Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 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. 1210-0089

2017

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

i di calendai pian y	ear 2017 or fisca	il plan year beginning 01/01/2	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017							
A This return/repo	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
D. Trick	<u>[</u>	a one-participant plan	a for	reign plan						
B This return/repor	t is	the first return/report	the fi	inal return/report						
		an amended return/report	a sho	ort plan year return	report (less than 12 m	onths)				
C Check box if filir	ng under:	Form 5558	ш	matic extension		DFVC program				
		special extension (enter descri								
Part II Basi	c Plan Inforn	nation—enter all requested in	formation			Т -	T			
1a Name of plan LUPPINO LANDSCA	PING AND MAS	SONRY, LLC 401(K) PROFIT SI	HARING F	PLAN		1b Three-digit plan number (PN) ▶	001			
						1c Effective date on 01/0	of plan 01/2006			
		r, if for a single-employer plan) apt., suite no. and street, or P.C	O. Box)			2b Employer Identification (EIN) 13-3	tification Number 3987196			
City or town, st LUPPINO LANDSCA	ate or province, or PING AND MAS	uctions)	2c Sponsor's tele	phone number 66-7028						
			2d Business code							
77 SHEATHER RD. MOUNT KISCO, NY 10549						811410				
MOORT RICOO, IVI	10040									
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN				
3c Administrator's telephone number										
		lan sponsor or the plan name h				4b EIN				
	r the plan sponso	lan sponsor or the plan name ha or's name, EIN, the plan name a				4b EIN 4d PN				
this plan, ente	r the plan sponso									
this plan, ente a Sponsor's nam c Plan Name	r the plan sponso e	or's name, EIN, the plan name a	and the pla	an number from th	e last return/report.		75			
this plan, ente a Sponsor's nam c Plan Name 5a Total number of	r the plan sponso e of participants at		and the pla	an number from th	e last return/report.	4d PN	75 89			
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Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

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	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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cann							X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determin	ed
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this pl	lan yea	r			(See instruction	ıs.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
а	Total plan assets	. 7a	128	31196				1688035	
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	128	31196				1688035	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ·	Total	
а	Contributions received or receivable from:	0=(4)	,	20004					
	(1) Employers	8a(1)		39904 33704					
	(2) Participants	8a(2)	10	53704	-				
	(3) Others (including rollovers)	. 8a(3)	10	94323					
	Other income (loss)		18	94323				417931	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						417931	
	to provide benefits)	. 8d							
e	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	1	11092					
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				11092			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						406839	
j	Transfers to (from) the plan (see instructions)	· 8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instr	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 contributed described 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 reported on line 10a.)			10b		X			
С				10c	Χ			125000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X		12000	
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.)	her person ne or all of	s by an insurance the benefits under	10e	X			4232	
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X			12610	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	Χ				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i	X				
	**				•——	•	•		

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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)	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 ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar 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	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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 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

Part I	Annual Report	Identification Information				
or calendar	plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/31/20	17
	rn/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	plan (not multiemployer employer information in rt turn/report (less than 12	accordance with	this box must attach the form instructions.)
Check bo	ox if filing under:	x Form 5558 [special extension (enter descrip	automatic extension		DFVC	program
art II	Basic Plan Info	prmation enter all requested inf	formation			
Name o	of plan	111	ionnation.		1b Three-dig	ît l
Luppi	no Landscapin	g and Masonry, LLC 401(k)	Profit Sharing	7 Plan	plan num (PN) ▶	001
l Plan spo	////				1c Effective 01/01/	
Mailing	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 postal	Box) code (if foreign, see in	structions)		Identification Number 3-3987196
		and Masonry, LLC				telephone number
77 Sh	eather Rd.				2d Business 811410	code (see instructions)
	nt Kisco NY 10549	nd address X Same as Plan Spons			to proper to the second	
					3c Administr	ator's telephone numbe
If the na this plan	ime and/or EIN of the n, enter the plan spo	e plan sponsor or the plan name has nsor's name, EIN, the plan name and	changed since the last	return/report filed for the last return/report.	4b EIN	***************************************
Sponsor	r's name				4d PN	
: Plan Na	me				The state of the s	
Total nu	mber of participants	at the beginning of the plan year			5a	75
Total nu	mber of participants	at the end of the plan year	******************************	*******************************	5b	89
Number	of participants with	account balances as of the end of the	plan year (only define	d contribution plans	5c	15
(1) Total r	number of active par	ticipants at the beginning of the plan	year	********************************	5d(1)	74
		ticipants at the end of the plan year terminated employment during the pla		enefits that were	5d(2)	86
less than	n 100% vested	***************************************	***************************************	***************************************	5e	0
nder penal 3 or Sched lief, it is tr	ties of perjury and of fule MB completed a ue, correct, and com	or incomplete filing of this return/r her penalties set forth in the instruction a signed by an enrolled actuary, as plete.	ons. I declare that I have	e examined this return/r	report including if	annlicable a Schedule
IGN C	amalo or	Lung	8-6-18	CARME	O LUF	PINO
	nature of plan adm	/ /	Date	Enter name of individu		
SIGN					y g plan	
	nature of employer	/plan sponsor	Date	Enter name of individu	al signing as emp	over or plan sponsor
THE RESERVE OF THE PERSONS	THE PARTY OF THE P		and the second s			b.m. abanimal

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-67 (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	X Yes No	**************	******		,	ee instructions.)	le assets? (S	rear invested in eligib	Were all of the plan's assets during the plan year	a Were all of the	6a
If you answerd "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year (See In 1997). Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Yea and Table Information 1, 66 and 1,			PA)	nt (IQI	untar	ent qualified public acco	an independ	ination and report of	Are you claiming a waiver of the annual examina	b Are you claimin	b
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	X Yes No	****************	*******	*******	******	S.)	and condition	s on waiver eligibility	under 29 CFR 2520.104-46? (See instructions of	under 29 CFR 2	
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (c) End of Year (c) End of Year (d) Beginning of Year (e) End of Year											
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (c) End of Year (d) Beginning of Year (d) Seginning of Year (e) End of	lo Not determined										
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Yea a Total plan assets (b) End of Yea a Total plan assets (b) End of Yea a Total plan assets (b) Total plan issets (c) Plan assets (c) Plan (c)	(See instructions.)					nium filing for this year	e PBGC pre	nation number from th	If "Yes" is checked, enter the My PAA confirmat	If "Yes" is check	
a Total plan assets									ert III Financial Information	Part III Finar	Pa
a Total plan lassitis	d of Year	(b) E	T	ır	Yea	(a) Beginning o			Plan Assets and Liabilities	Plan Assets and	7
b Total plan assets (subtract line 7b from line 7a) 7c 1,281,196 1,6 C Net plan assets (subtract line 7b from line 7a) 7c 1,281,196 1,6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 39,904 (2) Participants 8a(2) 183,704 (3) Others (including rollovers) 8a(3) B Other income (loss) 8b 1,94,323 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 4 1,94,323 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 4 1,94,323 C Total expensive and income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 1,94,323 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 1,94,323 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 1,94,323 C Total expensive and income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 1,94,323 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 7 1,092 G Other expenses 8c	1,688,035		1	96	1,1	1,28	. 7a	***********************	Total plan assets	Total plan asset	a
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers			1				. 7b	*************************	Total plan liabilities	Total plan liabili	b
8 Income, Expenses, and Transfers for this Plan Year 10 Employers	1,688,035		1	96	1,1	1,28	. 7c	***************************************	Net plan assets (subtract line 7b from line 7a) .	Net plan assets	С
(2) Participants 8a(1) 39,904 (2) Participants 8a(2) 183,704 (3) Others (including rollovers) 8a(3) b Others (including rollovers) 8a(3) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 194,323 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 194,323 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8d e Certain deemed and/or corrective distributions (see instructions) 8d f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8d h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Transfers to (from) the plan (see instructions) 8i 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 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: 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) 10a X Was there a failure to transmit to the plan any participant contributions within the time period of described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10b X C Was the plan covered by a fidelity bond? 10c 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? 10c A 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by firate or ordinations paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other regardization that provides some or all of the benefits under the plan? 20c PR H If			1	ll.com en		(a) Amount		n Year			-
(2) Participants				0.4	^ ^		0.44				
(3) Others (including rollovers) 88(3) b Other income (loss) 88 194,323 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 4 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d							1 1				-
b Other income (loss)			+	04	3,1	15					***************************************
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-	0.2	4 2	1.0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			+-	23	4,3	Т;			***************************************		***************************************
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	417,931							surance premiums	Benefits paid (including direct rollovers and insu	Benefits paid (in	d
f Administrative service providers (salaries, fees, commissions) 8f 11,092 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 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 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c 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? 10c X 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f 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			1								
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 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 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c 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? 10d X 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.) 10b X f Has 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				92	1,0	1		s, commissions)	Administrative service providers (salaries, fees,	Administrative s	f
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2520.101-3.)	12,010				10h	ons and 29 CFR	(See instruct	e a blackout period?	If this is an individual account plan, was there a	h If this is an ind	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	100000000000000000000000000000000000000				1	otice or one of the	ne required n	you either provided th	If 10h was answered "Yes," check the box if yo	i If 10h was ans	Ĭ

	Form 5500-SF 2017 Page 3 -				
Par	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)	schedul	e SB	Ye:	s X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	T		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tion 302	2 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, a granting the waiver Month				
<u>If y</u>	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 the 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
Pari	VII Plan Terminations and Transfers of Assets	·		······································	
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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?)e		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(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):