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

Parti	Allilual Repol	t identification information	1			
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/	2017	and ending 12	/31/2017	
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (F mployer information in acc	_	
D This nat		a one-participant plan	a foreign plan			
D This ret	urn/report is					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension]	DFVC program	n
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested ir	formation			
1a Name of plan GUY L. MINTZ, MD, PROFIT SHARING PLAN #2						er 002
				-	(PN) •	ate of plan 01/01/2002
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)				dentification Number
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		tructions)		11-2967498
-	TZ, MD PLLC	ce, country, and zir or loreign pos	tal code (il loreign, see insi	iructions)		telephone number 6-482-3401
					2d Business c	ode (see instructions)
	ERN BOULEVARD - CK, NY 11021	SUITE 211				621111
ONE/ THE	71,111 11021					
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administrati	tor's EIN
					3c Administrati	tor's telephone number
						•
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN	
'	sor's name				4d PN	
C Plan N	lame					
5a Total	number of participant	s at the beginning of the plan year.			5a	5
		s at the end of the plan year			5b	5
		account balances as of the end of		-	5c	5
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	5
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	1
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau		
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.	08/01/2018	GUY MINTZ		
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator
SIGN						
HERE	Signature of emp	oyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor

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	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.)							
								Not determined . (See instructions.)
Pa	rt III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year
a	Total plan assets	7a	79	91802				965922
<u>b</u>	Total plan liabilities	7b		0				0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	79	91802				965922
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а	Contributions received or receivable from:	90(1)	1.	12827				
	(1) Employers	8a(1)	ı	0				
	(2) Participants	8a(2)		0	-			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		72765				405500
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						185592
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
q	Other expenses	8g	,	11472				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11472
	Net income (loss) (subtract line 8h from line 8c)						174120	
j	Transfers to (from) the plan (see instructions)	8i		0				
Pai	rt IV Plan Characteristics	, ,,						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 3B 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	C Was the plan covered by a fidelity bond?				X			100000
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.)							
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	2020.101.07							

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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 Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12							
	(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 ruling Year			
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)							
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?		X Yes	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		(
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
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	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)						

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Bernitis Smoothy Astronomics Pension Benefit Gueranty 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

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	lendar plan year 2017 (the flantacient out on a state of the military to be				
		or fiscal plan year beginning	01/01/2017	and ending	12/31/2017	
A Th	is return/report is for:	a single-employer plan		i (not multiemployer) (File loyer information in accor	rdance with the form	instructions.)
B This	return/report is	a one-participent plan	a foreign plan			
		the first return/report	the final return/report			
	an amended return/report a short plan year return/report (less than 1					
C Ch	ack box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter des				
Part		nformation—enter all requested i	information			
	eme of plan L. Mintz, MD,	Profit Sharing Plan	‡ 2	1	b Three-digit plan number	002
				1	C Effective date of 01/01/200	f plan
		nployer, if for a single-employer plan, room, apt., suite no. and street, or P		2	2b Employer Identi (EIN)11-296	fication Number
	y or town, state or prov L. Mintz, MD I	vince, country, and ZIP or foreign po PLLC	stal code (if foreign, see instru	ections)	2c Sponsor's telep	hone number
				12	2d Business code	
287	Northern Boule	evard - Suite 211				
	t Neck			11021	621111	
3a Pla	n administrator's name	and address 🛭 Same as Plan Sp	onsor,		3b Administrator's	EIN
				,	oo maningaatata o	telephone number
this	plan, enter the plan s	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last re and the plan number from th	turn/report filed for e last return/report.	4b EIN	talepholic Humber
this a Spo	plan, enter the plan s nsor's name	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last re and the plan number from th	turn/report filed for e last return/report.		talephone number
this a Spo	plan, enter the plan s	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last re and the plan number from th	turn/report filed for e last return/report.	4b EIN	tales, late transfer
this a Spo C Plan	plan, enter the plan s nsor's name i Name	the plan sponsor or the plan name ponsor's name, EIN, the plan name ats at the beginning of the plan year	and the plan number from th	turn/report filed for e last return/report.	4b EIN	5
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2	ıa	e	2

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a ons.)	ccount	ant (IC	QPA)		X Yes No
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		-					Not determined (See instructions.)
Pa	rt III Financial Information							
7_	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
_ a	Total plan assets	7a		791,	802			965,922
b	Total plan liabilities	7b			0			0
	Net plan assets (subtract line 7b from line 7a)	7с		791,	802			965, 922
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_	_	(b) To	otal
a	Contributions received or receivable from: (1) Employers	8a(1)		112,	827			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		72,	765			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						185,592
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f_	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g		11,	4.72			
h_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11,472
	Net income (loss) (subtract line 8h from line 8c)	8i			_			174,120
j	Transfers to (from) the plan (see instructions)	8j			0			
Pai 9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	istic Cod	les in the instr	uctions
	2A 2E 2G 3B 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Code	s in the instru	ctions
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Δ	mount
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 Verogram)	/oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х		
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.)	ne or all of	the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
g				10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	*********		10h		Х	-123	456789012345
	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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Page	3-	

Part	VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
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.)						
a	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	d enter Day				
lfi	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		v			
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 '	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes No			
7	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0			
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 Electronic Filing Authorization

Plan:

Guy L. Mintz, MD, Profit Sharing Plan # 2

EIN/PIN:

11-2967498 / 002

PLAN ADMINISTRATOR

(date)

Plan Year: 01/01/2017 – 12/31/2017

I hereby authorize Northeast Professional Planning Group to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 SF for this return and understand that a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

PLAN SPONSOR

(date)-

~//2/1	
(sign)	(sign)
x 8/1/18	