Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		Identification Information							
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/2			2/31/2017				
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a					
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/repor	t					
_		an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)				
C Check	Check box if filing under: Form 5558 automatic extension DFVC program								
		special extension (enter descri							
Part II		ormation—enter all requested info	ormation		41				
1a Name LAWRENCE	of plan E P. BIONDI CASH B <i>i</i>	ALANCE PLAN			1b Three-digit plan numbe				
			(PN) 1c Effective da	oto of plan					
						01/01/2010			
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta				lentification Number 13-3874497			
LAWRENCE		ponsor's telephone number 914-946-5093							
					2d Business co	ode (see instructions)			
	REET, SUITE 504 INS, NY 10601				Ę	541110			
3a Plan a	dministrator's name a	and address X Same as Plan Spon	sor.		3b Administrate	or's EIN			
					3c Administrate	or's telephone number			
4 If the	name and/or EIN of th	ne plan sponsor or the plan name ha	s changed since the las	t return/report filed for	4b EIN				
•		onsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d DN				
C Plan N	sor's name Name				4d PN				
5a Total	number of participants	s at the beginning of the plan year			. 5a	6			
b Total	number of participants	s at the end of the plan year			. 5b	6			
		account balances as of the end of t			5c				
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	4			
d(2) Tot	tal number of active pa	articipants at the end of the plan yea	r		. 5d(2)	4			
		o terminated employment during the			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable ca					
SB or Scho		ther penalties set forth in the instruction and signed by an enrolled actuary, a aplete.							
SIGN		d/valid electronic signature.	04/23/2018	LAWRENCE P. BION	IDI, ESQ.				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					administrator				

04/23/2018

Date

LAWRENCE P. BIONDI, ESQ.

Enter name of individual signing as employer or plan sponsor

Filed with authorized/valid electronic signature.

SIGN

HERE

Form 5500-SF 2017 Page **2**

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 									
С	If you answered "No" to either line 6a or line 6b, the plan cann lif the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	ot use Fo	rm 5500-SF and must rogram (see ERISA se	t instea ection 4	ad use 021)?	Form	5500. Yes X No	X Yes ☐ Not dete (See instruc		
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year		
а	Total plan assets	7a	174	44350				2147850		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	174	44350				2147850		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Γotal		
a	Contributions received or receivable from: (1) Employers	8a(1)	16	66467						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	25	54835						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						421302		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
	her expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)								
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						403500		
	Transfers to (from) the plan (see instructions)	8j		0						
	t IV Plan Characteristics	_								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	des in the insti	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ			3000	00	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?									
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ				
h	2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)		В	X	es No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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 letter ruling granting the waiver Day Year								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b									
C Enter the amount contributed by the employer to the plan for this plan year									
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	\Box	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	s X No)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to							
1	3c(1) Name of plan(s): 13c(2) EIN(s)	•	13c(3)	PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Fo	r calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and endin	g 12/3	31/2017	
•	Round off amounts to nearest dollar.					
	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable caus	e is establishe	d.		
	Name of plan		B Three-di	git		
	LAWRENCE P. BIONDI CASH BALANCE PLAN	Ļ	plan nun	nber (PN) •	002
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (F	EIN)
	LAWRENCE P. BIONDI			13-387	74497	
E ·	Type of plan: X Single Multiple-A Multiple-B F Prior year pl	lan size: X	100 or fewer	101-	500 More th	nan 500
F	Part I Basic Information					
1	Enter the valuation date: Month 12 Day 31 Year 2	017				
2	Assets:					
	a Market value			. 2a		1981384
	b Actuarial value			. 2b		1981384
3	Funding target/participant count breakdown	` '	umber of icipants		sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		2		7034	7034
	C For active participants		4		1501716	1501716
	d Total		6		1508750	1508750
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		•			
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla			4b		
_	at-risk status for fewer than five consecutive years and disregarding loading factor					0/
5	Effective interest rate			5		4.51 %
6 Sto	Target normal cost			6		176142
Sta	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a					
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	count the expe	rience of the plan a	nd reasona	able expectations) an	d such other assumptions, in
	SIGN					
	HERE				04/20/201	8
	Signature of actuary				Date	
Ν	MARK N. SADOFF				17-0305	5
	Type or print name of actuary			Most	recent enrollme	nt number
F	PROFESSIONAL PENSION PLANNERS, INC.		-		914-693-13	333
4	Firm name		Te	elephone	number (includ	ling area code)
S	053 SAW MILL RIVER ROAD SUITE 204					
Α	ARDSLEY, NY 10502					
	Address of the firm					
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in	n completin	g this schedul	e, check	the box and se	<u> </u>
	ructions	•	-			Ц

Page	2 -	ľ
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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
	•	_			_			(a) C	arryover balance		(b) F	refundir	ng balance
7		Ū	0 , ,		able adjustments (line 13 fr	•			()			381425
8			•	•	nding requirement (line 35 t				()			31378
9	Amount	remaining	g (line 7 minus line	8)					()			350047
10	Interest	on line 9	using prior year's	actual retu	rn of <u>6.52</u> %				()			22823
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:								
				`	38a from prior year)								0
					a over line 38b from prior year interest rate of 4.68								0
	` '		•	•	edule SB, using prior year's								0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding baland	е							0
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0
12	Other red	ductions i	n balances due to	elections	or deemed elections				()			0
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)				()			372870
Р	Part III Funding Percentages												
14													
15	15 Adjusted funding target attainment percentage									15	127.35%		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement												
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
	Part IV Contributions and Liquidity Shortfalls												
18					ar by employer(s) and emp						1 .		
(1)	(a) Date MM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees		(b) Amount paid by employer(s)				(c) Amount paid by employees		
0	4/17/2018	3		166467	0								
						 							
						Totals 1	>	18(b)		16646	7 18(c)		0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation	date	after the	beginning of the y	ear:			
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions	from prior y	ears/			19a			0
	b Contri	butions m	nade to avoid restr	ictions adj	usted to valuation date				······································	19b			0
	C Contril	outions all	ocated toward min	imum requi	ired contribution for current ye	ear adjusted	to va	aluation d	ate'	19c			161935
20			tions and liquidity										
	a Did th	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							X	Yes No
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year made	in a	timely ma	anner?				Yes X No
	C If line	20a is "Y	es," see instruction	ns and con	mplete the following table as								
		(1) 1s	•		Liquidity shortfall as of er (2) 2nd	d of quarte	r of t		year 3rd			(4) 4th	
		(1) 18	0		(2) 2nd 0			(3)	0			(+) 4 (f)	0
			-		•	i			-	_			

В	art V	Accumpti	one Head to Data	rmino	Funding Target and T	argot Normal	Cost						
21	Discount		ons osed to Dete	::::::::	runung ranget and r	arget Normai	CUSI						
	a Segme	Í	1st segment:		2nd segment:	3rd	segment:			Пыла	11	1.1	
			4.16%		5.72%		6.48 %			N/A, fu	ll yie	ld cur	ve used
	b Applica	able month (er	nter code)					211				0	
22	Weighted	l average retire		1				22				62	
23	Mortality	table(s) (see i	instructions) X	Pres	cribed - combined P	escribed - separa	ate	Sub	stitute				
Pa	art VI	Miscellane	ous Items										
24		•			arial assumptions for the currer							_	s X No
25	Has a me	ethod change b	been made for the curre	ent plan	year? If "Yes," see instruction	ns regarding requi	red attach	ment.			[Ye	s X No
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment												
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment												
Pa	art VII	Reconcilia	ation of Unpaid N	linimu	ım Required Contributi	ons For Prio	Years						
28	Unpaid m	ninimum requir	ed contributions for all	prior ye	ars			28					0
29												0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)											0	
Pa	Part VIII Minimum Required Contribution For Current Year												
31	Target n	ormal cost and	d excess assets (see in	structio	ns):								
	a Target	normal cost (lii	ne 6)					31	а			1	76142
	b Excess assets, if applicable, but not greater than line 31a												
32	Amortization installments: Outstanding Balance Installment												
	_)				0
							. 1	()				0
					r the date of the ruling letter gr) and the waived amount			33					
34	Total fund	ding requireme	ent before reflecting car	rryover/	prefunding balances (lines 31a	- 31b + 32a + 32	b - 33)	34					93194
					Carryover balance	Prefun	ding balan	ice		То	tal b	alanc	е
35			se to offset funding		0			0					0
36	Additiona	ıl cash require	ment (line 34 minus line	e 35)				36					93194
37					tribution for current year adjus			37				1	61935
38	Present v	alue of excess	s contributions for curre	ent year	(see instructions)								
	a Total (e	excess, if any,	of line 37 over line 36)					388	a				68741
	b Portion	included in lin	ne 38a attributable to us	se of pre	efunding and funding standard	carryover balanc	es	381					0
39	Unpaid m	ninimum requir	ed contribution for curr	ent yea	r (excess, if any, of line 36 over	r line 37)		39					0
								40					0
Pa	rt IX	Pension	Funding Relief U	nder F	Pension Relief Act of 20	110 (See Instr	uctions	5)					
41	If an elect	tion was made	to use PRA 2010 fund	ling relie	ef for this plan:								
	a Schedu	ıle elected							2	plus 7 yea	rs	1	5 years
	b Eligible	plan year(s) f	or which the election in	line 41	a was made			[2008	2009	20	010	2011
42	Amount o	f acceleration	adjustment					42					
43	Excess in	stallment acce	eleration amount to be	carried o	over to future plan years			43					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

For	calendar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/2017	-33		
	This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan the first return/report an amended return/report a short plan year return/report (less than 12 months)							
С	Check box if filing under:	Form 5558 special extension (enter description	automatic extension on)		DFVC pro	gram		
P	art II Basic Plan Info	ormation enter all requested info	mation					
***************************************	Name of plan	. Cash Balance Plan	···· cation		1b Three-digit plan number (PN) ▶ 1c Effective dat	002		
					01/01/20	•		
2a	Mailing Address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E nce, country, and ZIP or foreign postal c		structions)	2b Employer Ide (EIN) 13-	entification Number 3874497		
	2c Sponsor's te (914) 94 2d Business co							
	81 Main Street, Suite 504 541110							
3a	a Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN							
					3c Administrato	r's telephone number		
4		ne plan sponsor or the plan name has consor's name, EIN, the plan name and t			4b EIN			
	Sponsor's name Plan Name				4d PN			
5a		s at the beginning of the plan year			5a	6		
C	Number of participants with	s at the end of the plan yearaccount balances as of the end of the	plan year (only define	d contribution plans	5b 5c	6		
d(rticipants at the beginning of the plan ye		***************************************	5d(1)	4		
d(7	nticipants at the end of the plan year	***************************************	00000000000000000000000000000000000000	5d(2)	4		
е	1 11 40001 4 1	terminated employment during the plan	3	enerits that were	5e	0		
Ca	ution: A penalty for the late	or incomplete filing of this return/re	port will be assesse	d uniess reasonable ca	use is established.	<u></u>		
SB		other penalties set forth in the instruction and signed by an enrolled actuary, as w inplete.						
S	IGN		4-2318	Lawrence P. Bion	ndi, Esq.	2007		
	ERE Signature of plan aug	Maistrator	Date	Enter name of individua		ministrator		
	IGN		4-2318	Lawrence P. Bion	ndi, Esq.			
н	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							

Page	2

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (Se	ee instructions.)	********		********		XYes No
b	Are you claiming a waiver of the annual examination and report of a	•	' '		•			Wys The
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot							XYes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in							X No Not determin
	If "Yes" is checked, enter the My PAA confirmation number from the							
Pa	rt III Financial Information							3.000
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Year
a	Total plan assets	7a	1,7	44,3	50			2,147,850
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,7	44,3	50			2,147,850
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount	734 67				(b) Total
	Contributions received or receivable from:	8a(1)	11	66,4	67			
-	(1) Employers	8a(2)	100000	50,1	0	1000		
_	(3) Others (including rollovers)	8a(3)		_	-	8500		
_	Other income (loss)	8b	21	54,8		1000		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c -				Ol.		421 202
ਰ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		Super Step	0			421,302
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
	Administrative service providers (salaries, fees, commissions)	8f	5 — 16 — 17 S. 1 — 17 S. 1 — 17 S. 1		0			
	Other expenses	8g	V 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	L7,8	02			
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17,802
-	Net income (loss) (subtract line 8h from line 8c)	8i 🗐					W_0(=)	403,500
ī	Transfers to (from) the plan (see instructions)	8j			0			
Pa	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension for	eature codes	from the List of Plan C	harac	terist	ic Cod	ies in th	e instructions:
	1A 1C 3B 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes fr	om the List of Plan Ch	aract	eristic	Code	s in the	Instructions:
Pa	rt V Compliance Questions				<u>a</u>		700	
10	During the plan year:				Yes	No	NA	Amount
a	Was there a failure to transmit to the plan any participant contribu	tions within th	ne time period			-		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•					
	Program)			10a		Х		
Ь	Were there any nonexempt transactions with any party-in-interest			101		x		
_	reported on line 10a.)			10b		<u> </u>		200.00
				10c	A	-		300,00
d	by fraud or dishonesty?	*****************	***************************************	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	e or all of the	benefits under					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan		10e	_	x			
	The state of the s							
<u>g</u>				10g		X		
п	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				

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Par	V.I	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a			SB	x	Yes		No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0.000	0
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of th? cs," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		ion 302	of		Yes	X	No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see g the waiver	Month	ind ente		of the		r rulin	g
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.						
b	Enter t	he minimum required contribution for this plan year	5 00 47554005400000000	12b					
C	Enter t	12c			25.00				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Will the	e 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 ı	resolution to terminate the plan been adopted in any plan year?	********************		Yes	X	No		
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year	*****	13a			264		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideasets or liabilities were transferred. (See instructions.)	entify the plan(s) to					
13	c(1) Na	me of plan(s):	13c(2) EI	N(s)		13	c(3) F	N(s)	

Schedule SB, line 26 -Schedule of Active Participant Data

Lawrence P. Biondi Cash Balance Plan 13-3874497/002

For the plan year 01/01/2017 through 12/31/2017

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49						1				
50 to 54			1							
55 to 59								1		
60 to 64										
65 to 69				1						
70 & up										



21023S17 April 26, 2018

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Lawrence P. Biondi Cash Balance Plan 13-3874497 / 002

For the plan year 01/01/2017 through 12/31/2017

12/31/2017 **Valuation Date:**

As prescribed in IRC Section 430 **Funding Method:**

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target

for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5%

interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.79
Segment 2	6 - 20	3.70
Segment 3	> 20	4.56

Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) -. HATFA

Segment #	Year	Rate %
Segment 1	0 - 5	4.16
Segment 2	6 - 20	5.72
Segment 3	> 20	6.48

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None

Interest Credit Rate -Current Yr - 5% Projected Yrs - 5%

Expense Load -Ancillary Ben Load -None

Post-Retirement - Mortality Table -17C - 2017 Combined

> Cost of Living -None

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:**

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5% CB Projection Rate - 5%

8.5% Post-Retirement - Interest -

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits



21023S17 April 26, 2018

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Lawrence P. Biondi Cash Balance Plan

13-3874497 / 002 For the plan year 01/01/2017 through 12/31/2017
401(a)(26) Testing: Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)
Testing Age - Normal retirement age or attained age, if older



Schedule SB, Part V Summary of Plan Provisions

Lawrence P. Biondi Cash Balance Plan 13-3874497 / 002

For the plan year 01/01/2017 through 12/31/2017

Employer: Lawrence P. Biondi

Type of Entity - Sole-Proprietorship

EIN: 13-3874497 TIN: 38-3826280 Plan #: 002 Plan Type: Cash Balance

<u>Dates:</u> Effective - 01/01/2010 Year end - 12/31/2017 Valuation - 12/31/2017

Top Heavy Years - 2013, 2014, 2015, 2016, 2017

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - Anniversary date nearest eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

A 100% of compensation limited to \$160,000

C 5% of compensation

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Face Amount

Disability Benefit -

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$215,000

Maximum 401(a)(17) compensation - \$270,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.



21023S17 Schodule SR Part V April 26, 2018

Schedule SB, Part V Summary of Plan Provisions

Lawrence P. Biondi Cash Balance Plan 13-3874497 / 002

For the plan year 01/01/2017 through 12/31/2017

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G83 - 1983 Group Annuity blended 50.00% male and 50.00% female rates



SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

...gle-Employer Defined Benefit. an **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For celeviar plan year 2017 or fiscel plan year beginning 01/01/2017 and ending 12/31/2017 P Courtion: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan Lawrence P. Blond: Cash Balance Plan B Three-digit plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form \$500 or \$500-SF D Employer Identification Number (EIN) 13 - 3874497 D Employer Identification Number (EIN) 13 - 3874497	\	hment to Form 5500 or t	5500-SF.		
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless neasonable cause is established. A Name of plan B Three-dight D D Employer Identification Number (EIN) D Employer Identification Number (01/2017	and ending	12/31/201	.7
A Name of ylan Lawrence P. Biondi Cash Balance Plan C Plan sponsor's name as shown on line 2a of Form 5500 or 5000 or					
Lawrence P. Biondi Cash Balance Plan Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lawrence P. Biondi E Type of plant Single Multiple-B F Prior year plan size Single Multiple-B F Prior year plan size Single More than 500 More than 500		port unless reasonable ca	use is established	l	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lawrence P. Bi ond1 E Type of plant Single Multiple-A Multiple-B F Prior year plan size Single or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date:	A Name of plan		B Three-digit		THE WAR
E Type of plant Single Multiple-M Multiple-B F Prior year plan size-Single 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: 28 1,981,384	Lawrence P. Biondi Cash Balance Plan		plan numbe	er (PN)	002
E Type of plant Single Multiple-M Multiple-B F Prior year plan size-Single 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets: 28 1,981,384					
E Type of plant: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information Enter the valuation date: Month 12 Day 31 Year 2017 2 Assets:	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	ntification Numb	er (EIN)
Part Basic Information	Lawrence P. Biondi		13	-3874497	
Part Basic Information	E Type of plan: X Single Multiple-A Multiple-B	F Prior year plan size:	100 or fewer]101-500	fore than 500
Assets: A Market value B Advariativalue C Assets: A Market value B Actuariat value C B 1, 981, 384 20 1, 981, 384 20 1, 981, 384 20 1, 981, 384 20 1, 981, 384 20 1, 981, 384 3 Funding target/participant count breakdown: A For retired participants and beneficiaries receiving payment B For terminated vested participants C For active participants C For active participants C For active participants A If the plan is in at-risk status, check the box and complete lines (a) and (b) A If the plan is in at-risk status, check the box and complete lines (a) and (b) B Funding target disregarding prescribed at-risk assumptions B Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor A If the plan is in at-risk status for fewer than five consecutive years and disregarding loading factor B Funding target disregarding the consecutive years and disregarding loading factor T the bast of my knowledge, the information supplied in this achedoic and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in the bast of my knowledge, the information supplied in their assumption is reasonable (taking into account the experience of the plan and reasonable expectators) and such other assumptions in combination, offer my bett astimate of anticipant expension planters and attachments, if any, is complete and accurate. Each prescribed assumption was applied in the bast of my knowledge, the information supplied in the assumption is reasonable (taking into account the experience of the plan and reasonable expectators) and such other assumptions in combination, offer my brist astimate of anticipants accounts in a september of the plan and reasonable expectators) and such other assumptions in combination, offer my brist astimate of anticipants accounts in a september of the plan and reasonable expectators) and such ot	Part I Basic Information		- X	32. (3.	
a Market value	1 Enter the valuation date: Month 12 Day	31 Year 2017			
Funding target participant count breakdown: a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants c For active participants d Total b For active participants c For active participants d Total c For active participants d Total f Total c For active participants d Total f Total	2 Assets:			101/401	
Funding target participants and beneficiaries receiving payment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	a Market value		Г	2a	1,981,384
### Statement by Enrolled Actuary To the bast of my between the politicipan to continue to consciously grained in this achievable was expected in accordance with applicable law and regulations. In my opinion, such other assumption is reasonable (taking into account the experience of the plan and reasonable experiencing and regulations. In my opinion, such other assumption is reasonable (taking into account the experience of the plan and reasonable experience) and such other assumptions in accordance with applicable law and regulations. In my opinion, such other assumption is reasonable (taking into account the experience of the plan and reasonable experience) and such other assumptions in accordance with applicable law and regulations. In my opinion, such other assumption is reasonable (taking into account the experience of the plan and reasonable experience) and such other assumptions in accordance with applicable law and regulations. In my opinion, such other assumption is reasonable (taking into account the experience of the plan and reasonable experience) and such other assumptions in accordance with applicable law and regulations. In my opinion, such other assumption is reasonable (taking into account the experience of the plan and reasonable experience in the plan and reasonable experience of the plan and reasonable experience in the plan and reasonable experience of the plan and reasonable experience in the					
b For terminated vested participants and estending payment 2 7,034 7,034 C For active participants 4 1,501,716 1,501,716 d Total 5 1,508,750 1,508,750 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 2 4 4 5 5 4 4 5 1 5 5 5 6 4 5 1 5 5 6 6 7 6 5 6 7 6 5 7 6 6 7 6 7 6 7 6	3 Funding target/participant count breakdown:				(3) Total Funding
b For terminated vested participants C For active participants d Total C For active participants d Total 6 1,501,716 1,501,716	a For retired participants and beneficiaries receiving payment	0		0	
C For active participants d Total C For active participants A C For participants A		TO 16/2		7,034	7.034
Statement by Enrolled Actuary To the bast of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete earl accurate. Each prescribed assumptions in accordance with applicable law and repair to him path and reasonable expertations and such other assumptions in accordance with applicable toward repair to plant in a position of the plan and reasonable expectations) and such other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions. In combination, other my bear standard contribution. Other my bear standard contribution. Other my bear standard contributions. Other my bear standard contributions are accordance with applicable toward accordance with applicable		4			
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)					
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate				,,500,,750	1,306,730
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate	the plant of the control of the box and both prote mice (a)	'''		40	
5 Effective interest rate 5 Target normal cost 6 Target normal cost 7 Ta	b Funding target reflecting at-risk assumptions, but disregarding train	nsition rule for plans that h	nave been in		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience unsert the plan. SIGN HERE Signature of actuary Mark N. Sadoff Type or print name of actuary Professional Pension Planners, Inc. Firm name Firm name Telephone number (including area code) 1053 Saw Mill River Road Suite 204 US Ardsley Address of the firm				5	4.51 %
Statement by Enrolled Actuary To the bast of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in accordance with applicable lew and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipaged experience in reger the plan. Sign Signature of actuary Signature of actuary Nost recent enrollment number Professional Pension Planners, Inc. (914) 693-1333 Firm name Telephone number (including area code) 1053 Saw Mill River Road Suite 204 US Ardsley NY 10502 Address of the firm	6 Target normal cost	• • • • • • • • • • • • • • • • • • • •		6	176.142
Signature of actuary Mark N. Sadoff Type or print name of actuary Professional Pension Planners, Inc. Firm name 1053 Saw Mill River Road Suite 204 US Ardsley NY 10502 Address of the firm	To the best of my knowledge, the information supplied in this schedule and accompanying sche accordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan.	dules, statements and attachments lable (taking into account the expe	s, if any, is complete and reference of the plan and r	d accurate. Each press easonable expectation	thad accomplish you continue to
Mark N. Sadoff Type or print name of actuary Most recent enrollment number Professional Pension Planners, Inc. (914) 693-1333 Firm name Telephone number (including area code) 1053 Saw Mill River Road Suite 204 US Ardsley NY 10502 Address of the firm	MILL II			4/20/18	
Type or print name of actuary Professional Pension Planners, Inc. Firm name Telephone number (including area code) 1053 Saw Mill River Road Suite 204 US Ardsley NY 10502 Address of the firm	Signature of actuary			Date	
Professional Pension Planners, Inc. (914) 693-1333 Firm name Telephone number (including area code) 1053 Saw Mill River Road Suite 204 US Ardsley NY 10502 Address of the firm	Mark N. Sadoff			17-0305	5
Firm name Telephone number (including area code) 1053 Saw Mill River Road Suite 204 US Ardsley NY 10502 Address of the firm				lost recent enrol	ment number
1053 Saw Mill River Road Suite 204 US Ardsley NY 10502 Address of the firm	Professional Pension Planners, Inc.			(914) 693-	1333
US Ardsley NY 10502 Address of the firm	1053 Saw Mill River Road		Telep	phone number (in	cluding area code)
f the actuary has not fully reflected any regulation or reling promulacted under the statute is constationable and the statute is accomplished by	Address of the firm				
	If the actuary has not fully reflected any consistion or reline according	alor the eleter to the end of	Name Abda and a state	-bb	

4				
Schedule	SB	(Form	5500)	2017

- -

Page 2	

	ITII Be	girining of real Car	ryover and Prefunding Ba	lances	(a) (Carryover balance		(b)	Prefund	ing balance
7			r applicable adjustments (line 13 f				0			381,425
8			ear's funding requirement (line 35							
9						2 2/2	0	_	- 8	31,378
10			ual return of6_52%				0	-		350,047
11			added to prefunding balance:				U		non-tracks	22,823
	•		ns (line 38a from prior year)				-			
			line 38a over line 38b from prior ye	100						
				B %						
	h(2) Interes	st on line 38b from prior ve	ar Schedule SB, using prior year's	actual						0
		·	······································	180						0
	C Total avai	ilable at beginning of curre	ent plan year to add to prefunding b	alance						
			ding balance	-	elonicosius	i oli asonia			-	0
12			ections or deemed elections				0			0
13			ne 9 + line 10 + line 11d - line 12)				0			372,870
		unding Percentages				•	0.0	-		
Proposition and	ALE STREET		•	Resolver -			-		14	106.61 %
			centage					_	15	127.35 %
			poses of determining whether carr					_		127.33 /6
	current year's	s funding requirement	***************************************			***************************************			16	94.99 %
17	If the current	value of the assets of the	plan is less than 70 percent of the	funding targ	et, enter	such percentage			17	%
Pa	rt IV C	ontributions and Li	quidity Shortfalls							
18			olan year by employer(s) and emp	_	100					
(MI	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) [(MM-DD-	ate YYYY)	(b) Amount p employer		1		unt paid by oyees
04/	17/2018	166,4	67							
										S24 B 34
					-					III.()
										TANK BANKA BASE
XXXXXII	<u> </u>					- 200			Carrier S	
							- 6660			
				Totals ▶	18(b)	1	L66,46	7 18(c)		0
19	Discounted e	mployer contributions - se	e instructions for small plan with a	valuation d	ate after t	he beginning of the	э уеаг:			
	a Contribution	ons allocated toward unpai	d minimum required contributions	from prior ye	ars		19a			0
	b Contribution	ons made to avoid restriction	ons adjusted to valuation date		•••••	🔄	19b			0
	C Contributio	ons allocated toward minim	required contribution for curre	nt year adjus	ted to val	uation date	19c			161,935
20	Quarterly con	tributions and liquidity sho	rtfalls:				100			
		_	for the prior year?				•••••	• • • • • • • • •	<u>x</u>	Yes No
	b If line 20a i	is "Yes," were required qua	arterly installments for the current	year made ir	a timely	manner?	•••••	• • • • • • • • • • • • • • • • • • • •	[Yes X No
	C If line 20a	is "Yes," see instructions a	and complete the following table as	The state of the s						
		1at	Liquidity shortfall as of end	of quarter of		-		4.0	41	
	(1)	1st	(2) 2nd		(3)	3rd		(-	4) 4th	1

				_	ı	
(4	۰			
	- 4	e				

21		ons Used To Determine	Funding Target and Targ	get Normal Cost		
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used
	b Applicable month	(enter code)			1b	0
22		etirement age			2	62
23		***			bstitut	
Pa	irt VI Miscellane					
Per Contract		made in the non-prescribed actu	arial assumptions for the curren	t nlan year? If "Vec " eee inch	uetion	c regarding required
						· · · · · · · · · · · · Yes 🕱 No
25						· · · · · · · · · · · · · · · Yes 🕱 No
		· · · · · · · · · · · · · · · · · · ·				t Yes X No
27		to alternative funding rules, ente	• •		7	
	SECTION AND DESIGNATION OF THE PERSON OF THE			• • • • • • • • • • • • •		
		ation of Unpaid Minimur			_	
28		uired contributions for all prior y			8	0
29		r contributions allocated toward			9	0
30		f unpaid minimum required cont			0	0
Pa	rt Vill Minimum	Required Contribution F	or Current Year			
31	Target normal cost a	nd excess assets (see instructio	ns):			
# -	a Target normal cost	(line 6)			ia	176,142
, III	b Excess assets, if a	pplicable, but not greater than lin	ne 31a		1b	82,948
32	Amortization installme	ents:		Outstanding Balance		Installment
	a Net shortfall amorti:	zation installment			0	0
	b Waiver amortization	n installment			0	0
33		approved for this plan year, ente Day Year			3	
34	Total funding requirem	nent before reflecting carryover/p	refunding balances (lines 31a - 3	1b + 32a + 32b - 33) 3	4	93,194
XI.			Carryover balance	Prefunding Balance		Total balance
35	Balances elected for requirement	use to offset funding	0	39	0	0
36	Additional cash requir	rement (line 34 minus line 35) .			6	93,194
37		d toward minimum required con			7	161,935
38		ss contributions for current year				
	a Total (excess, if any	y, of line 37 over line 36)			Ba	68,741
	b Portion included in I	line 38a attributable to use of pro	efunding and funding standard o	arryover balances 38	3b	0
39	Unpaid minimum requ	uired contribution for current yea	r (excess, if any, of line 36 over	line 37) 39	9	0
40	Unpaid minimum requ	uired contributions for all years		40)	0
Par	t IX Pension F	Funding Relief Under Pe	nsion Relief Act of 2010	(See Instructions)	- 00.00	2 (40)
41	If an election was made	e to use PRA 2010 funding relie	f for this plan:			
	a Schedule elected .				. 🗆	2 plus 7 years 15 years
	b Eligible plan year(s)	for which the election in line 41	a was made			2009 2010 2011
		adjustment				
		eleration amount to be carried o			_	
			•			