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).

▶ 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 fiscal plan year beginning 01/01/2018 and ending 04/02/2018 A This return/report is for: a single-employer plan list of participating employer information in accordance with the form instance a foreign plan list of participating employer information in accordance with the form instance a foreign plan	
A This return/report is for:	
a consequent plan	
B This return/report is	
an amended return/report a short plan year return/report (less than 12 months)	
C Check box if filing under: Form 5558 automatic extension DFVC program	
special extension (enter description)	
Part II Basic Plan Information—enter all requested information	
1a Name of plan 1b Three-digit	
PAUL S. CURTIS, MD, PC 401(K) PLAN - FINAL plan number	
(PN) ▶	001
1c Effective date of plar 01/01/201	
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification	on Number
Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 16-15437	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone	number
PAUL S. CURTIS, MD, PC 315-779-110	
2d Business code (see i	instructions)
19472 US RT.11 621111	ŕ
WATERTOWN, NY 13601	
3a Plan administrator's name and address ∑ Same as Plan Sponsor. 3b Administrator's EIN	
3c Administrator's telepi	hone number
Authinistrator's teleph	none 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 4b EIN	
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	
a Sponsor's name 4d PN	
·	
C Plan Name	
·	7
C Plan Name	7 0
C Plan Name 5a Total number of participants at the beginning of the plan year	
C Plan Name 5a Total number of participants at the beginning of the plan year	0
C Plan Name 5a Total number of participants at the beginning of the plan year	0 0
C Plan Name 5a Total number of participants at the beginning of the plan year	0 0 0
C Plan Name 5a Total number of participants at the beginning of the plan year	0 0
C Plan Name 5a Total number of participants at the beginning of the plan year	0 0 0 0
Total number of participants at the beginning of the plan year	0 0 0 0 0
C Plan Name 5a Total number of participants at the beginning of the plan year	0 0 0 0 0
Total number of participants at the beginning of the plan year	0 0 0 0 0
5a Total number of participants at the beginning of the plan year	0 0 0 0 0
Total number of participants at the beginning of the plan year	0 0 0 0 0

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6a b	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 cannot use Form 5500-SF and must instead use Form 5500. 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	l of Year
<u>a</u>	Total plan assets	7a	,	19026				0
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	,	19026				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		2152				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-133				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2019
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	20795				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		250				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21045
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-19026
j_	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension find 2G 2J 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	odes in the ins	tructions:
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	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von 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	X			2000
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?					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 the plan? (See instructions.)					X		
f	Has the plan failed to provide any benefit when due under the plan		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X		
i	2020.101 0.7							

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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 Scho (Form 5500) and line 11a below)	В	Y	es No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
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, and granting the waiver			of the letter Year	ruling		
lf y	rou 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)	PN(s)		

Form 5500-SF

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Department of Labor Employee Benefits Socurity 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	I Annual Repor	t identification information	1						
		fiscal plan year beginning	01/01/2018	and ending		2/2018			
A This m	turn/report is for:	X a single-emptoyer plan	a multiple-employer pl	lan (not multiemployer) (nployer information in ac	Filers check cordance wi	ing this box must attach a ith the form instructions.)			
A mat	tunineport is ior.	a one-participant plan	a foreign plan						
B This ret	um/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pa	rogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	formation—enter all requested in	nformation						
1a Name					1b Three	•			
Paul S.	Curtis. MD.	PC 401(k) Plan - FIN	AL		plan i (PN)	number 001			
	, , , , , , , , , , , , , , , , , , ,	10 111 (11, 11411 11411				tive date of plan			
						1/2015			
		loyer, if for a single-employer plan)				oyer Identification Number			
Mailing City or	g address (include ro	om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box) Ital code (if foreign, see inst	nuclions)		16-1543776			
	. Curtis, MD,		itti ooda (ii loroigii, ood iiid			sor's telephone number 779-1104			
		! *				ess code (see instructions)			
19472 (JS Rt.11				6211	•			
Waterto	or.m	NY 13601			1				
		and address X Same as Plan Spo	NAAF		3b Admir	nistrator's EIN			
ou rialla	antibil e lots besilinio	and address A Same as Fight Spo	AISUI.		V				
					3c Admir	nistrator's telephone number			
		he plan sponsor or the plan name h			4b EIN				
•	ian, enter the pian sp ior's name	ionsor's name, EIN, the plan name	and the plan number from t	ne iast returnieport.	4d PN				
C Plan N									
	• • •	ts at the beginning of the plan year.		1	5a	7			
		ts at the end of the plan year			5b				
		h account balances as of the end of			5c				
d(1) Tot	al number of active p	participants at the beginning of the p	olan year		5d(1)				
		participants at the end of the plan ye			5d(2)				
		o terminated employment during th			5e	O			
Caution: A	A penalty for the late	e or incomplete filing of this retui	m/report will be assessed	unless reasonable cau	ıse is estab	lished.			
SB or Scho	alties of perjury and o edule MB completed true, correct/and cor	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have as well as the electronic ve	examined this return/report rsion of this return/report	oort, includir i, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN .	VIIAAX	/X/MMb	17/25/2018	Paul S. Curtis	, MD				
HERE	Signature of plan	administrator		Enter name of individu		ne nian administrator			
eich.	Signature of blan	auminanarot	Date	Cutter trains of fundator	rai argittitig a	is plan aunimistrator			
SIGN HERE	Clanatura of array	lovariates energy		Poles percenting 22	ed signing	on ampleure of plan anguer			
1 .	I SIGNATURE OF SMD	loyer/plan sponsor	i Date	■ Enter name of individual	signing a	is employer or plan sponsor			

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	F0111 5500-3F 2017					_			
6a b	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)								
_	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	ot use Fo	m 5500-SF and mus	t instea	d use	Form	5500.	. 🗆 Mat	dataminad
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)?	Ц	Yes UN	o ∐ Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this p	lan yea				(See II	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
-i-a	Total plan assets	7a		19,					0
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		19,	026				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	t			(t) Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)		2,:	152				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-:	133				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2,019
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	iding direct rollovers and insurance premiums							
•	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f	Administrative service providers (salaries, fees, commissions)	8f			250				
_g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\perp				21,045
1	Net income (loss) (subtract line 8h from line 8c)	81							-19,026
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2G 2J 3D	feature o	odes from the List of Pl	an Cha	racteri	stic Co	des in the i	nstructions	
b	If the plan provides welfare benefits, enter the applicable welfare t	eature co	des from the List of Pla	n Chara	acteris	ic Cod	es in the in	structions:	
Pa	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary I	Fiduciary Correction			x			
	Program)			10a	 				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		х			
	C Was the plan covered by a fidelity bond?				Х				2,000
	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		4	
	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			

x

X

10g

10h

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.)

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

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Part										
11	Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)	unding requirement	s? (If "Yes," see in	structions and	I complete Sch	edule S	B		Yes	No
11a	Enter the unpaid minimum required contributions	for all years from So	chedule SB (Form	5500) line 40.		11a				
12	is this a defined contribution plan subject to the r ERISA?	ninimum funding req	uirements of secti	on 412 of the	Code or sectio	n 302 o	f] Yes	X No
а	If a waiver of the minimum funding standard for a granting the waiver.	prior year is being a	mortized in this pla	ın year, see i	nstructions, and Month	l enter Da	the date	of the Ye	letter n ear	uling
lf :	you completed line 12a, complete lines 3, 9, and									
-	Enter the minimum required contribution for this pla					12b				
	Enter the amount contributed by the employer to the					12c				
d	Subtract the amount in line 12c from the amount in negative amount)					12d				
e	Will the minimum funding amount reported on line	12d be met by the	funding deadline?.				Yes	∐ Ne	<u>, </u>	N/A
Part '										
	Has a resolution to terminate the plan been adopted	n any plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				X Ye	s [No	
	If "Yes," enter the amount of any plan assets that	reverted to the emp	loyer this year		. 4 1 . 1	13a				
b	Were all the plan assets distributed to participants control of the PBGC?	or beneficiaries, tra	ansferred to anothe	er plan, or bro	ught under the			X Ye	s 📙 I	No
С	If, during this plan year, any assets or liabilities w which assets or liabilities were transferred. (See i	ere transferred from	this plan to anothe	er plan(s), ide	ntify the plan(s) to				
1	3c(1) Name of plan(s):				13c(2)	EIN(s)		1	3c(3) F	N(s)
					L					

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