## **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

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	<b>Identification Information</b>							
For calend	dar plan year 2017 or fis	scal plan year beginning 01/01/2	2017	and ending 12	/31/2017				
A This re	eturn/report is for:	x a single-employer plan		an (not multiemployer) (F aployer information in acc		ng this box must attach a th the form instructions.)			
		a one-participant plan	a foreign plan						
<b>B</b> This re	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name	-	1(K) PROFIT SHARING PLAN & 1	TRUST		<b>1b</b> Three plan n (PN)	umber			
					1c Effect	ive date of plan 01/01/1993			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Pov)			yer Identification Number			
	`	e, country, and ZIP or foreign post	,	ructions)	(EIN)	11-2984618			
	D CARE OF LI INC	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	,	2c Spons	sor's telephone number 631-694-8787			
					<b>2d</b> Busine	ess code (see instructions)			
130 SEA LANE FARMINGDALE, NY 11735-3926					621210				
	,								
3a Plan	administrator's name an	nd address X Same as Plan Spor	nsor.		<b>3b</b> Admin	istrator's EIN			
					3c Admin	istrator's telephone number			
					JC Admin	istrator's telepriorie number			
					41				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
•	sor's name				4d PN				
C Plan	Name								
<b>5a</b> Total	number of participants	at the beginning of the plan year.			5a	111			
<b>b</b> Total	number of participants	at the end of the plan year			5b	116			
		account balances as of the end of		=	5c	39			
<b>d(1)</b> To	tal number of active par	rticipants at the beginning of the p	lan year		5d(1)	96			
	d(2) Total number of active participants at the end of the plan year								
P Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
		or incomplete filing of this return							
SB or Sch		her penalties set forth in the instrund signed by an enrolled actuary, ablete.							
SIGN	Filed with authorized/	valid electronic signature.	09/12/2018	DANIEL DESIMONE					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal signing a	s plan administrator			
SIGN									
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ıal signing a	s employer or plan sponsor			

Form 5500-SF 2017 Page **2** 

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)?	<b>b</b> A									es No
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·								e2   140
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year										etermined
7 Plan Assets and Liabilities 7a 78 786017 947  8 Total plan assets . 7a 786017 947  8 Total plan liabilities . 7b 75  C Net plan assets (subtract line 7b from line 7a) 7c 7e8017 947  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers . 8a(1) (2) Participants . 8a(2) 72568 (3) Others (including rollovers) . 8a(3) 1				-					ш	tructions.)
7 Plan Assets and Liabilities 7a 78 786017 947  8 Total plan assets . 7a 786017 947  8 Total plan liabilities . 7b 75  C Net plan assets (subtract line 7b from line 7a) 7c 7e8017 947  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers . 8a(1) (2) Participants . 8a(2) 72568 (3) Others (including rollovers) . 8a(3) 1	Part	III Financial Information								
a Total plan assets	_			(a) Beginning	of Year			(b) En	d of Year	
b Total plan liabilities			7a					(2) =::	94275	3
C Net plan assets (subtract line 7b from line 7a)	-	'								
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		·		7	86017				94275	3
(1) Employers	_			(a) Amour	nt			(b)	Total	
(3) Others (including rollovers)			8a(1)	,				ν,		
b Other income (loss)	(2	2) Participants	8a(2)		72566					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(:	3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>b</b> 0	other income (loss)	8b	1	12031					
e Certain deemed and/or corrective distributions (see instructions)	<b>C</b> T	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18459	7
f Administrative service providers (salaries, fees, commissions)			8d		27543					
g Other expenses	<b>e</b> 0	ertain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f A	dministrative service providers (salaries, fees, commissions)	salaries, fees, commissions) 8f 318							
i Net income (loss) (subtract line 8h from line 8c)	g	ther expenses								
Transfers to (from) the plan (see instructions)   8j	h T	Total expenses (add lines 8d, 8e, 8f, and 8g)							2786	1
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 instruction 2E 2G 2J 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)		Net income (loss) (subtract line 8h from line 8c)					15673	6		
9a	jΤ		··· 8j							
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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  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.)  10										
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)		2E 2G 2J 3D								
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)	b	f the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	an Chara	acterist	tic Cod	des in the inst	ructions:	
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)	Part	V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0 1 7				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	Fiduciary Correction	10a		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?  • 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.)  • Has the plan failed to provide any benefit when due under the plan?  • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  • Tog  • To	b	Were there any nonexempt transactions with any party-in-interes	st? (Do not	include transactions						
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			4	10000
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.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  His this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	d	Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	's fidelity bo	nd, that was caused	. 10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so	ther person me or all of	s by an insurance the benefits under	. 10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pl	lan?		10f		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g	X			1	4847
i VAOL	h	·	•				X			
exceptions to providing the notice applied under 29 CFR 2520.101-3		If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			. 10i		X			

Form 5500-SF 2017	Page <b>3-</b> 1		
-------------------	------------------	--	--

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					
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, an 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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)		

Department of Labor Employee Benefits Security Administration

## 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

Pension Benefit Guaranty Corporation			h the instructions to	the Form 5500-SF.		c Inspection			
Part I Annual Report Ider	ntification Infor								
For calendar plan year 2017 or fiscal					<u>12/31/20</u>				
A This return/report is for:	X a single-employe			multiemployer) (Filers ci					
		of part	icipating employer info	rmation in accordance wi	ith the form instr	ructions.)			
	a one-participant	plan a fore	ign plan						
B This return/report is	the first return/re	port 🔲 the fir	nal return/report						
_	rt plan year return/re	port (less than 12 mor	iths)						
C Check box if filing under:	X Form 5558	auton	natic extension		DFVC progr	am			
	special extension	(enter description)							
Part II Basic Plan Informa	ition - enter all rec	quested information							
1a Name of plan				1b Three-digit					
CONTINUED CARE OF I	LI INC 401	(K) PROFIT	SHARING	plan number	(PN)	001			
PLAN & TRUST				1c Effective dat	e of plan				
					01/1993				
2a Plan sponsor's name (employer,	if for a single-emplo	ver plan)			entification Nu	nber (EIN)			
Mailing address (include room, a	pt., suite no. and str	eet, or P.O. Box)		- Limpleyor to	2984618	mosi (Cita)			
CONTINUED CARE OF I	ountry, and ZIP or fo	oreign postal code (if	foreign, see instr.)	-					
130 SEA LANE	11 1110			2c Sponsor's telephone number 631-694-8787					
130 DER ERNE				<u> </u>		NI N			
FARMINGDALE	MV 11	735-3926			de (see instruc	tions)			
3a Plan administrator's name and ac				621					
Plan administrator's name and ad	odress A Same a	as Plan Sponsor.		3b Administrato	r's EIN				
				0-		<del></del> -			
				3c Administrato	r's telephone i	number			
A 10.11			_	41-					
4 If the name and/or EIN of the plan				4b EIN					
return/report filed for this plan, en	• •	r's name, EIN, the pla	n name and the						
plan number from the last return/r	eport.								
2 Sponsor's name				4d PN					
C Plan Name									
				<u> </u>					
5a Total number of participants at t				5a		111			
b Total number of participants at t	the end of the plan y	year		5b		116			
<ul> <li>Number of participants with acc</li> </ul>	ount balances as of	the end of the plan y	ear (only defined	2					
contribution plans complete this	s item)			୍ 5c		39			
d (1) Total number of active partie	cipants at the begin	ning of the plan year		5d(1)		96			
d (2) Total number of active partie				5d(2)		100			
e Number of participants who terr									
benefits that were less than 100	, ,	2274.23305.0033.0030		5e					
Caution: A penalty for the late or i		this return/report w	ill be assessed unle	ss reasonable cause	is establishe	d.			
Under penalties of perjury and other Schedule SB or Schedule MB compl my knowledge and belief, it is true	nenalties set forth in	the instructions. I de	clare that I have eva	mined this return/rend	rt Including if	annlicable a			
SIGN SIGN	Grect, and complete	0/110							
HERE Manual L	UAN)	4/12/18							
Signature of plan administr	alor	Date	Enter name of inc	dividual signing as pla	n administrator	r			
SIGN HERE	1.	9/12/8	3						
Signature of employer/plan	sponsor	Date	Enter name of inc	dividual signing as em	plover or plan :	sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017)

v. 170203

Form 5500-SF 2017	Page <b>2</b>
-0111 3300-3F 201 <i>1</i>	raye <b>-</b>

6a	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee instru	ctions.)				X Yes	∏ <sub>No</sub>	
								_	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes	∐ No	
•	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500								
С	if the plan is a defined benefit plan, is it develod under the r bad insurance program (see Enter section 4021):						No Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing	) for this p	lan year				(See ii	nstructions.)	
Da	rt III Financial Information								
7			(a) Beginning	of Vo	or		o) End of Y	'oar	
<del>-</del>	Plan Assets and Liabilities Total plan spects	7a		6,0		,	•	2,753	
b	Total plan assets  Total plan liabilities	7a 7b	70	0,0	<u> </u>			2,133	
	Net plan assets (subtract line 7b from line 7a)	7c	78	6,0	17		9.4	2,753	
8	·	76	(a) Amou		<u> </u>		و ر (b) Total		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amor	4111			(b) Total		
_	(n = 1)	8a(1)							
	(6) 7	8a(2)	7	2,5	66				
	(3) Others (including rollovers)	8a(3)	•	<u> </u>	<del></del>				
b	Other income (loss) STATEMENT 1	8b	11	2,0	31				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_, .	<u> </u>		1.8	84,597	
d	Benefits paid (including direct rollovers and insurance premiums to provide	1 00							
	benefits) STATEMENT 2	8d	2	7,5	43				
е	Certain deemed and/or corrective distributions (see instructions)	8e	<u></u>						
f	Administrative service providers (salaries, fees, commissions) STMT 3	8f		3	18				
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2	7,861	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						6,736	
j	Transfers to (from) the plan (see instructions)	8i						·	
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature co	des from	the List of Plan (	Charac	cteristi	c Codes	in the instr	uctions:	
	2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from tl	he List of Plan Ch	naract	eristic	Codes in	the instru	ctions:	
Pa	rt V Compliance Questions								
<u>10</u>	During the plan year:			Yes	No		Amount		
а	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 Voluntain	ry							
	Fiduciary Correction Program.)		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc	lude							
	transactions reported on line 10a.)		10b		Х				
	Was the plan covered by a fidelity bond?		10c	X			4	0,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond	-							
	was caused by fraud or dishonesty?		10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons be	-							
	insurance carrier, insurance service, or other organization that provides some	or all of							
	the benefits under the plan? (See instructions.)				X				
	Has the plan failed to provide any benefit when due under the plan?				X	<u> </u>		4 0 4 5	
	Did the plan have any participant loans? (If "Yes," enter amount as of year-enc		10g	Х	-		1	4,847	
n	If this is an individual account plan, was there a blackout period? (See instruct				7.7				
	and 29 CFR 2520.101-3.)				Х				
ı	If 10h was answered "Yes," check the box if you either provided the required in the control of t				7.7				
	one of the exceptions to providing the notice applied under 29 CFR 2520.101	-ও	10i		X				

Pa	t 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)				Yes	X No	
<u>11a</u>	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						
	section 302 of ERISA?				Yes	X No	
	(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 in	struction	ns, and	d enter t	he date of t	he letter	
	ruling granting the waiver. Month	Day	У		Year		
lf	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	C Enter the amount contributed by the employer to the plan for this plan year						
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?		7	'es	No	N/A	
Pai	rt VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		7	'es	X 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 broaden	ught			_		
	under the control of the PBGC?				Yes	X No	
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.)						
13c(1) Name of plan(s): 13c(2) E					13c(3)	PN(s)	
						_	