Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to 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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
JOY CONSTRUCTION CORP. 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
JOY CONSTRUCTION CORP.

40 FULTON STREET, 21ST FLOOR
NEW YORK, NY 10038

2b Employer Identification Number (EIN) 13-3819494

2c Plan Sponsor's telephone number 212-766-9651

2d Business code (see instructions) 236110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2019	NISAN LOBEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN
5	Total number of participants at the beginning of the plan year	**5**	148
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	145
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	121
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	147
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	147
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	105
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2H 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
JOY CONSTRUCTION CORP. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOY CONSTRUCTION CORP.

D Employer Identification Number (EIN)
13-3819494

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3646501	86375	801779	24	01/16/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	9156

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HELLER PENSION ASSOCIATES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9156	TPA ADMINISTRATIVE FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
JOY CONSTRUCTION CORP. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOY CONSTRUCTION CORP.

D Employer Identification Number (EIN)
13-3819494

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK NEW YORK

13-3646501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	RECORDKEEPER	125	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
JOY CONSTRUCTION CORP. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOY CONSTRUCTION CORP.

D Employer Identification Number (EIN)
13-3819494

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK NEW YORK

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	779052

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
JOY CONSTRUCTION CORP. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOY CONSTRUCTION CORP.

D Employer Identification Number (EIN)
13-3819494

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		2084
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	291275	273329
(2) Participant contributions	1b(2)	51289	52498
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69802	86441
(2) U.S. Government securities	1c(2)	461783	464170
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	373541	326271
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	840198	906535
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		779052
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1570670	1103302
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3658558	3993682
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		2084
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		2084
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3658558	3991598

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	285103	
	(B) Participants	2a(1)(B)	475832	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		760935
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)	3924	
	(C) Corporate debt instruments	2b(1)(C)	21783	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25707
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	43428	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		43428
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-22003	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-22003

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-72415
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		735652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	340378	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		340378
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	19518	
(2) Contract administrator fees	2i(2)	5665	
(3) Investment advisory and management fees	2i(3)	37051	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		62234
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		402612
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		333040
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LUXENBURG & BRONFIN LLC **(2)** EIN: 47-5158085

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		49000
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
JOY CONSTRUCTION CORP. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOY CONSTRUCTION CORP.

D Employer Identification Number (EIN)
13-3819494

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3646501

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Joy Construction Corp. 401k Profit Sharing Plan and Trust

Financial Statements
December 31, 2018

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Independent Auditor's Report

To the Plan Administrator, Plan Trustees and Participants
Joy Construction Corp. 401k Profit Sharing Plan and Trust

Report on the Financial Statements

We have audited the accompanying financial statements of Joy Construction Corp. 401k Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

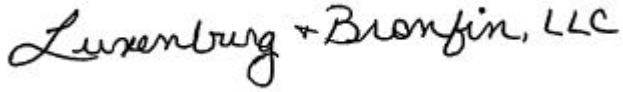
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Joy Construction Corp. 401k Profit Sharing Plan and Trust as of December 31, 2018 and 2017, and the changes in net assets available for benefits for the year ended December 31, 2018 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H Line 4i—Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2018, are presented for the purpose of additional analysis and is not a required part of the

financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The supplemental schedule of Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2018, that accompanies the Plan's financial statements does not disclose the historical cost of certain nonparticipant-directed plan assets held by the Plan trustee. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Baltimore, Maryland
October 3, 2019

Joy Construction Corp. 401k Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments at fair value		
Money market	$ 86,441	$ 69,802
Mutual funds	1,882,354	1,570,670
Common stocks	906,535	840,198
Fixed income securities	790,441	835,324
Total investments	3,665,771	3,315,994
Receivables:		
Employer contributions	273,329	291,275
Participant contributions	52,498	51,289
Total receivables	325,827	342,564
Net assets available for benefits	$ 3,991,598	$ 3,658,558

See Notes to Financial Statements

Joy Construction Corp. 401k Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions to net assets attributed to:		
Investment income:		
Net depreciation in fair value of investments	$	(94,418)
Interest income and dividends		69,135
Total investment loss		(25,283)
Contributions:		
Participants		475,832
Employer		285,103
Total contributions		760,935
Total additions		735,652
Deductions from net assets attributed to:		
Benefits paid to participants		340,378
Administrative expenses		62,234
Total deductions		402,612
Net increase		333,040
Net assets available for benefits,		
Beginning of year		3,658,558
End of year	$	3,991,598

See Notes to Financial Statements

Note 1 Plan Description

Description of Plan

The following description of the Joy Construction Corp. 401k Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan that was adopted on January 1, 2001 to provide retirement benefits for eligible employees of the Joy Construction Corporation (the Company) who worked 1,000 hours during 12 months of service and are 21 years of age or older. Entry date for the Plan is the January 1st or July 1st coincident with or next following the date upon which the eligibility requirements are met. The Plan was amended and restated effective June 5, 2017, for the inclusion of participant-directed contributions. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants have the right to elect to defer a portion of their compensation which will then be contributed on their behalf to the Plan. For 2018 and 2017, the maximum statutory limits for employee deferrals are $18,500 and $18,000, respectively. For 2018 and 2017, employees 50 years of age or older could defer a maximum of $24,500 and $24,000, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans, IRAs, 403(b) plans, and 457 plans. Participants who make salary deferral contributions to the plan are eligible to receive a Safe Harbor Matching Contribution equal to 100% of the contributed amount for the plan year up to 4% of Plan Compensation.

Participant Accounts

During 2018, the Plan has a new platform where contributions can be participant-directed or non-participant directed and each are credited with the participant's contributions and allocations of (a) the Company's contribution and (b) Plan earnings (losses) and charged with an allocation of administrative expenses if the employer elects not to pay them. Allocations are based on the value of participant account balances, as defined. In addition, an individual participant may be assessed fees directly associated with the administration of the participant's account when certain events are met. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, including the safe harbor contributions and rollover contributions plus actual earnings thereon.

Payment of Benefits

Upon termination of services due to retirement, disability or death, a participant with a vested account in excess of $5,000 may elect to receive a single lump-sum distribution of 100% of their vested account balance or a partial distribution of a portion of their vested account if permitted by the plan administrator. Participants with a vested account of $5,000 or less will be eligible to receive a distribution of their entire vested account balance or a rollover of their vested account balance to another IRA selected by the plan administrator if they do not consent to the distribution. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. The Plan permits distributions in the event of a hardship, as defined in the Plan. Participants at Normal Retirement Age (the later of 65 or the 5th anniversary of plan participation) may withdraw all or any part of their vested account.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or by the Employer as provided by the Plan document.

Note 2 Significant Accounting Policies

Basis of Accounting

The financial statements of the plan are prepared on the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investments

The Plan's investments are reported at fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments are recorded when paid.

Note 3 Fair Value Measurements

Accounting guidance provides for valuation techniques, such as the market approach (comparable market prices), the income approach (present value of future income or cash flow), and the cost

approach (cost to replace the service capacity of an asset or replacement cost). A fair value hierarchy using three broad levels prioritizes the inputs to valuation techniques used to measure fair value. The following is a brief description of those three levels:

- *Level 1* : Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;

- *Level 2* : Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active; or

- *Level 3* : Unobservable inputs that reflect the reporting entity's own assumptions.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018.

Money Market: Fair value equals cash value.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Fixed income securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2018 and 2017 (Level 1, 2, and 3 inputs are defined above):

	Assets at Fair Value as of December 31, 2018			
	Total	**Level 1**	**Level 2**	**Level 3**
Money Market Funds	$ 86,441	$ 86,441	$ -	$ -
Mutual Funds	1,882,354	1,882,354	-	-
Common Stocks	906,535	906,535	-	-
Fixed Income Securities	790,441	-	790,441	-
Total assets at fair value	**$ 3,665,771**	**$ 2,875,330**	**$ 790,441**	**$ -**

	Assets at Fair Value as of December 31, 2017			
	Total	**Level 1**	**Level 2**	**Level 3**
Money Market Funds	$ 69,802	$ 69,802	$ -	$ -
Mutual Funds	1,570,670	1,570,670	-	-
Common Stocks	840,198	840,198	-	-
Fixed Income Securities	835,324	-	835,324	-
Total assets at fair value	**$ 3,315,994**	**$ 2,480,670**	**$ 835,324**	**$ -**

Note 4 Non-Participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investment is as follows;

Net Assets	2018	2017
Cash	$ 86,441	$ 69,802
Mutual funds	1,103,302	1,570,670
Common stocks	906,535	840,198
Fixed income securities	790,441	835,324
	$ 2,886,719	$ 3,315,994

Changes in Net Assets	Year Ended Decemeber, 31, 2018
Contributions	$ 500,207
Interest income and dividends	69,135
Net depreciation in fair value of investments	(22,003)
Benefits paid to participants	(106,422)
Administrative expenses	(46,788)
Transfers to participant-directed investments	(823,404)
	$ (429,275)

Note 5 Tax Status

The Plan adopted a volume submitter plan sponsored by Heller Pension Associates Inc. The volume submitter plan has received an opinion letter dated March 31, 2014 from the Internal Revenue Service (IRS) as to the volume submitter plan's qualified status. The volume submitter plan opinion letter has been relied upon by this Plan. The Plan has been amended since the date of this opinion letter. The Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 6 Plan Termination

Although they have not expressed an intention to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 7 Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 8 Subsequent Events

The Plan Administrator has evaluated subsequent events through October 3, 2019, the date the financial statements were available to be issued and has determined there are no subsequent events to be reported in the accompanying financial statements.

Note 9 Delinquent Participant Contributions

Department of Labor (DOL) regulations require that participant contributions be remitted as soon as they can be segregated from the sponsor's assets. During 2018, the Plan's sponsor identified participant contributions of $49,000 that were not remitted to the Plan in accordance with the regulations. Additionally, management performed a calculation of lost earnings and interest on late participants' contributions which totaled $859, which was contributed in 2019.

Supplemental Schedule

Joy Construction Corp. 401k Profit Sharing Plan and Trust

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN # 13-3819494
Plan No.002
December 31, 2018

Year	Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in the VFCP	
2018	$ 49,000	$ -	$ -	$ -	$ 49,000

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
	Money Market	Money Market	$ 86,441
	Ishares ETF	Common stocks	$454,881
	JP Morgan ETF	Common stocks	16,884
	Pimco ETF 1-5 Yr US Tips Index	Common stocks	112,155
	Pimco ETF Enhanced Short Maturity	Common stocks	38,240
	Vanguard Short Term ETF	Common stocks	284,375
		Total common stocks	$906,535
	Pepsico Inc SR Unsecured	Fixed income securities	$ 5,989
	Bank of New York Mellon SR Unsecured Callable	Fixed income securities	3,746
	US Bancorp Medium Term Notes Callable	Fixed income securities	1,497
	Pepsico Inc SR Unsecured	Fixed income securities	2,241
	Comerica Inc SR Unsecured Callable	Fixed income securities	8,960
	Walt Disney Company/The SR Unsecured	Fixed income securities	10,460
	Target Corp SR Unsecured Note	Fixed income securities	2,991
	US Bank NA Concinnati SR Unsecured Bank Note Callable	Fixed income securities	13,406
	United Technologies Corp SR Unsecured	Fixed income securities	1,482
	Costco Wholesale Corp SR Unsecured	Fixed income securities	4,453
	PNC Bank NA SR Unsecured Ser Bkntcallable	Fixed income securities	8,860
	Alabama Power Co SR Unsecured	Fixed income securities	7,503
	Energy Transfer Equity SR Unsecured	Fixed income securities	7,801
	Kentucky Utilities 1st Mortgage Callable	Fixed income securities	1,504
	Lockheed Martin Corp SR Unsecured Callable	Fixed income securities	3,709
	United Parcel Service SR Unsecured	Fixed income securities	6,050
Balance Carryforward to Next Page			$ 90,652

* A party-in-interest as defined by ERISA.
Column (d) is not included

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
Balance Carryforward from Previous Page			$ 90,652
	CNH Industrial Capitral L Company GTD	Fixed income securities	7,622
	Morgan Stanley SR Unsecured	Fixed income securities	3,927
	Florida Power Corp 1st Mortgage Callable	Fixed income securities	2,247
	AT&T Inc SR Unsecured	Fixed income securities	4,545
	United Technologies Corp SR Unsecured Callable	Fixed income securities	9,360
	Apple Inc FLTG RT SR Unsecured NT (037883CN8)	Fixed income securities	3,748
	Wells Fargo & Co FLTG RT SR Unsecured NT Callable	Fixed income securities	5,962
	Apple Inc FLTG RT SR Unsecured NT (037833CP3)	Fixed income securities	1,495
	US Bancorp Subordinated Medium Term Notes	Fixed income securities	4,439
	Suntrust Bank SR Unsecured	Fixed income securities	9,400
	United Parcel Service SR Unsecured (CUSIP 911312AQ9)	Fixed income securities	5,140
	Tesoro Logistics LP/Corp SR Unsecured Callable	Fixed income securities	7,651
	PNC Bank NA SR Subordinated (CUSIP 69349LAG3)	Fixed income securities	5,102
	Abbive Inc SR Unsecured Callable	Fixed income securities	2,217
	Metlife Inc SR Unsecured Multi Step UP CPN Bond (CUSIP 59156RBF4)	Fixed income securities	8,132
	Crown Castle Intl Corp SR Unsecured	Fixed income securities	3,894
	Boston Properties LP SR Unsecured Callable	Fixed income securities	11,271
	Host Hotels & Resorts LP SR Unsecured Callable (CUSIP 44107TAT3)	Fixed income securities	2,299
	Pepsico Inc SR Unsecured (CUSIP 713448CG1)	Fixed income securities	8,129
	General Motors Finl Co SR Unsecured	Fixed income securities	2,198
	Northern States PWR-Minn 1st Mortgage Callable	Fixed income securities	16,006
	Metlife Inc Multi STP UP CPN Bond SR Unsecured (CUSIP 59156RBB3)	Fixed income securities	2,317
	Georgia-Pacific Corp Senior nOtes (CUSIP 373298CF3)	Fixed income securities	1,801
	Citigroup Inc Fix/Float SR Unsecured Callable	Fixed income securities	4,518
Balance Carryforward to Next Page			$ 224,072

* A party-in-interest as defined by ERISA.
Column (d) is not included

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
Balance Carryforward from Previous Page			$ 224,072
	Mid-America Apartments L SR Notes	Fixed income securities	11,144
	Bank of America Internotes Medium Term Note (CUSIP 06051GFS3)	Fixed income securities	3,712
	Automatic Data Processing SR Unsecured Callable (CUSIP 053015AE3)	Fixed income securities	3,722
	Fidelity National Inform SR Unsecured	Fixed income securities	2,342
	National Rural Util Coop Medium Term Notes Callable	Fixed income securities	2,220
	Visa Inc SR Unsecured Callable	Fixed income securities	2,212
	Mcdonald's Corp SR Unsecured	Fixed income securities	2,207
	American Tower Corp SR Unsecured Callable	Fixed income securities	2,250
	Berkshire Hathaway Inc SR Unsecured Note Callable	Fixed income securities	3,637
	JPMorgan Chase & Co SR Unsecured Callable	Fixed income securities	2,079
	International Paper Co SR Unsecured	Fixed income securities	3,416
	Kaiser Foundation Hospit SR Unsecured Callable	Fixed income securities	2,165
	Dime Community Bancshrs Fix To FLT Subordinated Callable	Fixed income securities	11,536
	Walt Disney Company/The Medium Term Note (CUSIP 25468PDV5)	Fixed income securities	2,163
	WABTEC SR Unsecured Callable	Fixed income securities	14,078
	Burlington North Santa Debenture	Fixed income securities	2,744
	Oracle Corp SR Unsecured Note Callable	Fixed income securities	2,107
	Microsoft Corp SR Unsecured Note Callable	Fixed income securities	2,180
	CVS Health Corp SR Unsecured Callable	Fixed income securities	2,193
	Walmart Inc SR Unsecured Callable	Fixed income securities	2,246
	Advocate Health Corp SR Unsecured Callable	Fixed income securities	2,252
	George Washington Univer Unsecured Tabalbe Bond SER 2018 Callable	Fixed income securities	3,007
	US Treasury Notes CUSIP 912828MP2	Fixed income securities	19,714
	US Treasury FRN Notes Floating Rate CUSIP 9128283T5	Fixed income securities	3,749
Balance Carryforward to Next Page			$ 333,147

* A party-in-interest as defined by ERISA.
Column (d) is not included

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
Balance Carryforward from Previous Page			$ 333,147
	US Treasury Notes CUSIP 912828L99	Fixed income securities	8,817
	US Treasury Notes CUSIP 912828QN3	Fixed income securities	15,983
	US Treasury Notes CUSIP 912828T67	Fixed income securities	28,231
	US Treasury Notes CUSIP 912828J76	Fixed income securities	2,200
	US Treasury Notes CUSIP 9128282W9	Fixed income securities	23,481
	US Treasury Notes CUSIP 912828M80	Fixed income securities	11,784
	US Treasury Notes CUSIP 912828VB3	Fixed income securities	21,805
	US Treasury Bonds CUSIP 912810EQ7	Fixed income securities	11,326
	US Treasury Bonds CUSIP 912810FT0	Fixed income securities	12,029
	FNMA Pass Thru Pool AL5515	Fixed income securities	1,941
	FNMA Pass Thru Pool 890430	Fixed income securities	1,636
	FHLMC K071 A2 Mltfmly Strctrd Passthru	Fixed income securities	2,244
	FNMA Pass Thru Pool BM3523	Fixed income securities	1,822
	FNMA Pass Thru Pool BC4432	Fixed income securities	1,720
	FNMA Pass Thru Pool MA2652	Fixed income securities	2,984
	FNMA Pass Thru Pool BM3751	Fixed income securities	1,354
	FNMA Pass Thru Pool 889834	Fixed income securities	2,091
	FHLMC Gold Pass Thru Pool A95828	Fixed income securities	1,997
	FNMA Pass Thru Pool AH4428	Fixed income securities	2,460
	FHLMC Gold Pass Thru Pool G60682	Fixed income securities	2,914
	FHLMC Gold Pass Thru Pool G07806	Fixed income securities	5,314
	FNMA Pass Thru Pool 890603	Fixed income securities	2,565
	FNMA Pass Thru Pool AL5997	Fixed income securities	4,393
	FNMA Pass Thru Pool AB4051	Fixed income securities	2,257
Balance Carryforward to Next Page			$ 506,495

* A party-in-interest as defined by ERISA.
Column (d) is not included

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
Balance Carryforward from Previous Page			$ 506,495
	FNMA Pass Thru Pool AJ9332	Fixed income securities	5,105
	FHLMC Gold Pass Thru Pool G60805	Fixed income securities	1,691
	FNMA Pass Thru Pool AL7306	Fixed income securities	3,088
	FHLMC Gold Pass Thru Pool G61296	Fixed income securities	4,641
	FNMA Pass Thru Pool AS0910	Fixed income securities	2,138
	FNMA Pass Thru Pool AL4904	Fixed income securities	2,309
	FHLMC Gold Pass Thru Pool G07849	Fixed income securities	1,784
	FNMA Pass Thru Pool AL9243	Fixed income securities	1,563
	FNMA Pass Thru Pool AL6031	Fixed income securities	1,632
	FNMA Pass Thru Pool AL7014	Fixed income securities	2,195
	FNMA Pass Thru Pool AL7046	Fixed income securities	3,349
	FNMA Pass Thru Pool BC1155	Fixed income securities	1,157
	FNMA Pass Thru Pool BC0960	Fixed income securities	3,366
	FNMA Pass Thru Pool AS7568	Fixed income securities	1,281
	FNMA Pass Thru Pool BM1778	Fixed income securities	1,936
	FNMA Pass Thru Pool CA2166	Fixed income securities	2,295
	Centerpoint Enter Tran II Bonds	Fixed income securities	1,694
	Citibank Credit 14-A6 A6 Card Issuance Trust Callable Multiclass CMO	Fixed income securities	2,988
	Citibank 14-A5 A5 Credit Card Issuance TR Multiclass CMO Callable	Fixed income securities	4,479
	Discover Card 17-A2 A2 Execution Note Truest Multiclass CMO Callable	Fixed income securities	1,477
	Centerpoint 2012-1 A3 Energy Trans Bond Com Multiclass CMO	Fixed income securities	5,966
	New Jersey St Hsg & Mtg Fin Agy Mlti Fmly Rev Amt Ser B/E Amt	Fixed income securities	11,471
	Colorado St Bld Excellent Schs Today Ctf Partn Txbl Ser E Bab-Rev	Fixed income securities	11,303
	Cook Cnty Il S/D 104 Argo Summit Rfdg Txbl Ltd Ser A G/O Ltd Bam	Fixed income securities	15,142
Balance Carryforward to Next Page			$ 600,545

* A party-in-interest as defined by ERISA.
Column (d) is not included

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
Balance Carryforward from Previous Page			$ 600,545
	New York St Dorm Auth Revs Non St Supported Debt Txbl The New Sch	Fixed income securities	11,121
	Moon Area Sch Dist Pa Txbl Ser A G/O Ltd B/E Agm Txbl	Fixed income securities	11,226
	Temecula Ca Redev Agy Successor Agy Tax Alloc Rfdg Txbl Ser B Oid B/E	Fixed income securities	7,394
	New Jersey Econ Dev Auth Mtr Veh Srchrgs Rev Rfdg Txbl Sub Ser B B/E	Fixed income securities	11,339
	Vacaville Ca Redev Agy Successor Agy Tax Allo C Rfdg Txbl Sub Redev Pjs	Fixed income securities	7,294
	Capital TR Agy FL ST Lvng Rev Superior Rsdncs Proj 2018 A 2 B/E Txbl	Fixed income securities	11,374
	Hamden CT Txbl Bam Tcrs G/O Cus Txbl	Fixed income securities	11,775
	Carson CA Redev Agy Sccssr Agy Tax Allctn Txbl B/E Oid	Fixed income securities	11,122
	St Johns Cnty Fl Ida Retirement Fac Rev Txbl Bds Westminister Pines	Fixed income securities	7,292
	Ridgecrest CA Crops 2018 Pers Financing Project Rev B/E Bam Txbl	Fixed income securities	8,086
	Los Angeles Cnty Ca Redev Auth Tax Alloc Rfdg Txbl Cra/La Pj Oid	Fixed income securities	10,650
	Osceola Cnty Fl Tourist Dev Tax Rev Txbl Rida Conference Ctr Phase 2	Fixed income securities	10,893
	Pittsburgh Pa Urban Redev Auth Tax Increment Fin G Dist Rev Rfdg Txbl	Fixed income securities	7,528
	New Hampshire St Hsg Fin Auth Single Fmly Mtg Rev Txbl Acquisition B/E	Fixed income securities	11,226
	Palmdale Ca Elem S/D Spl Tax Rfdg Cmnty Facs Dist Ser B Rev B/E Agm Oid	Fixed income securities	10,999
	Omaha Ne Pub Facs Corp Lse Rev Txbl B/E Txbl	Fixed income securities	11,428
	New Jersey St Transn Tr Fd Auth Ser C Babs Txbl Issuer Susidy Rev B/E	Fixed income securities	4,073
	San Fransisco Ca City & Cnty Redev Agy Sccssr Agy Tax Tax Alloc Oid	Fixed income securities	7,385
	Mount Holly Twp NJ Txbl Redev GO Bds 2018 G/O Unltd B/E Txbl	Fixed income securities	7,878
	Los Angeles Ca Uni Sch Dist Taxable Bab Kry B/E Txbl G/O Unl Td	Fixed income securities	4,438
	California St Var Purp G/O Unl Td B/E Txbl	Fixed income securities	5,375
		Total fixed income securities	$ 790,441

* A party-in-interest as defined by ERISA.
Column (d) is not included

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
	Cohen & Steers Rlty Shares Inc	Mutual Funds	$ 139,336
	Metropolitan Funds West Low Duration BD-I	Mutual Funds	426,026
	Templeton Income TR Global BD FD Advisor CL	Mutual Funds	85,732
	Virtus Asset Trseix US Govt Secs Ultra Short BD FD CL I	Mutual Funds	452,208
	American Funds 2015 Target Date Retirement Fund	Mutual Funds	1,530
	American Funds 2020 Target Date Retirement Fund	Mutual Funds	122,069
	American Funds 2030 Target Date Retirement Fund	Mutual Funds	202,428
	American Funds 2035 Target Date Retirement Fund	Mutual Funds	52,514
	American Funds 2040 Target Date Retirement Fund	Mutual Funds	47,217
	American Funds 2045 Target Date Retirement Fund	Mutual Funds	173,927
	American Funds 2050 Target Date Retirement Fund	Mutual Funds	16,428
	American Funds 2060 Target Date Retirement Fund	Mutual Funds	27,321
	JH Managed Volatility Aggressive Portfolio	Mutual Funds	241
	Vanguard Balanced Index Fund	Mutual Funds	27,516
	Vanguard Total World Stock Index ETF	Mutual Funds	3,220
	Vanguard Growth Index Fund	Mutual Funds	23,297
	Vanguard Equity-Income Fund	Mutual Funds	23,495
	Columbia Contrarian Core Fund	Mutual Funds	158
	Blue Chip Growth Fund	Mutual Funds	476
	500 Index Fund	Mutual Funds	23,042
	Victory Sycamore Established Value Fund	Mutual Funds	77
	Vanguard Strategic Equity Fund	Mutual Funds	147
	Vanguard Energy Fund	Mutual Funds	2,308
	T. Rowe Price Science & Technology Fund	Mutual Funds	6,163
Balance Carryforward to Next Page			$ 1,856,876

* A party-in-interest as defined by ERISA.
Column (d) is not included

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
Balance Carryforward from Previous Page			$ 1,856,876
	Small Cap Index Fund	Mutual Funds	282
	Nuveen Small Cap Value Fund	Mutual Funds	4,449
	International Equity Index Fund	Mutual Funds	2,238
	Fidelity Real Estate Index Fund	Mutual Funds	6,414
	Carillon Eagle Mid Cap Growth Fund	Mutual Funds	6,224
	American Century Emerging Markets Fund	Mutual Funds	5,872
		Total mutual funds	1,882,354
		Total	$ 3,665,771

* A party-in-interest as defined by ERISA.
Column (d) is not included

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to 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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Joy Construction Corp. 401k Profit Sharing Plan and Trust

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Joy Construction Corp.

40 Fulton Street, 21st Floor

New York, NY 10038

2b Employer Identification Number (EIN)
13-3819494

2c Plan Sponsor's telephone number
(212) 766-9651

2d Business code (see instructions)
236110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	[signature]	10/3/19	Nisan Lobel
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	148
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	145
a(2) Total number of active participants at the end of the plan year	**6a(2)**	121
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	147
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	105
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2H 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
Joy Construction Corp. 401k Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Joy Construction Corp.

D Employer Identification Number (EIN)
13-3819494

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

John Hancock Life Insurance Company of New York

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3646501	86375	801779	24	01/16/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	9156

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Heller Pension Associates, Inc.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9156	TPA administrative fees	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan	**B** Three-digit plan number (PN) ▶	002
Joy Construction Corp. 401k Profit Sharing Plan and Trust		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
Joy Construction Corp.	13-3819494	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

John Hancock New York

13-3646501

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	Recordkeeper	125	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

2019-09-27T12:14:45.921-05:00

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
Joy Construction Corp. 401k Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
Joy Construction Corp.

D Employer Identification Number (EIN)
13-3819494

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: John Hancock New York

b Name of sponsor of entity listed in (a): John Hancock Life Insurance Company of New York

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501 000	P	779052

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
Joy Construction Corp. 401k Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Joy Construction Corp.

D Employer Identification Number (EIN)
13-3819494

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		2084
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	291275	273329
(2) Participant contributions	1b(2)	51289	52498
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69802	86441
(2) U.S. Government securities	1c(2)	461783	464170
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	373541	326271
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	840198	906535
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		779052
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1570670	1103302
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3658558	3993682
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		2084
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		2084
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3658558	3991598

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	285103	
	(B) Participants	2a(1)(B)	475832	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		760935
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)	3924	
	(C) Corporate debt instruments	2b(1)(C)	21783	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25707
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	43428	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		43428
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-22003	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-22003

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-72415
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		735652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	340378	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		340378
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	19518	
(2) Contract administrator fees	2i(2)	5665	
(3) Investment advisory and management fees	2i(3)	37051	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		62234
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		402612
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		333040
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: Luxenburg & Bronfin LLC **(2)** EIN: 47-5158085

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		49000
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
Joy Construction Corp. 401k Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Joy Construction Corp.

D Employer Identification Number (EIN)
13-3819494

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3646501

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Joy Construction Corp. 401k Profit Sharing Plan and Trust

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN # 13-3819494
Plan No.002
December 31, 2018

Year	Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in the VFCP	
2018	$ 49,000	$ -	$ -	$ -	$ 49,000

Joy Construction Corp. 401k Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 13-3819494
Plan No. 002
December 31, 2018

(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
	Money Market	Money Market	$ 86,441
	Ishares ETF	Common stocks	$454,881
	JP Morgan ETF	Common stocks	16,884
	Pimco ETF 1-5 Yr US Tips Index	Common stocks	112,155
	Pimco ETF Enhanced Short Maturity	Common stocks	38,240
	Vanguard Short Term ETF	Common stocks	284,375
		Total common stocks	$906,535
	Pepsico Inc SR Unsecured	Fixed income securities	$ 5,989
	Bank of New York Mellon SR Unsecured Callable	Fixed income securities	3,746
	US Bancorp Medium Term Notes Callable	Fixed income securities	1,497
	Pepsico Inc SR Unsecured	Fixed income securities	2,241
	Comerica Inc SR Unsecured Callable	Fixed income securities	8,960
	Walt Disney Company/The SR Unsecured	Fixed income securities	10,460
	Target Corp SR Unsecured Note	Fixed income securities	2,991
	US Bank NA Concinnati SR Unsecured Bank Note Callable	Fixed income securities	13,406
	United Technologies Corp SR Unsecured	Fixed income securities	1,482
	Costco Wholesale Corp SR Unsecured	Fixed income securities	4,453
	PNC Bank NA SR Unsecured Ser Bkntcallable	Fixed income securities	8,860
	Alabama Power Co SR Unsecured	Fixed income securities	7,503
	Energy Transfer Equity SR Unsecured	Fixed income securities	7,801
	Kentucky Utilities 1st Mortgage Callable	Fixed income securities	1,504
	Lockheed Martin Corp SR Unsecured Callable	Fixed income securities	3,709
	United Parcel Service SR Unsecured	Fixed income securities	6,050
Balance Carryforward to Next Page			$ 90,652

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(a)	(b) Identity Of Issuer, Borrower, Lessor, Or Similar Party	(c) Maturity Date, Rate Of Interest, Description	(e) Current Value
Balance Carryforward from Previous Page			$ 90,652
	CNH Industrial Capitral L Company GTD	Fixed income securities	7,622
	Morgan Stanley SR Unsecured	Fixed income securities	3,927
	Florida Power Corp 1st Mortgage Callable	Fixed income securities	2,247
	AT&T Inc SR Unsecured	Fixed income securities	4,545
	United Technologies Corp SR Unsecured Callable	Fixed income securities	9,360
	Apple Inc FLTG RT SR Unsecured NT (037883CN8)	Fixed income securities	3,748
	Wells Fargo & Co FLTG RT SR Unsecured NT Callable	Fixed income securities	5,962
	Apple Inc FLTG RT SR Unsecured NT (037833CP3)	Fixed income securities	1,495
	US Bancorp Subordinated Medium Term Notes	Fixed income securities	4,439
	Suntrust Bank SR Unsecured	Fixed income securities	9,400
	United Parcel Service SR Unsecured (CUSIP 911312AQ9)	Fixed income securities	5,140
	Tesoro Logistics LP/Corp SR Unsecured Callable	Fixed income securities	7,651
	PNC Bank NA SR Subordinated (CUSIP 69349LAG3)	Fixed income securities	5,102
	Abbive Inc SR Unsecured Callable	Fixed income securities	2,217
	Metlife Inc SR Unsecured Multi Step UP CPN Bond (CUSIP 59156RBF4)	Fixed income securities	8,132
	Crown Castle Intl Corp SR Unsecured	Fixed income securities	3,894
	Boston Properties LP SR Unsecured Callable	Fixed income securities	11,271
	Host Hotels & Resorts LP SR Unsecured Callable (CUSIP 44107TAT3)	Fixed income securities	2,299
	Pepsico Inc SR Unsecured (CUSIP 713448CG1)	Fixed income securities	8,129
	General Motors Finl Co SR Unsecured	Fixed income securities	2,198
	Northern States PWR-Minn 1st Mortgage Callable	Fixed income securities	16,006
	Metlife Inc Multi STP UP CPN Bond SR Unsecured (CUSIP 59156RBB3)	Fixed income securities	2,317
	Georgia-Pacific Corp Senior nOtes (CUSIP 373298CF3)	Fixed income securities	1,801
	Citigroup Inc Fix/Float SR Unsecured Callable	Fixed income securities	4,518
Balance Carryforward to Next Page			$ 224,072

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Balance Carryforward from Previous Page			$ 224,072
	Mid-America Apartments L SR Notes	Fixed income securities	11,144
	Bank of America Internotes Medium Term Note (CUSIP 06051GFS3)	Fixed income securities	3,712
	Automatic Data Processing SR Unsecured Callable (CUSIP 053015AE3)	Fixed income securities	3,722
	Fidelity National Inform SR Unsecured	Fixed income securities	2,342
	National Rural Util Coop Medium Term Notes Callable	Fixed income securities	2,220
	Visa Inc SR Unsecured Callable	Fixed income securities	2,212
	Mcdonald's Corp SR Unsecured	Fixed income securities	2,207
	American Tower Corp SR Unsecured Callable	Fixed income securities	2,250
	Berkshire Hathaway Inc SR Unsecured Note Callable	Fixed income securities	3,637
	JPMorgan Chase & Co SR Unsecured Callable	Fixed income securities	2,079
	International Paper Co SR Unsecured	Fixed income securities	3,416
	Kaiser Foundation Hospit SR Unsecured Callable	Fixed income securities	2,165
	Dime Community Bancshrs Fix To FLT Subordinated Callable	Fixed income securities	11,536
	Walt Disney Company/The Medium Term Note (CUSIP 25468PDV5)	Fixed income securities	2,163
	WABTEC SR Unsecured Callable	Fixed income securities	14,078
	Burlington North Santa Debenture	Fixed income securities	2,744
	Oracle Corp SR Unsecured Note Callable	Fixed income securities	2,107
	Microsoft Corp SR Unsecured Note Callable	Fixed income securities	2,180
	CVS Health Corp SR Unsecured Callable	Fixed income securities	2,193
	Walmart Inc SR Unsecured Callable	Fixed income securities	2,246
	Advocate Health Corp SR Unsecured Callable	Fixed income securities	2,252
	George Washington Univer Unsecured Tabalbe Bond SER 2018 Callable	Fixed income securities	3,007
	US Treasury Notes CUSIP 912828MP2	Fixed income securities	19,714
	US Treasury FRN Notes Floating Rate CUSIP 9128283T5	Fixed income securities	3,749
Balance Carryforward to Next Page			$ 333,147

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Balance Carryforward from Previous Page			$ 333,147
	US Treasury Notes CUSIP 912828L99	Fixed income securities	8,817
	US Treasury Notes CUSIP 912828QN3	Fixed income securities	15,983
	US Treasury Notes CUSIP 912828T67	Fixed income securities	28,231
	US Treasury Notes CUSIP 912828J76	Fixed income securities	2,200
	US Treasury Notes CUSIP 9128282W9	Fixed income securities	23,481
	US Treasury Notes CUSIP 912828M80	Fixed income securities	11,784
	US Treasury Notes CUSIP 912828VB3	Fixed income securities	21,805
	US Treasury Bonds CUSIP 912810EQ7	Fixed income securities	11,326
	US Treasury Bonds CUSIP 912810FT0	Fixed income securities	12,029
	FNMA Pass Thru Pool AL5515	Fixed income securities	1,941
	FNMA Pass Thru Pool 890430	Fixed income securities	1,636
	FHLMC K071 A2 Mltfmly Strctrd Passthru	Fixed income securities	2,244
	FNMA Pass Thru Pool BM3523	Fixed income securities	1,822
	FNMA Pass Thru Pool BC4432	Fixed income securities	1,720
	FNMA Pass Thru Pool MA2652	Fixed income securities	2,984
	FNMA Pass Thru Pool BM3751	Fixed income securities	1,354
	FNMA Pass Thru Pool 889834	Fixed income securities	2,091
	FHLMC Gold Pass Thru Pool A95828	Fixed income securities	1,997
	FNMA Pass Thru Pool AH4428	Fixed income securities	2,460
	FHLMC Gold Pass Thru Pool G60682	Fixed income securities	2,914
	FHLMC Gold Pass Thru Pool G07806	Fixed income securities	5,314
	FNMA Pass Thru Pool 890603	Fixed income securities	2,565
	FNMA Pass Thru Pool AL5997	Fixed income securities	4,393
	FNMA Pass Thru Pool AB4051	Fixed income securities	2,257
Balance Carryforward to Next Page			$ 506,495

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Balance Carryforward from Previous Page			$ 506,495
	FNMA Pass Thru Pool AJ9332	Fixed income securities	5,105
	FHLMC Gold Pass Thru Pool G60805	Fixed income securities	1,691
	FNMA Pass Thru Pool AL7306	Fixed income securities	3,088
	FHLMC Gold Pass Thru Pool G61296	Fixed income securities	4,641
	FNMA Pass Thru Pool AS0910	Fixed income securities	2,138
	FNMA Pass Thru Pool AL4904	Fixed income securities	2,309
	FHLMC Gold Pass Thru Pool G07849	Fixed income securities	1,784
	FNMA Pass Thru Pool AL9243	Fixed income securities	1,563
	FNMA Pass Thru Pool AL6031	Fixed income securities	1,632
	FNMA Pass Thru Pool AL7014	Fixed income securities	2,195
	FNMA Pass Thru Pool AL7046	Fixed income securities	3,349
	FNMA Pass Thru Pool BC1155	Fixed income securities	1,157
	FNMA Pass Thru Pool BC0960	Fixed income securities	3,366
	FNMA Pass Thru Pool AS7568	Fixed income securities	1,281
	FNMA Pass Thru Pool BM1778	Fixed income securities	1,936
	FNMA Pass Thru Pool CA2166	Fixed income securities	2,295
	Centerpoint Enter Tran II Bonds	Fixed income securities	1,694
	Citibank Credit 14-A6 A6 Card Issuance Trust Callable Multiclass CMO	Fixed income securities	2,988
	Citibank 14-A5 A5 Credit Card Issuance TR Multiclass CMO Callable	Fixed income securities	4,479
	Discover Card 17-A2 A2 Execution Note Truest Multiclass CMO Callable	Fixed income securities	1,477
	Centerpoint 2012-1 A3 Energy Trans Bond Com Multiclass CMO	Fixed income securities	5,966
	New Jersey St Hsg & Mtg Fin Agy Mlti Fmly Rev Amt Ser B/E Amt	Fixed income securities	11,471
	Colorado St Bld Excellent Schs Today Ctf Partn Txbl Ser E Bab-Rev	Fixed income securities	11,303
	Cook Cnty Il S/D 104 Argo Summit Rfdg Txbl Ltd Ser A G/O Ltd Bam	Fixed income securities	15,142
Balance Carryforward to Next Page			$ 600,545

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Balance Carryforward from Previous Page			$ 600,545
	New York St Dorm Auth Revs Non St Supported Debt Txbl The New Sch	Fixed income securities	11,121
	Moon Area Sch Dist Pa Txbl Ser A G/O Ltd B/E Agm Txbl	Fixed income securities	11,226
	Temecula Ca Redev Agy Successor Agy Tax Alloc Rfdg Txbl Ser B Oid B/E	Fixed income securities	7,394
	New Jersey Econ Dev Auth Mtr Veh Srchrgs Rev Rfdg Txbl Sub Ser B B/E	Fixed income securities	11,339
	Vacaville Ca Redev Agy Successor Agy Tax Allo C Rfdg Txbl Sub Redev Pjs	Fixed income securities	7,294
	Capital TR Agy FL ST Lvng Rev Superior Rsdncs Proj 2018 A 2 B/E Txbl	Fixed income securities	11,374
	Hamden CT Txbl Bam Tcrs G/O Cus Txbl	Fixed income securities	11,775
	Carson CA Redev Agy Sccssr Agy Tax Allctn Txbl B/E Oid	Fixed income securities	11,122
	St Johns Cnty Fl Ida Retirement Fac Rev Txbl Bds Westminister Pines	Fixed income securities	7,292
	Ridgecrest CA Crops 2018 Pers Financing Project Rev B/E Bam Txbl	Fixed income securities	8,086
	Los Angeles Cnty Ca Redev Auth Tax Alloc Rfdg Txbl Cra/La Pj Oid	Fixed income securities	10,650
	Osceola Cnty Fl Tourist Dev Tax Rev Txbl Rida Conference Ctr Phase 2	Fixed income securities	10,893
	Pittsburgh Pa Urban Redev Auth Tax Increment Fin G Dist Rev Rfdg Txbl	Fixed income securities	7,528
	New Hampshire St Hsg Fin Auth Single Fmly Mtg Rev Txbl Acquisition B/E	Fixed income securities	11,226
	Palmdale Ca Elem S/D Spl Tax Rfdg Cmnty Facs Dist Ser B Rev B/E Agm Oid	Fixed income securities	10,999
	Omaha Ne Pub Facs Corp Lse Rev Txbl B/E Txbl	Fixed income securities	11,428
	New Jersey St Transn Tr Fd Auth Ser C Babs Txbl Issuer Susidy Rev B/E	Fixed income securities	4,073
	San Fransisco Ca City & Cnty Redev Agy Sccssr Agy Tax Tax Alloc Oid	Fixed income securities	7,385
	Mount Holly Twp NJ Txbl Redev GO Bds 2018 G/O Unltd B/E Txbl	Fixed income securities	7,878
	Los Angeles Ca Uni Sch Dist Taxable Bab Kry B/E Txbl G/O Unl Td	Fixed income securities	4,438
	California St Var Purp G/O Unl Td B/E Txbl	Fixed income securities	5,375
		Total fixed income securities	$ 790,441

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	Cohen & Steers Rlty Shares Inc	Mutual Funds	$ 139,336
	Metropolitan Funds West Low Duration BD-I	Mutual Funds	426,026
	Templeton Income TR Global BD FD Advisor CL	Mutual Funds	85,732
	Virtus Asset Trseix US Govt Secs Ultra Short BD FD CL I	Mutual Funds	452,208
	American Funds 2015 Target Date Retirement Fund	Mutual Funds	1,530
	American Funds 2020 Target Date Retirement Fund	Mutual Funds	122,069
	American Funds 2030 Target Date Retirement Fund	Mutual Funds	202,428
	American Funds 2035 Target Date Retirement Fund	Mutual Funds	52,514
	American Funds 2040 Target Date Retirement Fund	Mutual Funds	47,217
	American Funds 2045 Target Date Retirement Fund	Mutual Funds	173,927
	American Funds 2050 Target Date Retirement Fund	Mutual Funds	16,428
	American Funds 2060 Target Date Retirement Fund	Mutual Funds	27,321
	JH Managed Volatility Aggressive Portfolio	Mutual Funds	241
	Vanguard Balanced Index Fund	Mutual Funds	27,516
	Vanguard Total World Stock Index ETF	Mutual Funds	3,220
	Vanguard Growth Index Fund	Mutual Funds	23,297
	Vanguard Equity-Income Fund	Mutual Funds	23,495
	Columbia Contrarian Core Fund	Mutual Funds	158
	Blue Chip Growth Fund	Mutual Funds	476
	500 Index Fund	Mutual Funds	23,042
	Victory Sycamore Established Value Fund	Mutual Funds	77
	Vanguard Strategic Equity Fund	Mutual Funds	147
	Vanguard Energy Fund	Mutual Funds	2,308
	T. Rowe Price Science & Technology Fund	Mutual Funds	6,163
Balance Carryforward to Next Page			$ 1,856,876

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Balance Carryforward from Previous Page			$ 1,856,876
	Small Cap Index Fund	Mutual Funds	282
	Nuveen Small Cap Value Fund	Mutual Funds	4,449
	International Equity Index Fund	Mutual Funds	2,238
	Fidelity Real Estate Index Fund	Mutual Funds	6,414
	Carillon Eagle Mid Cap Growth Fund	Mutual Funds	6,224
	American Century Emerging Markets Fund	Mutual Funds	5,872
		Total mutual funds	1,882,354
		Total	$ 3,665,771

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