## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Re	eport identification information							
For calendar plan year 201	17 or fiscal plan year beginning 01/01/20	17	and ending 12	2/31/2017				
A This return/report is for	x a single-employer plan		plan (not multiemployer) ( employer information in ac	_				
	a one-participant plan	a foreign plan						
<b>B</b> This return/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 m	onths)				
C Check box if filing under	er:	automatic extension	1	DFVC progra	m			
	special extension (enter descrip							
Part II Basic Plar	n Information—enter all requested info	,						
1a Name of plan				<b>1b</b> Three-digi	t			
SERGIO J. ANILLO MD PC	401(K) PLAN			plan numb				
				(PN) ▶	001			
				1c Effective of	date of plan 08/01/2008			
2a Plan sponsor's name (	(employer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number			
Mailing address (inclu	de room, apt., suite no. and street, or P.O. province, country, and ZIP or foreign postal		etructions)	(EIN)	26-2520398			
SERGIO J. ANILLO MD PC	novince, country, and zir or loreign postar	code (ii loreign, see in	structions)		telephone number 6-308-7581			
					code (see instructions)			
31 PINELAKE DR WILLIAMSVILLE, NY 14221-8307 WILLIAMSVILLE, NY 14221-8307				621111				
WILLIAMSVILLE, INT 14221	WILLIAMS	71LLL, INT 14221-0307						
3a Plan administrator's na	ame and address X Same as Plan Spons	sor.		<b>3b</b> Administra	ator's EIN			
				20. 41				
				3C Administra	ator's telephone number			
	N of the plan sponsor or the plan name has			<b>4b</b> EIN				
this plan, enter the plant a Sponsor's name	an sponsor's name, EIN, the plan name an	d the plan number from	the last return/report.	<b>4d</b> PN				
C Plan Name				10 110				
	sipants at the beginning of the plan year			5a	2			
	cipants at the end of the plan year			5b	2			
	s with account balances as of the end of th		· ·	5c	2			
d(1) Total number of act	tive participants at the beginning of the plar	n year		5d(1)	2			
• •	tive participants at the end of the plan year			5d(2)	2			
	ts who terminated employment during the p			5e	0			
Caution: A penalty for the	e late or incomplete filing of this return/	report will be assesse	ed unless reasonable car					
	and other penalties set forth in the instructi eted and signed by an enrolled actuary, as d complete.							
	orized/valid electronic signature.	05/17/2018	SERGIO ANILLO					
HERE	plan administrator	Date	Enter name of individ	ual signing as pla	an administrator			
	orized/valid electronic signature.	05/17/2018	SERGIO ANILLO					
HERE			F					

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is a covered under the PBGC premium filing for this plan year		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.)						_		
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	ш	
7 Plan Assets and Liabilities	Pa	rt III Financial Information								
a Total plan assets	7			(a) Reginning	of Vear			(b) En	d of Year	
b Total plan liabilities	<u>.</u>		7a					(b) Lik		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Participants. (4) Employers (6) Sa(3) (6) Other income (loss). (8) Ba (3) Ba (4)	<del></del>									
8 income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	4	57593				606229	
(1) Employers				(a) Amour	nt			(b)	Total	
(2) Participants	а			, ,				, ,		
(3) Others (including rollovers)			` '							
b Other income (loss)	-	· / · · · · ·		•	48000	-+				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					00000					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8		, ,			80636	-			4.40000	
f Administrative service providers (salaries, fees, commissions)		Benefits paid (including direct rollovers and insurance premiums							140030	
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 2T 3D  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:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  10a	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						148636	
Part V   Compliance Questions	j	Transfers to (from) the plan (see instructions)	8j							
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:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  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 as of year-end.)  10	Pai	t IV Plan Characteristics								
Part V Compliance Questions  10 During the plan year:  a 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)	9a		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  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 as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the inst	ructions:	
a 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)	Par	t V   Compliance Questions				1		ı		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		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?  • 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.)  • Toe X  Toes	b		,		10b		Х			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e × 7665  f Has the plan failed to provide any benefit when due under the plan? 10f ×   g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g ×   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h ×   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d				10d		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	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e	X			7	665
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
	h				10h		X			
	i				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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No			
11a	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 section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling			
lf y	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						
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
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?	. [	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 N	0			
	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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)			

## Form 5500-SF

Department of the Treasury Internat Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection** 

Part I		Identification Information	n						
For calenda	ar plan year 2017 or fi	iscal plan year beginning 01/01	/2017		and ending 12	2/31/2017			
A This ret	urn/report is for:	X a single-employer plan	lis	t of participating em	in (not multiemployer) ( ployer information in ac				
R This refu	ırn/report is	a one-participant plan		oreign plan					
D mareu	шиерон ю	the first return/report	믐	final return/report					
_		an amended return/report	∐asi	hort plan year return	/report (less than 12 m	onths)			
C Check I	oox if filing under:	Form 5558		tomatic extension		∐ DFVC pi	rogram		
		special extension (enter des							
Part II		ormation—enter all requested in	informatio	on		T 41			
1a Name SERGIO J. /	of plan ANILLO MD PC 401(K	() PLAN				1b Three plan (PN)	number	001	
						1c Effec	tive date of 08/0	f plan 1/2008	
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)			2b Empl (EIN)	•	ication Number 520398	
•	town, state or provinc NILLO MD PC	ce, country, and ZIP or foreign pos	stal code	(if foreign, see instru	uctions)	2c Spon	nsor's telepi 716-308	hone number 3-7581	
						2d Busin	ness code (	see instructions)	
31 PINELAKE DR WILLIAMSVILLE, NY 14221-8307  31 PINELAKE DR WILLIAMSVILLE, NY 14221-8307						621111			
3a Plan a	dminietratorie name a	nd address X Same as Plan Spo	OBSOL			3b Admir	nistrator's l	 =IN	
ou mana		na address Modern ag Francisco	011001.			- Takin			
						3c Administrator's telephone number			
		e plan sponsor or the plan name h onsor's name, EIN, the plan name				4b EIN			
a Spons c Plan N						4d PN			
C Plan N	ame								
<b>5a</b> Total r	number of participants	at the beginning of the plan year	·			5a		2	
	•	at the end of the plan year account balances as of the end o			]	5b		2	
	• •	account balances as of the end o			pians	5c		2	
	•	articipants at the beginning of the p				5d(1)		2	
		articipants at the end of the plan ye o terminated employment during th				5d(2)		2	
than '	100% vested					5e	. 12 - 2 1	0	
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, plete.	uctions, I	declare that I have	examined this return/re	port, includi	ng, if applic	able, a Schedule knowledge and	
SIGN	Ca			5-17-2018	Sergio	Anil	10		
HERE	Signature of plants	2 1		Date	Enter name of individ	ual signing a	as plan adr	ninistrator	
SIGN	Se			5/17/2018	Jergi		nillo		
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	ual signing a	as employe	r or plan sponsor	

Pad	е	2

	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public a tions.)	ccount	ant (IC	)PA) 	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann						
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the						
	If "Yes" is checked, enter the My PAA confirmation number from the	e rboc t	nemum ming for this pr	ian yea			(ede mandalene)
Pa	rt III Financial Information		***				
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a	45	57593			606229
b	Total plan liabilities	7b					- Auto-
С	Net plan assets (subtract line 7b from line 7a)	7c	4:	57593			606229
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)_	2	20000			
	(2) Participants	8a(2)	4	48000			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	{	80636	5		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				., .	148636
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					
	Total expenses (add lines 8d, 8e, 8f, and 8g)						0
i	Net income (loss) (subtract line 8h from line 8c)						148636
i	Transfers to (from) the plan (see instructions)	8i					
Da	rt IV Plan Characteristics	<u>,                                    </u>					
9a		feature c	odes from the List of Pl	an Cha	racteri	istic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Char	acteris	tic Coc	des in the instructions:
Pa	t V Compliance Questions						· · · · · · · · · · · · · · · · · · ·
10	During the plan year:				Yes	No	Amount
- 7	described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary	Fiduciary Correction	10a		x	
	Program)  Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х	
				10c		х	
_	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity be	and, that was caused	10d		×	
-	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her perso ne or all o	ns by an insurance f the benefits under	10e	x		7665
1	Has the plan failed to provide any benefit when due under the pla	an?		10f		X	
•	Did the plan have any participant loans? (If "Yes," enter amount			10g		Х	
	If this is an individual account plan, was there a blackout period?     2520.101-3.)			10h		х	128733783682825
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i			

age	3-	1

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)		SB	Yes	X No
11a	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 section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 c	of 	. Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, all granting the waiver	nd enter Da	the date	of the letter ru Year	iling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	,			
	Enter the minimum required contribution for this plan year	12b			
···	Enter the amount contributed by the employer to the plan for this plan year	. 12c			
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?		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	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( which assets or liabilities were transferred. (See instructions.)	s) to			
	13c(1) Name of plan(s): 13c(	<b>2)</b> EIN(s	)	13c(3) P	N(s)