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
MELTZER,LIPPE,GOLDSTEIN & BREITSTONE,LLP PROFIT SHARING PLAN (401(K))

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

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)
MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP

190 WILLIS AVE
MINEOLA, NY 11501

2b Employer Identification Number (EIN) 11-3581269

2c Plan Sponsor's telephone number 516-747-0300

2d Business code (see instructions) 541110

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.	10/11/2019	LEWIS S. MELTZER
	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**	161
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)**	161
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	111
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	54
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	165
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	165
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	165
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:

2E 2F 2G 2J 2K 2R 2T 3B 3D

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)	[ ] Insurance	**(1)**	[ ] 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)** [ ] 0 **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 C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider 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
MELTZER,LIPPE,GOLDSTEIN & BREITSTONE,LLP PROFIT SHARING PLAN (401(K))

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP

D Employer Identification Number (EIN)
11-3581269

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).. . . . . [X] 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

ABA RETIREMENT FUNDS
321 N. CALRK ST
16TH FL
CHICAGO, IL 60654

36-2550367

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

VOYA RETIREMENT INS & ANNUITY

71-0294708

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

MERCER TRUST COMPANY
1 INVESTORS WAY
NORWOOD, MA 02062

36-7630030

(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

(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

(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

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 ☐

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
MELTZER,LIPPE,GOLDSTEIN & BREITSTONE,LLP PROFIT SHARING PLAN (401(K))

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP

D Employer Identification Number (EIN)
11-3581269

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:	STABLE ASSET RETURN FUND		
b Name of sponsor of entity listed in (a):	MTC COLL. TRUST		
c EIN-PN 04-6691601-022	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2952322
a Name of MTIA, CCT, PSA, or 103-12 IE:	REAL ASSET RETURN FUND		
b Name of sponsor of entity listed in (a):	MTC COLLECT TRUST		
c EIN-PN 04-6691601-023	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	69414
a Name of MTIA, CCT, PSA, or 103-12 IE:	BOND INDEX FUND		
b Name of sponsor of entity listed in (a):	MTC COLL TRUST		
c EIN-PN 04-6691601-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	496437
a Name of MTIA, CCT, PSA, or 103-12 IE:	ALTERNATIVE ALPHA FUND		
b Name of sponsor of entity listed in (a):	MTC COLL TRUST		
c EIN-PN 04-6691601-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8967
a Name of MTIA, CCT, PSA, or 103-12 IE:	BOND CORE PLUS FUND		
b Name of sponsor of entity listed in (a):	MTC COLL TRUST		
c EIN-PN 04-6691601-020	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	930233
a Name of MTIA, CCT, PSA, or 103-12 IE:	CONSERVATIVE RISK FUND		
b Name of sponsor of entity listed in (a):	MTC COLL TRUST		
c EIN-PN 04-6691601-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	357828
a Name of MTIA, CCT, PSA, or 103-12 IE:	MODERATE RISK FUND		
b Name of sponsor of entity listed in (a):	MTC COLL TRUST		
c EIN-PN 04-6691601-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1452095

a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE RISK FUND		
b Name of sponsor of entity listed in (a): MTC COLL TRUST		
c EIN-PN 04-6691601-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 468479
a Name of MTIA, CCT, PSA, or 103-12 IE: LGE CAP INDEX EQUITY FUND		
b Name of sponsor of entity listed in (a): MTC COLL TRUST		
c EIN-PN 04-6691601-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 998042
a Name of MTIA, CCT, PSA, or 103-12 IE: LRGE CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): MTC COLL TRUST		
c EIN-PN 04-6691601-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1820910
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP INDEX EQUITY FUND		
b Name of sponsor of entity listed in (a): MTC COLL TRUST		
c EIN-PN 04-6691601-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1091042
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL-MID CAP INDEX EQUITY FUND		
b Name of sponsor of entity listed in (a): MTC COLL TR		
c EIN-PN 04-6691601-030	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1129097
a Name of MTIA, CCT, PSA, or 103-12 IE: 2035 RETIREMENT DATE FUND		
b Name of sponsor of entity listed in (a): MTC COLL TR		
c EIN-PN 04-6691601-026	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94264
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL MID CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): MTC COLL TR		
c EIN-PN 04-6691601-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1156896
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL ALL CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): MTC COLL TR		
c EIN-PN 04-6691601-017	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 601635
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL INDEX EQUITY FUND		
b Name of sponsor of entity listed in (a): MTC COLL TR		
c EIN-PN 04-6691601-018	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 385140
a Name of MTIA, CCT, PSA, or 103-12 IE: 2025 RETIREMENT DATE FUND		
b Name of sponsor of entity listed in (a): MTC COLL TR		
c EIN-PN 04-6691601-025	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 453033

a Name of MTIA, CCT, PSA, or 103-12 IE: 2045 RETIRMENT DATE FUND

b Name of sponsor of entity listed in (a): MTC COLL TR

c EIN-PN 04-6691601-027	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176187

a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME RETIREMENT DATE FUN

b Name of sponsor of entity listed in (a): MTC COLL TR

c EIN-PN 04-6691601-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265757

a Name of MTIA, CCT, PSA, or 103-12 IE: 2020 RETIREMENT DATE FUND

b Name of sponsor of entity listed in (a): MTC COLL TR

c EIN-PN 04-6691601-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 537325

a Name of MTIA, CCT, PSA, or 103-12 IE: 2030 RETIREMENT DATE FUND

b Name of sponsor of entity listed in (a): MTC COLL TR

c EIN-PN 04-6691601-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 670088

a Name of MTIA, CCT, PSA, or 103-12 IE: 2040 RETIREMENT DATE FUND

b Name of sponsor of entity listed in (a): MTC COLL TR

c EIN-PN 04-6691601-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225243

a Name of MTIA, CCT, PSA, or 103-12 IE: 2050 RETIREMENT DATE FUND

b Name of sponsor of entity listed in (a): MTC COLL TR

c EIN-PN 04-6691601-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136074

a Name of MTIA, CCT, PSA, or 103-12 IE: 2055 RETIREMENT DATE FUND

b Name of sponsor of entity listed in (a): MTC COLL TRUST

c EIN-PN 04-6691601-028	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29269

a Name of MTIA, CCT, PSA, or 103-12 IE: 2060 RETIREMENT DATE FUND

b Name of sponsor of entity listed in (a): MTC COLL TRUST

c EIN-PN 04-6691601-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4510

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
MELTZER,LIPPE,GOLDSTEIN & BREITSTONE,LLP PROFIT SHARING PLAN (401(K))

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP

D Employer Identification Number (EIN)
11-3581269

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	870452	898192
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	342583	449058
(9) Value of interest in common/collective trusts	1c(9)	16281236	16510287
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2553289	2258510

			(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	20047560	20116047
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20047560	20116047

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)	656884	
	(B) Participants	2a(1)(B)	998161	
	(C) Others (including rollovers)	2a(1)(C)	899380	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2554425
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)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	16776	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16776
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(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)		0
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1073870
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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		1497331
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1413698	
(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)		1413698
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		8515
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3751	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2880	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6631
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1428844
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		68487
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) ☐ 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 ☐ No

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

(1) Name: RSGNC&S CPAS, PLLC **(2)** EIN: 26-1525737

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	
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
MELTZER,LIPPE,GOLDSTEIN & BREITSTONE,LLP PROFIT SHARING PLAN (401(K))

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP

D Employer Identification Number (EIN)
11-3581269

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): 04-3114071

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):

MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP
PROFIT SHARING PLAN 401(K)

FINANCIAL STATEMENTS
DECEMBER 31, 2018

MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP
PROFIT SHARING PLAN 401(K)

TABLE OF CONTENTS

	Page
Independent Auditors' Report	1-2
Financial Statements Statement of Net Assets Available for Benefits, December 31, 2018 and 2017	3
Statement of Changes in Net Assets Available for Benefits, December 31, 2018	4
Notes to Financial Statements	5-11
Supplementary Schedules - Schedule of Assets, December 31, 2018	12

RGNC&S RAPHAEL GOLDBERG NIKPOUR COHEN SULLIVAN
CERTIFIED PUBLIC ACCOUNTANTS PLLC

Mark C. Goldberg, CPA
Mark Raphael, CPA
Floria Samii-Nikpour, CPA
Allan B. Cohen, CPA
Michael R. Sullivan, CPA

Anita C. Jacobsen, CPA

Founding Partner:
Melvin Goldberg, CPA

INDEPENDENT AUDITORS' REPORT

To: The Plan Administrator of the
Meltzer, Lippe, Goldstein & Breitstone, LLP Profit Sharing Plan 401(K)

Report on the Financial Statements

We were engaged to audit the financial statements of Meltzer, Lippe, Goldstein & Breitstone, LLP Profit Sharing Plan 401(K), 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, the related notes and the supplemental schedule to the financial statements.

Management's Responsibility of 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 conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mercer Trust Company, the trustee of the Plan, on behalf of Voya Institutional Plan Services, LLC, the record keeper of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules.

97 FROEHLICH FARM BLVD. WOODBURY, NEW YORK 11797 | TEL: 516.864.8600 | FAX: 516.496.9688 | WWW.RSGNCCPAS.COM

We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2018 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Raphael Goldberg Nikpour Cohen & Sullivan CPA's PLLC

Raphael Goldberg Nikpour Cohen & Sullivan
Certified Public Accountants PLLC

Woodbury, New York
October 8, 2019

MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP PROFIT SHARING PLAN 401(K)
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31, 2018	As of December 31, 2017
ASSETS		
Value of Interest in Common/Collective Trust (at fair value)	$ 16,510,287	$ 16,281,236
Participants Self-Directed Brokerage accounts (at fair value)	2,258,510	2,553,289
Receivables:		
Employer Contributions receivable	898,192	870,452
Participant loans receivable	449,058	342,583
TOTAL ASSETS	$ 20,116,047	$ 20,047,560
LIABILITIES		
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,116,047	$ 20,047,560

See accompanying notes to financial statements.

MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP PROFIT SHARING PLAN 401(K)
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2018

ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income:		
Net investment appreciation (depreciation) from Common/Collective trusts	$	(1,073,870)
Interest - Participant loans		16,776
Total Investment Income		(1,057,094)
Contributions from participants		998,161
Contributions - Other including rollovers		899,380
Contributions - Employer		656,884
Total Contributions		2,554,425
TOTAL ADDITIONS		1,497,331
DEDUCTIONS		
Deductions from Net Assets Attributed to:		
Benefits paid to participants		1,413,698
Certain deemed distributions of participant loans		8,515
Miscellaneous		2,880
Administrative expenses		3,751
TOTAL DEDUCTIONS		1,428,844
NET INCREASE		68,487
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		20,047,560
END OF YEAR	$	20,116,047

See accompanying notes to financial statements.

Note 1 – Description of Plan

The following description of the Meltzer, Lippe, Goldstein & Breitstone, LLP Sharing Plan 401(K) ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan administered by Meltzer, Lippe, Goldstein & Breitstone, LLP (the "Plan Sponsor") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan covers substantially all employees of Meltzer, Lippe, Goldstein & Breitstone, LLP. The Plan Sponsor serves as the Plan Administrator. Mercer Trust Company serves as the Plan's trustee and custodian. Voya Institutional Plan Services, LLC acts as the record keeper of the Plan.

Eligibility. Employees who are twenty-one or older may begin participating in the Plan with respect to 401(k) deferrals and matching contributions on the day following their hire date.

Contributions. The Plan Sponsor contributes 401(k) deferrals as elected by participants and may contribute a discretionary employer matching contribution (maximum compensation is limited to $275,000 for the current year). Contributions are made in accordance with and as required under the Internal Revenue Code and ERISA. Participants may also rollover distributions from other qualified retirement plans. Participants direct the investment of their fund balance into various diversified investment options offered by the Plan under the ABA Retirement Program.

Participant Accounts. Each participant account is credited with the participant's and Plan Sponsor's contributions, Plan earnings or losses from self-directed investments, and if applicable, administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting. Participants are immediately vested in their 401(k) contribution accounts. Participants begin vesting in their employer matching contribution accounts after two years of service (20% vesting) and receive an additional 20% vesting for each year thereafter. A participant is fully vested after six years of service, or, if earlier, normal retirement age.

Payment of Benefits. Upon termination of service due to death, disability or retirement, a participant may elect to have his vested account paid in either a lump sum or installments.

Investment Options. Participants direct the investment of their contributions into various investment options. The Plan offers a variety of investment options with various objectives and degrees of financial risk.

Participant Loans. Participants may borrow from their vested accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's vested balance and are payable through payroll withholdings. Participants are limited to a maximum of four loans outstanding.

Note 1 – Description of Plan (continued)

Participant Loans (continued).
Such loans bear interest at the available prevailing market financing rates which ranged from 5.25% - 5.5% and must be repaid to the Plan within a one to five-year period, unless the loan are to be used for the purchase of a residence, in which case the maximum repayment period may be longer than five years. The specific term and conditions of such loans are established by the Plan Administrator at loan issuance. Loans presently have maturity dates ranging from 2019 - 2046.

Forfeited accounts. At December 31, 2018 and 2017, forfeited non-vested accounts totaled $50,384 and $9,235, respectively. Forfeited non-vested accounts reduce employer contributions for all remaining participants in the subsequent year.

Note 2 – Summary of Significant Accounting Policies

Date of Management's Review
Subsequent events were evaluated through October 8, 2019, which is the date the financial statements and supplemental schedule were available to be issued and determined that there were no subsequent events requiring disclosure.

Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value as determined by the trustee, using market quotations and other available information. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value investments. Purchases and sales of securities are reported on a trade date basis. Interest income is recognized when earned.

FASB Accounting Standards Codification ("ASC") Number 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). See Note 4 for discussion of Fair Value Measurements.

Note 2 – Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)
Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Net appreciation or depreciation of investments is reported in the statement of changes in net assets available for benefits and consists of the realized gains or losses and the unrealized appreciation or depreciation of these investments.

Participant Loans
Participant loans are valued at cost, which approximate fair value. Participant loans receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2018 or 2017. If a participant ceases to make loan payments and the Plan Administrator deems the loan to be in default, the participant loan balance is reduced and a deemed distribution is recorded.

Payment of Benefits
Benefits are recorded when paid.

Operating Expenses
All expenses of maintaining the Plan are paid by the Plan's Sponsor.

Note 3 – Investments

Unaudited Information Certified by the Plan Trustee
The December 31, 2018 Statement of Net Assets Available for Benefits and the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year then ended and the supplemental Schedule of Assets and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the record keeper on behalf of the trustee of the Plan in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of $20,116,047 and $20,047,560 at December 31, 2018 and 2017, respectively, and related investment loss of $1,073,870 for the year ended December 31, 2018.

Note 3 – Investments (continued)

The following presents investments that represent 5% or more of the Plan's net assets:

The accounts are credited with interest earnings on the underlying principle balances and charged for participant withdrawals and administrative expenses. There are no reserves against the balance in the funds for credit risk or otherwise.

	2018	2017
Stable Asset Return Fund	$ 2,952,322	$ 2,882,196
Moderate Risk Fund	1,452,095	-
Large-Cap Equity Fund	1,820,910	2,332,234
All Cap Index Equity Fund	1,091,042	1,014,892
Small-Mid Cap Index Equity Fund	1,129,097	-
Small-Mid Cap Equity Fund	1,156,896	1,174,121
2030 Retirement Date Fund	-	1,186,875
	$ 9,602,362	$ 8,590,318

Note 4 – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 input are observable market data and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 2 inputs because they generally provide the most reliable evidence of fair value and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 2 Fair Value Measurements

Significant other observable inputs other than level 1 prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Note 4 – Fair Value Measurements (continued)

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017:

December 31, 2018

	Level 1	Level 2	Total Fair Value
Common/Collective Brokerage Trusts	$ 0	$16,510,287	$16,510,287
Participant Self-Managed Brokerage Accounts	2,258,510	0	2,258,510
Total	$2,258,510	$16,510,287	$18,768,797

December 31, 2017

	Level 1	Level 2	Total Fair Value
Common/Collective Brokerage Trusts	$ 0	$16,281,236	$16,281,236
Participant Self-Managed Brokerage Accounts	2,553,289	0	2,553,289
Total	$2,553,289	$16,281,236	$18,834,525

Note 5 - Related Party Transactions

All administrative expenses incurred in connection with the Plan are paid by the Sponsor. The Plan Sponsor does not seek reimbursement from the Plan for the payment of these expenses, including audit fees. Certain administrative functions are performed by officers and employees of the Plan Sponsor. No officer or employee receives compensation from the Plan for these services.

All common collective trust funds are managed by the trustee and custodian, Mercer Trust Company. Transactions with such funds qualify as exempt from the prohibited party-in - interest transaction rules of ERISA. Voya Institutional Plan Services LLC is the record-keeper of the Plan's activity.

The trustee and record keeper are reimbursed for costs incurred, and the trustee receives a management fee for providing investment services. These costs are deducted from the Plan's investment value, and are reflected in the net change in the fair value of investments on the statement of changes in net assets available for benefits.

Note 6 – Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to modify its matching contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 7 – Tax Status

The Internal Revenue Service ("IRS") previously determined and informed the Plan Sponsor by letter dated July 8, 2010, that the Plan and related trust continued to be qualified and tax exempt in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan was most recently amended and restated for compliance with the applicable provisions of the Pension Protection Act of 2006. The favorable IRS opinion letter that applies to this update is dated March 31, 2014. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan continues to be qualified and the related trust continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2018, there are no uncertain tax positions taken or expected to be takes that would require recognition of a liability (or asset) or disclosure in the financial statements.

Note 7 – Tax Status (continued)

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2016.

Note 8 – Risks and Uncertainties

The Plan offers many diversified investment alternatives to its participants through the Common Collective Trust in the Plan. 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 statement of net assets available for benefits.

MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP PROFIT SHARING PLAN 401(K)
SCHEDULE OF ASSETS
DECEMBER 31, 2018

EIN: 11-3581269
PN: 002

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	*(b)*	*(c)*	*(d)*	*(e)*
	Identity of issue, borrower, lessor, or similar party	***Description of investment, including maturity date, rate of interest, collateral, par, or maturity value***	***Cost (see Note below)***	***Current value***
*	ABA Mem./Mercer Coll. Trust	Stable Asset Return Fund		$ 2,952,322
*	ABA Mem./Mercer Coll. Trust	Real Asset Return Fund		69,414
*	ABA Mem./Mercer Coll. Trust	Bond Index Fund		496,437
*	ABA Mem./Mercer Coll. Trust	Alt Alpha Fund		8,967
*	ABA Mem./Mercer Coll. Trust	Bond Core Plus Fund		930,233
*	ABA Mem./Mercer Coll. Trust	Conservative Risk Fund		357,828
*	ABA Mem./Mercer Coll. Trust	Moderate Risk Fund		1,452,095
*	ABA Mem./Mercer Coll. Trust	Aggressive Risk Fund		468,479
*	ABA Mem./Mercer Coll. Trust	Large-Cap Index Equity Fund		998,042
*	ABA Mem./Mercer Coll. Trust	Large-Cap Equity Fund		1,820,910
*	ABA Mem./Mercer Coll. Trust	All Cap Index Equity Fund		1,091,042
*	ABA Mem./Mercer Coll. Trust	Small-Mid Cap Index Equity Fund		1,129,097
*	ABA Mem./Mercer Coll. Trust	Small-Mid Cap Equity Fund		1,156,896
*	ABA Mem./Mercer Coll. Trust	International All Cap Equity Fund		601,635
*	ABA Mem./Mercer Coll. Trust	International Index Equity Fund		385,140
*	ABA Mem./Mercer Coll. Trust	Income Retirement Date Fund		265,757
*	ABA Mem./Mercer Coll. Trust	2020 Retirement Date Fund		537,325
*	ABA Mem./Mercer Coll. Trust	2025 Retirement Date Fund		453,033
*	ABA Mem./Mercer Coll. Trust	2030 Retirement Date Fund		670,088
*	ABA Mem./Mercer Coll. Trust	2035 Retirement Date Fund		94,264
*	ABA Mem./Mercer Coll. Trust	2040 Retirement Date Fund		225,243
*	ABA Mem./Mercer Coll. Trust	2045 Retirement Date Fund		176,187
*	ABA Mem./Mercer Coll. Trust	2050 Retirement Date Fund		136,074
*	ABA Mem./Mercer Coll. Trust	2055 Retirement Date Fund		29,269
*	ABA Mem./Mercer Coll. Trust	2060 Retirement Date Fund		4,510
		Schedule H, line 1c(9)		16,510,287
*	ABA Mem./Mercer Coll. Trust	Participants Self-Directed Brokerage Accounts		$ 2,258,510
		Schedule H, line 1c(15)		$ 2,258,510
	Participant Loans	**4.25% - 5.50%**		$ 449,058
		Schedule H, line 1c(8)		$ 449,058

***** *Disclosure of cost of investments is not required if all participants can self-direct investments in their individual account plan.*

MELTZER, LIPPE, GOLDSTEIN & BREITSTONE, LLP PROFIT SHARING PLAN 401(K)
SCHEDULE OF ASSETS
DECEMBER 31, 2018

EIN: 11-3581269
PN: 002

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	*(b)*	*(c)*	*(d)*	*(e)*
	Identity of issue, borrower, lessor, or similar party	*Description of investment, including maturity date, rate of interest, collateral, par, or maturity value*	*Cost (see Note below)*	*Current value*
*	ABA Mem./Mercer Coll. Trust	Stable Asset Return Fund		$ 2,952,322
*	ABA Mem./Mercer Coll. Trust	Real Asset Return Fund		69,414
*	ABA Mem./Mercer Coll. Trust	Bond Index Fund		496,437
*	ABA Mem./Mercer Coll. Trust	Alt Alpha Fund		8,967
*	ABA Mem./Mercer Coll. Trust	Bond Core Plus Fund		930,233
*	ABA Mem./Mercer Coll. Trust	Conservative Risk Fund		357,828
*	ABA Mem./Mercer Coll. Trust	Moderate Risk Fund		1,452,095
*	ABA Mem./Mercer Coll. Trust	Aggressive Risk Fund		468,479
*	ABA Mem./Mercer Coll. Trust	Large-Cap Index Equity Fund		998,042
*	ABA Mem./Mercer Coll. Trust	Large-Cap Equity Fund		1,820,910
*	ABA Mem./Mercer Coll. Trust	All Cap Index Equity Fund		1,091,042
*	ABA Mem./Mercer Coll. Trust	Small-Mid Cap Index Equity Fund		1,129,097
*	ABA Mem./Mercer Coll. Trust	Small-Mid Cap Equity Fund		1,156,896
*	ABA Mem./Mercer Coll. Trust	International All Cap Equity Fund		601,635
*	ABA Mem./Mercer Coll. Trust	International Index Equity Fund		385,140
*	ABA Mem./Mercer Coll. Trust	Income Retirement Date Fund		265,757
*	ABA Mem./Mercer Coll. Trust	2020 Retirement Date Fund		537,325
*	ABA Mem./Mercer Coll. Trust	2025 Retirement Date Fund		453,033
*	ABA Mem./Mercer Coll. Trust	2030 Retirement Date Fund		670,088
*	ABA Mem./Mercer Coll. Trust	2035 Retirement Date Fund		94,264
*	ABA Mem./Mercer Coll. Trust	2040 Retirement Date Fund		225,243
*	ABA Mem./Mercer Coll. Trust	2045 Retirement Date Fund		176,187
*	ABA Mem./Mercer Coll. Trust	2050 Retirement Date Fund		136,074
*	ABA Mem./Mercer Coll. Trust	2055 Retirement Date Fund		29,269
*	ABA Mem./Mercer Coll. Trust	2060 Retirement Date Fund		4,510
		Schedule H, line 1c(9)		16,510,287
*	ABA Mem./Mercer Coll. Trust	Participants Self-Directed Brokerage Accounts		$ 2,258,510
		Schedule H, line 1c(15)		$ 2,258,510
	Participant Loans	**4.25% - 5.50%**		$ 449,058
		Schedule H, line 1c(8)		$ 449,058

* *Disclosure of cost of investments is not required if all participants can self-direct investments in their individual account plan.*