-	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2018		
Employee Be	epartment of Labor enefits Security Administration	de).	This Form is Open t Public Inspection					
Pension Be	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.			
Part I		Identification Information		and and an diam				
For calenda	ar plan year 2018 or fis	scal plan year beginning 01/01/2			2/31/2018	for a defective second of the share		
A This ret	turn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (employer information in ac		king this box must attach a tith the form instructions.)		
B This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/repor		antha)			
		an amended return/report		urn/report (less than 12 m	ontns)			
C Check I	box if filing under:	X Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter desc	,					
Part II		rmation—enter all requested in	formation		41 -			
1a Name	•				1b Three	e-digit number		
CRUITY & 3	SALAND P.C. PROFIT	SHARING PLAN			(PN)			
					()	tive date of plan		
						01/01/2011		
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 27-3869406		
	town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Spor	sor's telephone number 212-312-7129		
					2d Busir	ness code (see instructions)		
	TREET, 7TH FLOOR					541110		
NEW YORK,	NY 10007							
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN		
					30 Astro-1	nistrator's telephone number		
					JC Adm			
4 If the r	name and/or EIN of the	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN			
this pl	an, enter the plan spor	nsor's name, EIN, the plan name a						
a Spons C Plan N	or's name lame				4d PN			
5a Totalı	number of participants	at the beginning of the plan year.			5a	2		
-		at the end of the plan year			5b	2		
C Numb	er of participants with a	account balances as of the end of	the plan year (only define	ed contribution plans	5c	2		
•	,	rticipants at the beginning of the p			5d(1)	2		
		rticipants at the end of the plan ye			5d(2)	2		
e Numb	per of participants who	terminated employment during the	e plan year with accrued	benefits that were less	5e	0		
than Coutions	100% vested	or incomplete filing of this retur	n/roport will be accessed	d unloca reaconable ag				
Under pena SB or Sche	alties of perjury and oth edule MB completed ar	her penalties set forth in the instrund signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule		
	true, correct, and comp	blete. /valid electronic signature.	10/15/2019	ELIZABETH CROTTY				
SIGN HERE						as plan administrator		
SIGN	Signature of plan a	walid electronic signature.	Date 10/15/2019	Enter name of individe		as pian auministrator		
SIGN HERE		5						
For Paperwe	Signature of emplo	yer/plan sponsor e, see the Instructions for Form 550	Date	Enter name of individ	uai signing a	as employer or plan sponsor Form 5500-SF (2018)		

v.171027

6a b c								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	425049	473792				
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	425049	473792				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	80000					
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-27571					

	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)		-27571	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		52429
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	3686	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3686
i	Net income (loss) (subtract line 8h from line 8c)	8i		48743
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
f g h i	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8e 8f 8g 8h 8i	3686	

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2A 2E 2J 3D

	27	26	20	50	
h	10.11				

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

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Х	
С	Was the plan covered by a fidelity bond?		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d		х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ling
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PI	N(s)

B This return/report is: a creation part plan management of provide interment of the first return/report is a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DPVC program ParkUlf: Basic Plan Information — enter all requested information Ib Three-digit plan number (PVC program) ParkUlf: Basic Plan Information — enter all requested information Ib Three-digit plan number (PVC program) Check box if filing under: Form 5558 automatic extension DPVC program Check box if filing under: Form 5558 automatic extension DPVC program Check box if filing under: Form 5558 automatic extension DPVC program Check box if filing under: Form 5558 automatic extension DIVC program Check box if filing Address (miches room, set, state on province, country, and 2IP or forsign postal code (if foreign, see instructions) Ce the state or province, country, and 2IP or forsign postal code (if foreign, see instructions) 22 Sponsor's feathers and address [2] Same as Plan Sponsor 32 Plan administrator's name and address [2] Same as Plan Sponsor 3b Administrator's telephone number 44 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 name and the plan num										
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Encoder Deparation of Law Prediction Number This Form Is Security 74 (EFIGA), and SecUrity 074 (EFIGA), and		This form is required to b	and 4065 of the Employe	e -	2018					
Part I: Annual Report Identification Information 01/01/2018 and ending 22/31/2018 A This return/report is for: a single employer print a	Employee Benefits Security Administration	ent of Labor Security Administration Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Op								
For calendar plan year 2018 or fiscal plan year beginning 01/02/2018 and ending 12/31/2018 A This roturn/report is for: a single-employer plan a witchip-employer plan (not multimetoyer) (Her a clocking this box must attach a list of participabine print) the first neumineport is the first neumineport a non-participant single amployer hom a coordance with the form instructions.) B This return/report is: a one-participant single amployer hom a coordance with the form instructions.) a foreign plan C Check box if filing under: Form 558 automatic extension DFVC program Partill Basic Plan Information enter all requested information Ib Three-digit plan number / 001 To Effective S fame (employer, if for a single employer plan) months 001 A This rotury & Saland P.C. Proof for a single employer plan) DFVC program B The seturity & Saland P.C. Proof for a single employer plan) DFVC program A This rotury & Saland P.C. Proof foreign postal code (if foreign, see instructions) CR or town attee or province, country, and ZIP or foreign postal code (if foreign, see instructions) ZD Employer Mentification Number (221) 212-7129 Z Duane Streast, 7 th floor ZB Hern administrator's talephone number (221) 212-7129 Zd Duane Streast, 7 th floor UB Hern vorticipatis with aconoter the plan nees has changed since the las		Complete all entries in an	ccordance with the instr	uctions to the Form 550	0-SF.	inspection				
A This return/report is for: a an emptoyer plan a multiple employer plan (not multiemployer) (Filer checking this box must attach a file of participating employer information in accordance with the form instructions.) B This return/report is: a non-participant plan a foreign plan B This return/report is: a non-participant plan a dorb plan year return/report (less than 12 months) C Check box if filing under: Yearn 555 a utomatic extension DFVC program gescial extension (enter description) B This return/report (less than 12 months) Ib Three-digit frammeter (PN)= 10 EFFC/IM Basic Plan Information enter all requested information 10 Three-digit frammeter (PN)= 12 Plan sponsor's name (employer, if for a single-omployer plan) Maining Address (notube comp, and 2IP or foreign postal code (if foreign, see instructors) Crotty 4 & Salland P.C. 22 Duane Street, 7 th floox 23 Barne as Plan Sponsor 3b Administrator's telephone number (212) '12 -7129 32 Duane Street, 7 th floox 3c Administrator's telephone number (212) '12 -7129 3c Administrator's telephone number (212) '12 -7129 33 Plan administrator's name and address Same as Plan Sponsor 3b Administrator's telephone number (21) '12 -7129 34 Plan administrator's or the plan name has changed since the last return/report filed for this plan, nother the plan sponsor or the plan name has changed sin										
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B This return/report is: the first return/report the final return/report a shot plan year return/report (less than 12 months) C Check box if filing under: Form 5553 automatic extension DFVC program IPartiall Basic Plan Information enter all requested information ID Three-cligit plan number (PN) DOI IPartiall Basic Plan Information enter all requested information ID Three-cligit plan number (PN) DOI IPartiall Basic Plan Information enter all requested information ID Three-cligit plan number (PN) DOI IPartiall Basic Plan Information enter all requested information ID Employee facilitation Number (PN) DOI IPartially detained addition interview of the plan on and street, or P.O. Box) Corty or two, state or province, country, and 210° or foreign postal code (If foreign, see instructions) ID Employee facilitation Number (EIN) 27-3869406 IPar administrator's name and address El Bame as Plan Sponsor ID Administrator's EIN ID Administrator's EIN IPar seturities IPar Administrator's name and address El Bame as changed since the last return/report ID EIN IPar Name IPar Name ID Administrator's EIN ID EIN ID EIN IPar Name IPan name as of the plan name as	A This return/report is for:		a list of participating	plan (not multiemployer) employer information in a	(Filers che accordanc	ecking this box must attach e with the form instructions.)				
C Check box if filing under: Special extension (enter description) DFVC program PATIBLE Basic Plan Information	B This return/report is:	the first return/report	the final return/repor							
Partial Basic Plan Information		an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)					
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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. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 2 5a Total number of participants at the beginning of the plan year 5a 2 c Number of participants at the end of the plan year 5b 2 c Number of participants with account balances as of the end of the plan year 5d(1) 2 d(1) Total number of articipants at the edginning of the plan year 5d(2) 2 d(1) Total number of active participants at the edginning of the plan year 5d(2) 2 d(1) Total number of active participants at the edginning of the plan year 5d(2) 2 d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were 5d(2) 2 e Number of participants who terminated employment during the plan year with accrued benefits that were 5d 0 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 instructi	3a Plan administrator's name an	d address 🔀 Same as Plan Sp	onsor		3b Administrator's EIN					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 40 PN a Sponsor's name 4d PN c Plan Name 5a 2 5a Total number of participants at the beginning of the plan year 5a 2a c Number of participants at the end of the plan year 5a 2 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 2 d(1) Total number of active participants at the end of the plan year 5d(2) 2 d(2) Total number of active participants at the end of the plan year 5d(2) 2 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5d(2) 2 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Image: Parity of plan administrator </td <td></td> <td></td> <td></td> <td></td> <td>3c Adr</td> <td>ninistrator's telephone number</td>					3c Adr	ninistrator's telephone number				
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HERE Signature of plan administrator Date Date Date Date Date Date Date Date	SIGN 9200.074	Crotto	10hsha	Elizabeth Crotty						
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	and the second se		Jaking							

SIGN 991 JADAAS CA	1015119	Elizabeth Crotty					
HERE Signature of employer/plan sponsor	Date / / / /	Enter name of individual signing as employer or plan sponsor					
For Paperwork Reduction Act Notice see the instructions for Form 5500.SE							

or Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes	ΠNο
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes	ΠNο
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

C	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 year		(See instructions.)

P	artill Financial Information								
7	Plan Assets and Llabilities		(a) Beginning o	of Yea	ar	1		(b) End of \	/ear
а	Total plan assets	7a	4	25,0	049			<u>`</u>	473,792
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	4	25,()49		•		473,792
8	Income, Expenses, and Transfers for this Plan Year	510 A.M.	(a) Amoun					(b) Tota	and the second
а	Contributions received or receivable from: (1) Employers	8a(1)		80,0	000			1273 위험 2019 전 전	e do Canado Constantes da Canada
	(2) Participants	8a(2)				1	N S S ME	er is critici	
	(3) Others (including rollovers)								
b	Other income (loss)	8b	(2	7,57	/1)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	en la servici de la servici Recipitation de la servici de la servici	Sec. 188.		201 201		-1-4-192 (1-1-6) (52,429
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		an tarata	<u>ac / act of a</u>				
e	Certain deemed and/or corrective distributions (see instructions)	8e				10月		家創業業	
f	Administrative service providers (salaries, fees, commissions)	8f					in an	referation de recente Marcher Marcher	
g	Other expenses	8g		з, е	86	5			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				185 1		······	3,686
j	Net income (loss) (subtract line 8h from line 8c)	8i			See a				48,743
1	Transfers to (from) the plan (see instructions)	8j				2			
R	art IV Plan Characteristics	•							
	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea								•
	art V Compliance Questions								
<u>10</u>	During the plan year:				Yes	No	N/A	Am	ount
â	in the second seco								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	fuciary Correction						
	Program)			10a		x	· 가난주가? 		
۱ 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x			
C	Was the plan covered by a fidelity bond?	******	******	10c		x			

10	During the plan year:			No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		x		
b 	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
C	Was the plan covered by a fidelity bond?	10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Form 5500-SF 2018

Page 3 -

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2.6.5						_			
Part VI Pension Funding Compliance									
11 	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500 and line 11a below)	Schedul	e SB		′es 🕱] No			
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?	ction 302	2 of		es X] No			
а									
	granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b							
<u> </u>	Enter the amount contributed by the employer to the plan for the plan year	12c							
d									
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A						
Part VII Plan Terminations and Transfers of Assets									
_13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					***********			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC?		Yes X No						
C 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.)									
1:	13c(1) Name of plan(s): 13c(2) E			13c(3) PN(s	;)			