u>
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.)	or all of t	he benefits under	10e		x		
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 e	nd.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			tüh		x		
i	If 10h was answered "Yes." check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10i				

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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 com (Form 5500 and line 11a below)			e SB	Yes	X	No
_11a	a 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 ERISA?				Yes	X	No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver				of the lette Year	r rulir	ıg
lfy	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				
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					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A				
Par	VII Plan Terminations and Transfers of Assets		Lee	****			
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 u control of the PBGC?	nder th	e	Υ	es X	No	*****
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(	s) to				
1:	3c(1) Name of plan(s):         13	c(2) E	N(s)		13c(3) P	N(\$)	