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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Allilual Nepol	t identification information	l							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/	2018	and ending 04	/30/2018					
A This return/report is for: a single-employer plan						· ·				
D This nat		a one-participant plan	a foreign plan							
D This retu	ırn/report is	the first return/report								
		an amended return/report	rt X a short plan year return/report (less than 12 months)							
C Check b	oox if filing under:	Form 5558	automatic extension	automatic extension DFVC program						
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested ir	formation							
1a Name	of plan				1b Three-digit					
	COMPANY, PLLC 4	101(K) P/S PLAN			plan numb					
					(PN) 🕨	002				
					1c Effective d	ate of plan				
					01/01/2006					
		oyer, if for a single-employer plan)	2. 8)		2b Employer Identification Number					
		om, apt., suite no. and street, or P.o ice, country, and ZIP or foreign pos		tructions)	(EIN) 14-1832705					
	COMPANY, PLLC	ioo, country, and Em or foreign poo	tar code (ii foroign, coo inc	indonono)	2c Sponsor's telephone number 518-438-7400					
				-	2d Business code (see instruction					
	WOODS, 4 ATRIUM	1 DRIVE			541990					
ALBANY, NY	12205					011000				
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					4b EIN					
a Sponsor's name					4d PN					
C Plan Name										
5a Total r	number of participant	s at the beginning of the plan year			5a	8				
b Total number of participants at the end of the plan year					5b	0				
		n account balances as of the end of			5c	0				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	0					
d(2) Total number of active participants at the end of the plan year					5d(2)	0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0						
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau	se is establishe	ed.				
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.								
SIGN	Filed with authorize	d/valid electronic signature.	06/26/2018	KATE BAILEY						
HERE	Signature of plan	administrator	Date	Enter name of individu	Enter name of individual signing as plan administrator					
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes No			
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)				X Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					M 103 140			
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year (b) Er				l of Year	
а	Total plan assets	. 7a	57	72054		0			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	57	572054			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)		1	12366					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				12366			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	58	584367					
е	Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)			53					
g	g Other expenses								
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)							584420	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-572054	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	les in the inst	ructions:	
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)		,	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
С	C Was the plan covered by a fidelity bond?			10c	X			75000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X			
е	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			10e		X			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X			
h	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 exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
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Part '	/I 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)	edule S	В	Ye	s 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?	n 302 o	f 	Ye	s X No		
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						
lf y	ou 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 \	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	s 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?			X Yes	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) F	PN(s)		