Form 5500	Annual Return/Report	t of Employee Benefit Plan		OMB Nos. 12	10-0110	
Department of the Treasury Internal Revenue Service	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).			2018		
Department of Labor Employee Benefits Security Administration						
Pension Benefit Guaranty Corporation			This Form is Open to Public Inspection			
	entification Information					
For calendar plan year 2018 or fisca	I plan year beginning 12/31/2018	and ending 12/30/20	019			
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accor			ns.)	
	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-bargain	ned plan, check here			•		
D Check box if filing under:	Form 5558	automatic extension	the	e DFVC program		
Γ	special extension (enter description)					
Part II Basic Plan Inform	ation—enter all requested information					
1a Name of plan GREHER LAW OFFICES, PC RET	IREMENT PLAN		1b	Three-digit plan number (PN) ▶	001	
			1c	Effective date of pla 12/31/2005	an	
City or town, state or province, o	, if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code ((if foreign, see instructions)	2b	Employer Identifica Number (EIN) 20-1950544	ition	
GREHER LAW OFFICES, PC			2c	Plan Sponsor's tele number 516-364-8414	ephone	
P.O. BOX 1013 SYOSSET, NY 11791	P.O. BOX 10 SYOSSET, I		2d	Business code (see instructions) 812990	e	

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.	02/09/2020	WARREN GREHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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	Form 5500 (2018) Page 2		
3a	Plan administrator's name and address X Same as Plan Sponsor	3b Ad	ministrator's EIN
			ministrator's telephone mber
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 EI	N
a c	Sponsor's name Plan Name	4d PN	l
5	Total number of participants at the beginning of the plan year	5	3
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).		· I
a(1) Total number of active participants at the beginning of the plan year	6a(1)	3
a(2) Total number of active participants at the end of the plan year	6a(2)	3
b	Retired or separated participants receiving benefits	6b	С
С	Other retired or separated participants entitled to future benefits	6c	C
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	C
f	Total. Add lines 6d and 6e	6f	3
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	3
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		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 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 fu	nding	arrangement (check all that apply)	9b F	lan ben	efit a	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)	Х	Trust	
	(4)		General assets of the sponsor	(4)		General assets of the sponsor	
10	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					General	Scł	nedules	
	(1)	X	R (Retirement Plan Information)	(1)		H (Financial Information)	
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	X	I (Financial Information – Small Plan)	
	(2)		Purchase Plan Actuarial Information) - signed by the plan	((3)		A (Insurance Information)	
			actuary	((4)		C (Service Provider Information)	
	(3)	П	SB (Single-Employer Defined Benefit Plan Actuarial	((5)		D (DFE/Participating Plan Information)	
			Information) - signed by the plan actuary	((6)		G (Financial Transaction Schedules)	

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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.)					
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.)	he				

Receipt Confirmation Code_____

Schebole i Financial finormation—Sinal Plan (Form 5500) Department of the Treasury Internal Revenue Service 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). 2018 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation File as an attachment to Form 5500. This Form is Open to Public Inspection For calendar plan year 2018 or fiscal plan year beginning 12/31/2018 and ending 12/30/2019 A Name of plan GREHER LAW OFFICES, PC RETIREMENT PLAN B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN)			Financial In	f	-4:	Cim all	Dian			OMB No. 1210-0110	
Description of the Tampy of				rorm	ation—	Small	Plan				
Interface Part of the server of		. ,	This schedule is required t	o he file	d under sect	tion 104 of t	the Emol	ovee	2018		
Image Number Num Number Num Number Number Number Number Number Numbe			Retirement Income Security	Act of 19	74 (ERISA)	RISA), and section 6058(a) of the					
Part I Small basis (a) (b) (c)						,					
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b Noncash contributions 2b c Other income 2c 22332 d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 22332 e Benefits paid (including direct rollovers) 2e 2e f Corrective distributions (see instructions) 2f 2g g Certain deemed distributions of participant loans (see instructions) 2g 2h i Other expenses 2i 0 i Other expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2i 0 j Total expenses (add lines 2h, 2f, 2g, 2h, and 2i) 2i 0 k Net income (loss) (subtract line 2j from line 2d) 2k 22332 l Transfers to (from) the plan (see instructions) 2i 0 s Specific Assets: If the plan held assets at any time during the plan sear in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan's interest in a comminged trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. 3a X b Employer real property 3b X 2k 2k 2		(2) Participants		2a(2)							
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g Certain deemed distributions of participant loans (see instructions)	e f										
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j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	:	,									
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c Real estate (other than employer real property)											
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f Loans (other than to participants) g Tangible personal property 3g X	d							Х			
g Tangible personal property	e	•									
	t	· · · · ,									
						3g		Х		Oshadula 1/Essue EEOO) oo to	

Paperwork lotice, see

Pa	art II Compliance Questions					
4	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? 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X		
C	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x		
е	Was the plan covered by a fidelity bond?	4e	X			100000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		x		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
Т	Has the plan failed to provide any benefit when due under the plan?	41		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 If "Yes," enter the amount of any plan assets that reverted to the employer this year	r?	🗌 Ye	s 🗙 No	<u></u>	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan transferred. (See instructions.)	(s), ide	entify the	e plan(s) to	which assets or liabilities	swere
	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.)?	

	SCH	IEDULE R	Retiren	nent Plan Informat	ion			O	MB No. 1210-0110)
	(Form 5500) Department of the Treasury Internal Revenue Service This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section								2018	
	Dep	al Revenue Service		ncome Security Act of 1974 (ER le Internal Revenue Code (the C		ection	on This Form is Open to Pub			
E		efits Security Administration efit Guaranty Corporation	► File a	as an attachment to Form 550	0.			111310	Inspection.	
		plan year 2018 or fiscal p	lan year beginning 12/3	1/2018	and endir	<u> </u>	2/30/2	2019		
	lame of pl EHER LAV	V OFFICES, PC RETIRE	MENT PLAN			plan n (PN)	0	er ▶	001	
		or's name as shown on li V OFFICES, PC	ne 2a of Form 5500		D	Employ 20-195			on Number (EIN	1)
P	Part I	Distributions								
All	reference	s to distributions relate	only to payments of benef	its during the plan year.				1		
1				or the forms of property specifie			1			0
2	Enter the		paid benefits on behalf of the	plan to participants or beneficia		the year (i	if mor	e than tv	vo, enter EINs o	of the two
	EIN(s):						_			
	Profit-sl	naring plans, ESOPs, ar	nd stock bonus plans, skip	line 3.				T		
3				re distributed in a single sum, d			3			0
Ρ	art II		tion (If the plan is not subje	ct to the minimum funding requi			2 of t	he Interr	al Revenue Co	de or
4	Is the pla		, ,	12(d)(2) or ERISA section 302(d)((2)?			Yes	No	× N/A
	If the pla	an is a defined benefit p	lan, go to line 8.							
5			g standard for a prior year is iter the date of the ruling lette		: Month _		Da	у	Year	
				edule MB and do not complete			nis sc	hedule.		
6				(include any prior year accumul		,	6a			0
		• /		or this plan year			6b			0
			from the amount in line 6a. I	Enter the result			6c			0
		ompleted line 6c, skip li	C ,				00			
7	•	•		the funding deadline?				Yes	No	X N/A
8	authority	providing automatic app	roval for the change or a clas	ar pursuant to a revenue proced s ruling letter, does the plan sp	onsor or pla	n		Yes	No	N/A
P	art III	Amendments								
9	year that	increased or decreased	plan, were any amendments the value of benefits? If yes,	check the appropriate	Increase	, Пı	Decre	ease	Both	□ No
P	art IV			cribed under section 409(a) or 4						
10				ale of unallocated securities use						No
11			-							No
	b If th	e ESOP has an outstand	ling exempt loan with the em	ployer as lender, is such loan pa	art of a "bac	k-to-back"	' loan	?	Yes	No
12	Does the	ESOP hold any stock th	at is not readily tradable on a	an established securities market	t?				Yes	No
For			e, see the Instructions for F						dule R (Form 5	500) 2018 v. 171027

Page **2 -** 1

Pa	art V Additional Information for Multiemployer Defined Benefit Pension Plans										
13		nter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lollars). See instructions. <i>Complete as many entries as needed to report all applicable employers.</i>									
	а	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									
	е	Contribution rate information (<i>If more than one rate applies, check this box</i> and see <i>instructions regarding required attachment. Otherwise,</i> <i>complete lines 13e(1) and 13e(2).)</i> (1) Contribution rate (in dollars and cents) (2) Rose unit measure: A Hourky Workly Unit of production Other (specify):									
		(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 (<i>If more than one rate applies, check this box</i> and see <i>instructions regarding required attachment. Otherwise,</i> <i>complete lines 13e(1) and 13e(2).)</i> (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	а	Name of contributing employer									
	b	EIN C Dollar amount contributed by employer									
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	е	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									
	<u>b</u>	EIN C Dollar amount contributed by employer									
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	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)									
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	b	EIN C Dollar amount contributed by employer									
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	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):									
	а	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									
	е	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):									

Schedule R (Form 5500) 2018

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 ma employer contribution during the current plan year to:	ake an					
	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.						
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it 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 and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	nstructions regarding supplemental					
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: b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years3-6 years6-9 years9-12 years12-15 years15-18 years18- C What duration measure was used to calculate line 19(b)? Effective durationMacaulay durationModified durationOther (specify):						