## 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).

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							
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/20	017	and ending 1	2/31/2017				
A This ret	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.)								
<b>P</b> This rate	um/ronout in	a one-participant plan	a foreign plan						
<b>D</b> This retu	urn/report is	the first return/report	the final return/report						
0		an amended return/report		n/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558 special extension (enter descri	automatic extension		DFVC program				
Dort II	Pacia Blan Info	<u> </u>	. ,						
Part II 1a Name		rmation—enter all requested info	ormation		<b>1b</b> Three-digit				
	DITSKY, CPA, P.C. 40	O1(K) PLAN			plan number				
010/11(17).	D1101(1, 01 7, 1 .0. 40				(PN)	001			
					1c Effective date o	f plan 1/1990			
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			<b>2b</b> Employer Identi (EIN) 13-3	fication Number 549962			
STUART A.	DITSKY, CPA, P.C.	e, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	2c Sponsor's telep				
C/O PRAGE	R METIS CPAS, LLC				2d Business code (see instructions)				
	AZA, SUITE 1800				541211				
NEW YORK,	, NY 10122								
3a Plan a	dministrator's name ar	nd address X Same as Plan Spon	sor		<b>3b</b> Administrator's	FIN			
		a addition of the contract of							
					<b>3c</b> Administrator's	elephone number			
4 If the r	name and/or EIN of the	e plan sponsor or the plan name ha	s changed since the last r	eturn/report filed for	<b>4b</b> EIN				
•		nsor's name, EIN, the plan name ar	nd the plan number from t	he last return/report.	Adam				
a Spons C Plan N	or's name				4d PN				
C FIGHT	iairie								
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	38			
<b>b</b> Total	number of participants	at the end of the plan year			5b	35			
		account balances as of the end of the			5c	19			
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1) 25				
d(2) Total number of active participants at the end of the plan year				5d(2) 25					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca					
SB or Sche		her penalties set forth in the instructed signed by an enrolled actuary, as olete.							
SIGN		/valid electronic signature.	09/27/2018	STUART A. DITSKY					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan adr	ninistrator			
SIGN Filed with authorized/valid electronic signature. 09/27/2018 STUART A. DITSKY									

Date

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 Ye	s 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.)							X Ye	s П 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 covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not de	termined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See insti	uctions.)	
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	d of Year		
а	Total plan assets	. 7a		24878			(7	1787902		
	Total plan liabilities	. 7b		0						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	222	24878				1787902		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
а	Contributions received or receivable from:	0=(4)		0						
	(1) Employers	8a(1)		0						
	(2) Others (including a library)	8a(2)		U						
	(3) Others (including rollovers)	. 8a(3)	29	32635						
	Other income (loss)	. 8b	20	32033				282635		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						202033		
	to provide benefits)	. 8d	708333							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		11008						
f	Administrative service providers (salaries, fees, commissions)	. 8f		0						
g	Other expenses	. 8g		270						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					719611			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-436976		
j	Transfers to (from) the plan (see instructions)	ions)								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the inst	ructions:		
Par	t V Compliance Questions						1			
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribudescribed 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.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			300	0000	
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?			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.)					X				
f	Has the plan failed to provide any benefit when due under the plan	ın?		10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							37	460	
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	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	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 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	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)									
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	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)		<b>13c(3)</b> 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

F	art I	Annual Report	Identification Information								
For	calen	dar plan year 2017 or fis	scal plan year beginning	01/01/2017	and ending	12/31	/2017				
Α	This re	eturn/report is for:	x a single-employer plan			multiemployer) (Filers checking this box must attach information in accordance with the form instructions.)					
B This return/report is:			a one-participant plan the first return/report	the final return/report							
	11115 11	stam/report io.	an amended return/report								
С	Check	box if filing under:	x Form 5558 special extension (enter descript	automatic extension		∐ DF	FVC program				
Б		Dania Diam Info	<u> </u>			***************************************					
	art II	e of plan	rmation enter all requested inf	ormation		1b Three	e-digit				
ıa			CPA, P.C. 401(k) Plan				number				
						1c Effec	ctive date of plan 01/1990				
2a	Maili	ng 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 ins	structions)		loyer Identification Number ) 13-3549962				
	Stu	art A. Ditsky, ( Prager Metis Cl	CPA, P.C.	3.,	,		nsor's telephone number 2) 557-2727				
	•	Penn Plaza, Suit	•			2d Business code (see instructions) 541211					
	US N	ew York NY 10122									
3a	Plan	administrator's name a	nd address X Same as Plan Spon	sor		3b Administrator's EIN					
						3c Admi	inistrator's telephone number				
4	If the	name and/or EIN of the	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					
а		nsor's name			•	4d PN					
С	Plan	Name									
 5a	Tota	I number of participants	at the beginning of the plan year			5a	38				
			at the end of the plan year			5b	35				
С			account balances as of the end of the			5c	19				
d			ticipants at the beginning of the plan		••••••	5d(1)	25				
d			ticipants at the end of the plan year			5d(2)	25				
е			terminated employment during the pl			5e	0				
Ca	aution	: A penalty for the late	or incomplete filing of this return/	report will be assesse	d unless reasonable ca	use is estal	blished.				
SE	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
c	IGN	1		9/27/18	Stuart A. Ditsk	У					
1003400	IERE	Signature of plan adn	ninistrator	Date /	Enter name of individu	al signing as	plan administrator				
	ign	90-		9/11/18	Stuart A. Ditsk	Y					
10775403160	IERE	Signature of employe	r/plan sponsor	Date /	Enter name of individual signing as employer or plan sponsor						

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X Yes No **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **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.) 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ....... Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year \_ (See instructions.) Financial Information Part III (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 2,224,878 1,787,902 7a Total plan assets ..... 7b b Total plan liabilities..... 1,787,902 2,224,878 7с Net plan assets (subtract line 7b from line 7a) ..... (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 0 8a(1) (1) Employers ..... 0 (2) Participants ..... 8a(2) (3) Others (including rollovers) ..... 8a(3) 282,635 8b b Other income (loss) ..... 282,635 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c Benefits paid (including direct rollovers and insurance premiums 708,333 8d to provide benefits) ..... 11,008 Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions) 8f 270 8g Other expenses ..... 719,611 h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h (436, 976)Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) ...... 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 2F 2G 2J 2K 2R 2T 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 Yes No N/A Amount 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 X 10a ..... Were there any nonexempt transactions with any party-in-interest? (Do not include transactions X 10b reported on line 10a.) ..... 300,000 10c Was the plan covered by a fidelity bond? ..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused X 10d 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 X the plan? (See instructions.) 10f x Has the plan failed to provide any benefit when due under the plan? ..... 37,460 Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h 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		Pension Funding Compliance						
11	Is this a	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar	d complete So	chedule	SB		Yes X	No
11a		ne 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 sect	ion 302	of	Ь,	٧٥٥ [17]	No
	ERISA?	?		•••••	•••••		Yes X	No
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a wai	ver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions, a	nd ente	r the date	of the	letter rul	ing
	granting	the waiver	Month	Da	У	Yea	<u> </u>	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.					
b		ne minimum required contribution for this plan year		12b				
С	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//	4
Parl	: VII	Plan Terminations and Transfers of Assets						
13a	Has a r	esolution to terminate the plan been adopted in any plan year?		2	₹ Yes		No	
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year		13a				0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?							
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.)								
1	13c(1) Name of plan(s): 13c(2) El			IN(s)		130	(3) PN(s	s)