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 Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

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

Part I		dentification information										
For calenda	ar plan year 2017 or fisc	cal plan year beginning 01/01/2	2017	and ending 12/	31/2017							
A This ret	urn/report is for:	X a single-employer plan		an (not multiemployer) (Fi		_						
		a one-participant plan	a foreign plan	, ,,			,					
B This retu	urn/report is											
		an amended return/report	a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	Form 5558	automatic extension DFVC program									
	special extension (enter description)											
Part II	Basic Plan Infor	mation—enter all requested inf	formation									
1a Name AY PHARMA	of plan	ARING PENSION PLAN			1b Three plan (PN)	number	003					
					1c Effective date of plan 01/01/2013							
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O). Box)		2b Emple (EIN)		ication Number					
City or AY PHARMA		e, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	, ,		hone number					
				<u> </u>	2d Busin		see instructions)					
2070 BATH AVENUE BROOKLYN, NY 11214												
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN												
	3c Administrator's telephone number											
		plan sponsor or the plan name ha sor's name, EIN, the plan name a		ne last return/report.	4b EIN							
a Sponsc Plan N	or's name Iame				4d PN							
							3					
_		at the beginning of the plan year			5a 5b							
	•	at the end of the plan year ccount balances as of the end of the					0					
compl	ete this item)			·····	5c 5d(1)		0					
		ticipants at the beginning of the plants			5d(1)		3					
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less							0					
than 100% vested												
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/repo	ort, includii	ng, if applic						
SIGN	Filed with authorized/v	valid electronic signature.	07/25/2018	ARIK YERSHOV								
HERE	Signature of plan ad	lministrator	Date	Enter name of individua	al signing a	as plan adn	ninistrator					
SIGN	Filed with authorized/v	valid electronic signature.	07/25/2018	ARIK YERSHOV								
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individua	vidual signing as employer or plan sponsor							

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
а	Total plan assets	7a	32	29883			`	0	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	32	29883				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0	_				
<u>b</u>	Other income (loss)	8b	,	13795					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13795	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	34	343678					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	dministrative service providers (salaries, fees, commissions) 8f 0								
g	Other expenses 8g 0								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							343678	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)							-329883	
j	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the instr	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	es in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
b	Program)					X			
С						Χ			
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?					Χ			
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 the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? 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			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	B 	Yes	No X
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.)	n 302 of	f 	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, and granting the waiver.			of the letter ru Year	uling
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 Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
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 I	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) P	N(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annua 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 sect on 6057(b) and 6058(a) of the Ir ernal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 6500-SF.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

p	art I Annual Report	entification information										
For	calendar plan year 2017 or f	plan year beginning		01/	01/2017		and ending	1	2/31/2017			
A	This return/report is for:	a single-employer plan		alistofp	participatin	r plan g emp	(not multiemployer) : loyer information in a	(Filers accord	checking this b lance with the fo	ox must attach rm instructions.)		
		a one-participant plan		a foreign	¥ · · · · ·							
В	This return/report is:	the first return/report	X		retum/repo							
		an amended return/report		a short p	ilan year re	eturn/r	eport (less than 12 m	ionths)			
C	Check box if filing under:	Form 5558		ı	ic extensio	'n			DFVC progra	am		
		special extension (enter descr		~~								
		nation enter all requested	<u>nfo</u> ,	rmation				146	Th			
18	Name of plan AY Pharmacy, Inc.	ofit Sharing Pension	12	ŕψ				1.0	Three-digit plan number (PN) ►	003		
								1¢	Effective date of 01/01/2013	of plan		
2a		r, if for a single-employer plan)	Γ.	*>				2b	Employer Ideni	lification Number		
	Mailing Address (Include ro City or town, state or provin	apt., suite no. and street, or P.C country, and 2IP or foreign post	Tel C	Box) ode (if for	eian, see i	instruc	ions)		(EIN) 11-34	05397		
	AY Pharmacy, Inc.	2001, a (and the san			,	2c Sponsor's telephone number (718) 372-8795				
	•							2d Business code (see instructions)				
	2070 Bath Avenue		l					446110				
	Us Brooklyn NY 11214											
3a	Plan administrator's name a	address 🗷 Same as Plan Spo	ons(or	'			3b	Administrator's	EIN		
								Зс	Administrator's	telephone number		
4	If the name and/or EIN of the	an sponsor or the plan name har's name, EIN, the plan name a	as ci	hanged si	nce the las	st retu	n/report filed for st return/report	4b	EIN			
a	Sponsor's name				-,			4d	PN			
	Plan Name					·						
5a	Total number of participants	the beginning of the plan year		************	**********		***************************************	58	a	3		
b		the end of the plan year						5t		0		
C	Number of participants with	ount balances as of the end of t	tie i	plan year	only defin	ed cor	tribution plans	5 c	**************************************	Ó		
d(pants at the beginning of the pla						5d((1)	3		
d(2) Total number of active pa	pants at the end of the plan yea	ı	*****		*********	**********************	5d((2)	0		
e	Number of participants who less than 100% vested	ninated employment during the	lar	ı year witt	accrued l	benefit	that were	5	e	0		
Ca	ution: A penalty for the late	incomplete filing of this return	re	port will	be assass	ed un	ess reasonable ca	use is	hadelidetee			
SE	Under penalties of perjury and other penalties set forth in the instruction SB or Schedule MB/completed and signed by an enrolled actuary, a				ire that I ha	ave ex	rnined this return/re	port, I	ncluding, if appli			
pei	lef, It is true, coffect, and cor	<u>IC</u>	-		Latin							
S	GN X	1111	_	FOX.		Ar	k Yarshov					
H	ERE Signature of plan add	strator		_ bete ₁	` (En	er name of Individua	ıl sign	ing as plan adm	inistrator		

k Yershov

er name of individual signing as employer or plan sponsor

Εn

HERE Signature of employer/plan sponsor

SIGN

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6a	Were all of the plan's assets during the plan year invested in e	gible	assets? (See instructio	s.)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				X Yes	□No
b	Are you claiming a waiver of the annual examination and report									_		
	under 29 CFR 2520.104-46? (See instructions on waiver eligib									********	X Yes	No
_	if you answered "No" to either line 5a or line 6b, the plan o										····	
C	If the plan is a defined benefit plan, is it covered under the PBC											
	If "Yes" is checked, enter the My PAA confirmation number fro	n the	e PBGC pn	emium tiling fo	this year					(5€	e instruc	mons.)
P	art III Financial Information											
7	Plan Assets and Liabilities			(a) B	ginning c	of Yea	 			(b) End of	Year	
8	Total plan assets	******	7a		3:	29,8	83					Q
<u>b</u>	Total plan llabilities		7b	-			0					Q
C	Net plan assets (subtract line 7b from line 7e)	******	7a		33	29,8	83					0
8	Income, Expenses, and Transfers for this Plan Year			ţ) Amouni	t	w./-A#ETA			(b) Tot	al .	
а	Contributions received or receivable from: (1) Employers		Ba(1)				o	200				
	(2) Participants		8a(2)	-			0	1.5.	, ,	Strain in		
***********	(3) Others (including rollovers)	***************************************	8a(3)	_			0		4 4.35		1	A market
b	Other income (loss)		8b			13,7	95	1			1 1	g af in the
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	*****	8c						***************************************		13,	795
d	Benefits paid (including direct rollovers and Insurance premium	3		<u></u>	2				Sp. Sec.		Y i	9
	to provide benefits)	*****	8d	·	.34	43,6	0	+	atti ing	<u> </u>	die	
-	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>	***************************************	*************************		0	+				
1	Administrative service providers (salaries, fees, commissions)		8f					1				
<u>g</u>	Other expenses	414113	8g		7				3, , , , , , ,		343,	670
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h								(329,8	
<u> </u>	Net income (toss) (subtract line 8h from line 8c) Transfers to (from) the plan (see Instructions)		8i 8i				0	1				
l p.	art IV Plan Characteristics	*****		***************************************				خـــــــــــــــــــــــــــــــــــــ			· · · · · · · · · · · · · · · · · · ·	
-	If the plan provides pension benefits, enter the applicable pens	n fo	natura node	as from the Lie	of Plan C	· homeone	storiati	in Car	las in ti	na Instruction		
20	2A 2E	LIQT TE	eature vouc	55 (TOTAL LIS	oi Fian C	ví i kar kar			162 111 1			
b	If the plan provides welfare benefits, enter the applicable welfar	e fea	ature codes	from the List	f Plan Ch	aract	eristic	Code	es in the	e instructions	£	
Pa	int V Compliance Questions									<u></u>		
10	During the plan year:		· , ·			,	Yes	Νφ	N/A	An	nount	
а	Was there a failure to transmit to the plan any participant con	ribut	llons withir	the time perio	d							
	described in 29 CFR 2510.3-102? (See instructions and DOL	s Va	luntary Fid	uciary Correct	on							
	Program)	*********		······································		10a	r	X	1	W		*****************
	Were there any nonexempt transactions with any party-in-integrated on line 10a.)	est*	? (Do not ir	iclude transact	ons	10b		x	1			
C					, ,	10c		X				
d												
	by fraud or dishonesty?					10a		_X	4			
e	Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides					\						
	the plan? (See Instructions.)				*************	10e	i	x				
f	Has the plan failed to provide any benefit when due under the	olan		***************	**********	10f		х		,		
g	Did the plan have any participant loans? (if "Yes," enter amou	nt as	s of year er	nd.)		10g		x				
h	If this is an individual account plan, was there a blackout pertubble 2520.101-3.)	1? (See instru	ctions and 29 C	.FR	10h		×				
1	If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520	ed th	e required	notice or one o	the	10i						
	777777777777777777777777777777777777777	1	***************************************		T	1		······	ــــــــــــــــــــــــــــــــــــــ			

Pent W Pension Funding Compliance 11 Is hit is a defined scheduly an uniped to minimum funding recordences 7 (If Yes,* see instructions and complete Schedule SB	334	Form 5500-SF 2017	Pag	3 -							
Is this a defined benefit plan subject to minimum funding reculirements? (If "Yes," see instructions and complete Schedule SB Yes No No N/A It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes No No N/A It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes No No No N/A It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes No No No N/A It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes No No N/A It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes No No N/A It is this a defined contribution plan subject to the minimum funding amount treported in minimum funding amount treported on fine 12d below, as applicable.) It is this a defined contribution of the plan of a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling year. Month Day Year Year If you completed line 12a, complete lines 3, 9, and 10 of Sch dute MB (Form 5500), and Kip to line 13. It is this a defined contribution of the letter ruling year Month Day Year If you complete line 12a, complete lines 3, 9, and 10 of Sch dute MB (Form 5500), and Kip to line 13. It is this a defined contribution, and enter the date of the letter ruling year, see instructions, and enter the date of the letter ruling year, see instructions and the letter ruling year Month Day Year It is this a defined contribution of the letter ruling year, see instructions and enter the date of the letter ruling year, see instructions It is this a defined contribution of the letter ruling year, see instructions No Year It is this a defi											
The complete line 12a below The complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) The complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) The complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) The complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) The complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) The complete line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and the complete line 12a complete lines 1. The complet	Par										
Is this a defined contribution plan subject to the minimum fulding requirements of section 412 of the Code or section 302 of CRISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a walver 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 Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and klp to line 13. In the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for the plan year 12c G 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 Enter the minimum funding amount reported on line 12d be met by the funding deadline? 12d		(Form 5500 and line 11a below)				************		SB		Yes 🗵	No No
ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a walver of the minimum funding standard for a prior year granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form \$500), and kip to line 13. b Enter the minimum required contribution for this plan year								<u></u>			
If a walver 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	12	Is this a defined contribution plan subject to the minimum fu	iding requirements of section	412	of th	e Code or se	ction 302	of	. _	Yes 🗓	аи В
If you completed line 12a, complete lines 3, 9, and 10 of Sch dule MB (Form 5500), and kip to line 13. b Enter the minimum required contribution for this plan year	************	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e	below, as applicable.)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			N	
b Enter the minimum required contribution for this plan year	a		•								uling
b Enter the minimum required contribution for this plan year	If s						Di	<u> </u>	Ye	:ar	
C Enter the amount contributed by the employer to the plan for the plan year							12b				
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) e Will the minimum funding amount reported on line 12d be met by the funding deadline?			· · · · · · · · · · · · · · · · · · ·	-			120	<u>-</u>			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Subtract the amount in line 12c from the amount in line 12b.		-			-				
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?								Vaa l	7 No		
Here a resolution to terminate the plan been adopted in any pan year?	1,7	111		*****	******	*************************	<u> </u>	Yes L	IAG	<u>' </u>	/A
b Were all the plan assets distributed to participants or benefic aries, transferred to another plan, or brought under the control of the PBGC? If, during this plan year, any assets or fiabilities were transferred to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.	•		1	-	<u> </u>	······································					
b Were all the plan assets distributed to participants or benefic aries, transferred to another plan, or brought under the control of the PBGC? If, during this plan year, any assets or liabilities were transfer ed from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.	138		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		******	***************************************		K Yes	<u> </u>	<u> No</u>	
control of the PBGC? If, during this plan year, any assets or liabilities were transfer ed from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.				₽—			<u> </u>	<u> </u>			0
which assets or liabilities were transferred. (See instructions.		control of the PBGC?			*******	**********	*******	X	Yes	☐ No	
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	¢			plan(s), Id	lentify the plar	n(s) to				
	1	3c(1) Name of plan(5):		. .		13c(2)	EIN(s)		13	c(3) PN	s)