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

Part I		t Identification Information	7	and P	0/04/0047					
For calend	dar plan year 2017 or f	iscal plan year beginning 01/01/201	_		2/31/2017					
A This re	eturn/report is for:	X a single-employer plan		an (not multiemployer) (nployer information in ac	-					
D	. ,	a one-participant plan	a foreign plan							
B This ret	turn/report is	불	the final return/report							
		an amended return/report	a short plan year retui	n/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program					
	_	special extension (enter descript								
Part II		ormation—enter all requested infor	mation		T					
1a Name	•	COLUTED DO DECEIT OLIVERNO DI			1b Three-digit					
GARY B. PI	ILLERSDORF & ASSO	OCIATES, P.C. PROFIT SHARING PL	AN		plan number (PN) ▶	002				
					1c Effective date of					
						/1993				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b Employer Identii (EIN) 13-34	ication Number					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GARY B.PILLERSDORF & ASSOCIATES, P.C			2c Sponsor's telep							
			2d Business code (see instructions)							
	225 BROADWAY				541110					
NEW YORK	K, NY 10007-3001									
3a Plan a	administrator's name a	and address X Same as Plan Sponso	or .		3b Administrator's I	=IN				
Ju Han a	administrator s name a	and address A Same as Fian Sponso	л.		Administrator 3 i	-114				
					3c Administrator's t	elephone number				
4 If the	name and/or EIN of th	ne plan sponsor or the plan name has	changed since the last r	eturn/report filed for	4b EIN					
		onsor's name, EIN, the plan name and	I the plan number from t	he last return/report.	4d DN					
a Spons C Plan I	sor's name				4d PN					
C FIAILI	Name									
5a Total	number of participant	s at the beginning of the plan year			5a	12				
		s at the end of the plan year			5b	8				
		account balances as of the end of the			5c	8				
d(1) To	tal number of active pa	articipants at the beginning of the plan	year		5d(1)	7				
. ,	·	articipants at the end of the plan year.			5d(2)	4				
than	100% vested	o terminated employment during the p			5e	2				
Caution:	A penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable ca		abla a Och atal				
SB or Sch		ther penalties set forth in the instruction and signed by an enrolled actuary, as notete.								
SIGN		d/valid electronic signature.	08/27/2018	ANDREW PILLERSD	ORF					
HERE	HERE Signature of plan administrator Date Enter name of individu				dual signing as plan administrator					

08/27/2018

Date

ANDREW PILLERSDORF

Enter name of individual signing as employer or plan sponsor

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN

HERE

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6a b	 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.) 							X Yes	
С	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	ot use Fo	rm 5500-SF and mus rogram (see ERISA se	t instea ection 4	ad use 021)?	Form	5500. Yes No	Not dete	ermined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
а	Total plan assets	7a	12	15548				389824	
b	Total plan liabilities	7b		0					
С	Net plan assets (subtract line 7b from line 7a)	7с	121	15548				389824	
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) T	Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		6412					
	(3) Others (including rollovers)	8a(3)	24	43965					
b	Other income (loss)	8b	12	23255					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						373632	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	119	1198553					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f							
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1199356	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-825724	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V 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				10c	X			1500	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		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.)			10e	X			44	.93
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		X	_		
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	VI 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)	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	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	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

Par	til Annual Report	Identification Information				
For ca	lendar plan year 2017 or fis	cal plan year beginning	01/01/2017	and ending	12/31/2017	
A Thi	is return/report is for:	x a single-employer plan a one-participant plan	a multiple-employer pla a list of participating en a foreign plan	n (not multiemployer) nployer Information in	(Filers checking this accordance with the	box must attach form instructions.)
Вть	is return/report is:	the first return/report	the final return/report			
- '''	a (Clarinopari lo:	an amended return/report	a short plan year return	/report (less than 12 a	months)	
C Ch	eck box if filing under:	Form 5558	automatic extension		☐ DFVC pro	gram
1 10 100 100	SAME AND A	<u> </u>				
Par		ormation enter all requested i	nformation		1b Three-digit	
	Name of pian Sary B. Pillersdorf	& Associates, P.C. Profit	Sharing Plan		plan ∩umber (PN) ►	002
						e of plan 3
	ol Sbuloni) seetha noilista	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O). Box)	ictions\	2b Employer Id (EIN) 13-3	entification Number 3446769
	Dity or town, state or proving Sary B.Pillersdorf 8	ce, country, and ZIP or foreign posta & Associates, P.C	ar code (អ roreign) see មានមា	Teriolist	2c Sponsor's te (212) 406	elephone number 5-4848
;	225 Broadway					de (see instructions)
1	JS New York NY 10007-3001					
		and address X Same as Plan Spo	nsor		3b Administrato	or's EIN
					3c Administrate	or's telephone number
4	If the name and/or EIN of the	ne plan sponsor or the plan name ha pnsor's name, EIN, the plan name at	is changed since the last re and the plan number from the	eturn/report filed for e last rejurn/report.	4b EIN	
а	Sponsor's name				4di PN	
С	Plan Name					
						12
		s at the beginning of the plan year				8
		s at the end of the plan year			50	0
	complete this item)	account balances as of the end of t	or este , . d, . ddes dded , deet	a+a asaa s+as +ss+ s++s s+ss+ ssb s ss+ s++		8
d(1) Total number of active pa	articipants at the beginning of the pla	an year	***************************		7
		articipants at the end of the plan yea o terminated employment during the				4
е	less than 100% vested	***************************************)		. 2
Сац	ition: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	uniess reasonable	cause is established	l
SB	ler penalties of perjury and or Schedule MB completed ef, it is true, correct, and oo	other p enalties set forth in the instru and signe droy an enrolled actuary, in page	otlons, I declare that I have as well as the electronic ve	examined this return rsion of this return/rep	/report, including, ir ਗ port, a _n d to the best o	pplicabje, a Schedule fmy k _n owledge and
	/ //	1/1/1	8/27/18	ANDREW PILLERS	OORF	
18 day 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RE Signature of plan ad	ministrator	Date	Enter name of indivi	duai signing as pian a	administrator
SI/	an X	///	8/27/18	ANDREW PILLERS		
\$20 miles	HERE Signature of employer/plan sponsor Date Enter name of indiv					oyer or plan sponsor

þ	an	А	2

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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	under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)									
	if you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inste	ad u	se Fo	rm 55	i00.			
C	If the plan is a defined benefit plan, is it covered under the PBGC ins									
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year _						(See instructio	ıns.)
Pa	nt III Financial Information	we are hard free to remember of								
7	Plan Assets and Liabilitles		(a) Beginning of	Year		_		(b) End	of Year	
а	Total plan assets	7a	1,21	.5,54	18				389,8	24
b	Total plan liabilities	7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c	1,21	15,54	48	ļ			389,8	24
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	Garage Company
а	Contributions received or receivable from:	00/41			0					
	(1) Employers	8a(1)		6,4						
	(2) Participants	8a(2)	ļ	13,9		ACTUAL Y				
_	(3) Others (including rollovers)	8a(3)				147204F		iar age		
<u>b</u>	Other income (loss)	8b	123,			WESTER S			777 €	7.25 7.7
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (Including direct rollovers and insurance premiums	8c				1838	3 46		373,6	32
d	to provide benefits)	8d	1,19	98,5	53					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		8	93					
g	Other expenses	8g				200				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				Carlos.			1,199,3	56
-:-	Net income (loss) (subtract line 8h from line 8c)	. 8i				Š.			(825,72	4)
-	Transfers to (from) the plan (see instructions)	8]		-				6		
::-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	art V Plan Characteristics	·	<u> </u>							
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Ch	aract	eristic	: Code	s in the	e instruci	lions:	
	2A 2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	racte	ristic	Codes	in the	instruction	ons:	
P	art V Compliance Questions					,	T			
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction			١,,			•	
	Program)			10a		X				
- 1	Were there any nonexempt transactions with any party-in-interest			10b		x				
	reported on line 10a.)			10c	Y	<u> </u>			15	0,000
	C Was the plan covered by a fidelity bond?			100						•,
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	************	391000000000000000000000000000000000000	10d		x				
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e	х					4,493
	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10f	<u> </u>	Х				
	The state of the s			10g		X				
	g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?			9		 		1. 1.		110 11 1504
	2520.101-3.)	***********		10h		Х				
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne require	a notice or one of the	10i						

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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 Sc (Form 5500 and line 11.a below)				Yes	ΧN	40	
_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 412 of the			<u> </u>	yes [X N	Л О	
	(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 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 the plan year	12 c						
ď	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	<u></u>	NΑ		
Part	Plan Terminations and Transfers of Assets							
_13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	Х	No			
	if "Yes," enler 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 N	lo		
C	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13	3c(1) Name of plan(s): 13c(2) E	iN(5)		13c	(3) PN	V(s)		
		,,,,,,,,,,,	\(\text{\text{\$\limits\$}}\)		***************************************			