Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	Annual Report le	dentification Information	1					
For calend	dar plan year 2017 or fisc	cal plan year beginning 01/01/2	2018		and ending 0	6/30/2018		
A This re	eturn/report is for:	x a single-employer plan					ng this box must attach a the form instructions.)	
R This rot	turn/report is	a one-participant plan	a forei	gn plan				
D IIIIS IEI	turr/report is	the first return/report	X the fina	I return/report				
		an amended return/report	X a short	plan year return	/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter description)	ш	atic extension		DFVC pro	ogram	
Dort II	Pasia Dian Infor	_ ` ` `	' '					
Part II		mation—enter all requested in	ntormation			4 h ==	P 9	
1a Name STEVEN A.	•	CTURE, PC PENSION PLAN				1b Three plan n (PN)	number	
						1c Effecti	ive date of plan 01/01/2002	
Mailin	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 Emplo (EIN)	oyer Identification Number 11-3543883	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STEVEN A. BERNSTEIN ACUPUNCTURE, PC					uctions)	2c Spons	sor's telephone number 516-377-6446	
					2d Busine	ess code (see instructions)		
3321 HARBOR POINT RD. BALDWIN, NY 11510						621399		
BALDWIN, I	NT 11310							
3a Plan a	administrator's name and	d address X Same as Plan Spor	onsor.			3b Admin	nistrator's EIN	
						3c Admin	introtor's talanhana numbar	
						3C Admin	nistrator's telephone number	
		plan sponsor or the plan name hasor's name, EIN, the plan name a				4b EIN		
•	sor's name					4d PN		
C Plan N	Name							
5a Total	number of participants a	at the beginning of the plan year				5a	2	
	·	at the end of the plan year				5b	0	
		ccount balances as of the end of			•	5c		
٠,		icipants at the beginning of the pl	-			5d(1)	2	
		icipants at the end of the plan ye				5d(2)	0	
than	100% vested	erminated employment during the				5e	0	
Under nen	A penalty for the late of	r incomplete filing of this return	rn/report will ictions I dec	lare that I have o	uniess reasonable cat examined this return/re	nort includin	isned.	
SB or Sch	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.							
SIGN	Filed with authorized/v	ralid electronic signature.	11/0)1/2018	STEVEN BERNSTEIN	1		
HERE	Signature of plan ad	ministrator	Da	te	Enter name of individ	ual signing a	s plan administrator	
SIGN								
HERE	Signature of employ	er/plan sponsor	Da	te	Enter name of individ	ual signing a	s 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.) 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 cannot use Form 5500-SF and must instead use Form 5500.							Yes No Yes No
_							_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in		- :					Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	ian yea	r			. (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	. 7a	209	91625				0
b	Total plan liabilities	. 7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	209	91625				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0				
	(2) Participants	. 8a(2)						
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b	-4	50349				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						-50349
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	204	41276				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	f Administrative service providers (salaries, fees, commissions) 8f							
g	g Other expenses							
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)							2041276
i_	i Net income (loss) (subtract line 8h from line 8c)							-2091625
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 11 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the instru	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 contribu	ıtions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	,	40-		V		
b	Program)			10a		X		
	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)			10e		X		
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	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 '	/I 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								
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	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 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 Ye	s No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C			
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 I	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) P	N(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

Short Form Annual Return/Report of Small Employee

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Farti		t identification information	/ /								
For calend	ar plan year 2017 or i	fiscal plan year beginning	01/01/2018	and ending		0/201					
A This re	turn/report is for:	a single-employer plan				Filers checking this box must attach a cordance with the form instructions.)					
D =1.5		a one-participant plan	a foreign plan				,				
B This ret	urn/report is	=	the final return/report								
		an amended return/report	X a short plan year retu	rn/report (less than 12 m	nonths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	gram					
		special extension (enter descrip	otion)								
Part II	Basic Plan Info	ormation—enter all requested info	rmation				.=				
1a Name					1b Three-d	ligit	- 1-				
STEVEN	A. BERNSTEIN	ACUPUNCTURE, PC PENSI	ION PLAN		plan nui	mber					
					(PN) Þ		001_				
					1c Effective		•				
			•		1	1/2002					
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.		CA		er Identifi L-3543	cation Number 8883				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STEVEN A. BERNSTEIN ACUPUNCTURE, PC					2c Sponso	r's teleph	none number				
					(516) 377-6446 2d Business code (see instructions)						
3321 H.	ARBOR POINT R	. ת≀			Zu Dusiries	a code (s	see instructions)				
BALDWI	* -			<u> 11510 </u>	62139						
3a Plan a	dministrator's name a	and address 🗓 Same as Plan Spons	or.		3b Adminis	trator's E	IN				
·					3c Adminis	trator's te	elephone number				
							·				
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name has	changed since the last	return/report filed for	4b EIN		<u>-</u>				
	an, enter the plan spo or's name	onsor's name, EIN, the plan name an	d the plan number from t	the last return/report.	4d PN	_					
C Plan N					4u FN						
0 1 101111	ano										
5a Total i	number of participants	s at the beginning of the plan year			5a		2				
b Total r	number of participants	s at the end of the plan year			5b		0				
C Numb compl	er of participants with ete this item)	account balances as of the end of th	e plan year (only defined	d contribution plans	5c		•				
		articipants at the beginning of the plar			5d(1)						
		articipants at the end of the plan year			5d(2)		. 0				
		terminated employment during the p			5e		C				
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	l unless reasonable ca	use is establis	shed.					
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instructi and signed by an enrolled actuary, as	ions, I declare that I have	e examined this return/re	port, including.	if applica	able, a Schedule knowledge and				
SIGN	Ide, correct, arieston		12/1/18	STEVEN BERNSTI	EIN		- -				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as i	olan adm	inistrator				
SIGN	,										

Date

HERE

Enter name of individual signing as employer or plan sponsor

P	ao	е	2

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of								X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr	and condit	tions.)					[X Yes No
C	If 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	nsurance p	orogram (see ERÍSA se	ection 4	021)?		Yes 🛚		Not determined e instructions.)
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b)	End of Yo	еаг .
a	Total plan assets	7a	2,	091,	625				0
b	Total plan liabilities	7b		-	0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2,	091,	625				0
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)					*		
	Other income (loss)	8b		-50 ,	349			:	• • • • • • • • • • • • • • • • • • • •
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					•••		- 50,349
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,	041,	276				<u>,</u>
	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	•••						2,041,276
	Net income (loss) (subtract line 8h from line 8c)	8i	,			-2,091,6			-2,091,625
	Transfers to (from) the plan (see instructions)	8j							
Pari	— manual la company de la comp			•					
	If the plan provides pension benefits, enter the applicable pension 11 3D								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the	instruction	ns:
Part	V Compliance Questions								· · ·
10	During the plan year:				Yes	No		Amou	ınt
а	Was there a failure to transmit to the plan any participant contributes 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	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			200,000
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			;
	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	notice or one of the	10i				:	

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Part VI Pension Funding Compliance	-		<u></u>				
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.)							
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter Da		of the letter r	uling			
If 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						
C 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						
e 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				0			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	e		Yes 📗	No			
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)			, _ .				
13c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) F	N(s)			