Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

This form is required
Income Security Ac

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

2018

This Form is Open to Public Inspection

Part I		i Identification Information)								
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018	3				
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.)										
		a one-participant plan		foreign plan	, ,,,			,			
B This retu	urn/report is	the first return/report	the	e final return/report							
	an amended return/report a short plan year return/report (less than 12 months)										
C Check I	C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program										
		special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formatio	on							
1a Name MAINETTI, N	•	IOR, PC DEFINED BENEFIT PENS	SION PL	LAN AND TRUST		pla	ree-digit an number N) •	003			
						1c Ef	fective date o	f plan 1/2012			
		oyer, if for a single-employer plan)				2b En	nployer Identi	fication Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign, see instr	uctions)	,		378613			
•	MAINETTI & O'CONN			(1 3)	,	2c Sp	onsor's telep 845-33	hone number 1-9434			
						2d Bu	siness code	(see instructions)			
130 N FRON KINGSON, N							5411	110			
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spor	nsor.			3b Ad	ministrator's	EIN			
						3c Administrator's telephone number					
								•			
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name h	as chan	aged since the last re	sturn/report filed for	4b EI	NI .				
		onsor's name, EIN, the plan name a									
•	or's name					4d PN	١				
C Plan N	lame										
5a Total r	number of participants	s at the beginning of the plan year.				5a		17			
b Total r	number of participants	s at the end of the plan year				5b		19			
		account balances as of the end of			·	5с					
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year	r		5d(1)		17			
		articipants at the end of the plan ye				5d(2)		19			
than	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 Sche	alties of perjury and o edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a polete.	ctions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, inclu t, and to	uding, if applications the best of m	cable, a Schedule y knowledge and			
SIGN Filed with authorized/valid electronic signature. 03/01/2019 ALFRED MAINETTI											
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signir	ıg as plan adı	ministrator			
SIGN											
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor						

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	
7Plan Assets and Liabilities(a) Beginning of YearaTotal plan assets7a2427491bTotal plan liabilities7b0cNet plan assets (subtract line 7b from line 7a)7c2427491	(b) End of Year
a Total plan assets 7a 2427491 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 2427491	(b) End of Year
b Total plan liabilities	
C Net plan assets (subtract line 7b from line 7a)	2659396
To the plant access (cashact me 15 not me 15)	0
	2659396
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	301961
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e 0	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses 8g 0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	70056
i Net income (loss) (subtract line 8h from line 8c)	231905
j 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 Characteris 1A 3D	stic Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristi	ic Codes in the instructions:
Part V Compliance Questions	
10 During the plan year: Yes	No Amount
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)	X
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Х
C Was the plan covered by a fidelity bond?	300000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Х
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? 10f	X
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	X
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X
i 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	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)	hedule S	SB	X Y	'es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?	on 302 o	f 	T	′es 🛚 No
а	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		the date	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?		Yes	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?	e		Yes X	No
С	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.)	s) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018	
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless r	easonable cau	se is establishe	d.		
Α	Name of plan MAINETTI, MAINETTI & O'CONNOR, PC DEFINED BENEFIT PENSION PLAN A	B Three-diplan num	git	l) •	003	
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAINETTI, MAINETTI & O'CONNOR, PC		D Employer	Identific	ation Number (E	EIN)
E	Type of plan: X Single Multiple-A Multiple-B	ear plan size:	100 or fewer	☐ 101-	-500 More th	an 500
	Part I Basic Information	oa. p.a o. <u>_</u>		<u> </u>		
1		ear <u>2018</u>				
2	Assets:					
	a Market value			. 2a		2323185
	b Actuarial value			2b		2323185
3	Funding target/participant count breakdown	` '	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		6		4071	4071
	C For active participants		19	1812920		1812920
	d Total		25		1816991	1816991
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule at-risk status for fewer than five consecutive years and disregarding loading f			4b		
5	Effective interest rate					5.88 %
6	Target normal cost			6		202786
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statem accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking combination, offer my best estimate of anticipated experience under the plan.					
	HERE		_		03/13/201	9
	Signature of actuary				Date	
	M. FRANK, FSA, EA				17-02440)
	Type or print name of actuary			Most	recent enrollme	nt number
	MICHAEL FRANK CONSULTING ACTUARY				212-567-14	64
	Firm name 100 ARDEN STREET, APT 5-B NEW YORK, NY 10040		Tε	elephone	e number (includ	ing area code)
	Address of the firm		_			
If the	e actuary has not fully reflected any regulation or ruling promulgated under the sta	tute in complet	ing this schedule	e, check	the box and see	e []

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alanc	es						_
	•			-				(a) C	arryover balan	се	(b) F	refundir	ng balance
7		•	•		able adjustments (line 13 fr					0			0
8			•	-	nding requirement (line 35 t					0			0
9	9 Amount remaining (line 7 minus line 8)												
10	Interest c	າກ line 9 ເ	using prior year's	actual retui	rn of <u>0.00</u> %					0			0
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
	a Presen	t value o	f excess contribut	ions (line 3	88a from prior year)								717843
					over line 38b from prior ye interest rate of								0
				-	dule SB, using prior year's								
					r to add to prefunding baland								717843
	_				ance		-						717843
40			•										0
					or deemed elections					0			0
				-	ine 10 + line 11d – line 12)					0			0
	Part III Funding Percentages												
												14	127.86%
												15	127.86%
16					of determining whether carr					I to reduc	e current	16	115.51%
17	If the curi	rent value	e of the assets of	the plan is	less than 70 percent of the	funding	target,	enter suc	h percentage.			17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ar by employer(s) and emp	loyees:							
(1)	(a) Date //M-DD-Y	e YYY)	(b) Amount p employer		(c) Amount paid by employees	(MI	(a) Date M-DD-Y		(b) Amoun employ		(0	Amour (: emplo	nt paid by byees
	2/10/2018		. ,	335107	. ,			•		, ,		•	
								1				1	
						Total	ls ▶	18(b)		3351)7 18(c)		0
19					uctions for small plan with a								
				•	num required contributions					19a			0
	b Contributions made to avoid restrictions adjusted to valuation date												
20					red contribution for current ye	ear adjus	sted to va	aluation d	ate	19c			336211
20	-		tions and liquidity ve a "funding sho		e prior year?								Yes X No
	b If line 2	20a is "Y	es," were required	l quarterly i	installments for the current	year ma	ade in a	timely ma	anner?				Yes No
	C If line 2	20a is "Y	es," see instructio	ns and con	nplete the following table as	s applica	able:					<u> </u>	
					Liquidity shortfall as of er			his plan y	/ear				
		(1) 1st	t		(2) 2nd			(3)	3rd			(4) 4th	

F	Part V Assumptions Used to Determine Funding Ta	rget and Targ	et Normal Cost							
21 Discount rate:										
	a Segment rates: 1st segment: 2nd s	segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used					
	b Applicable month (enter code)			21b	4					
22	Weighted average retirement age		22	65						
23	23 Mortality table(s) (see instructions) Prior regulation: X Prescribed - combined Prescribed - separate Substitute									
	Current regulation: Prescribed - combined Prescribed - separate Substitute									
Pa	art VI Miscellaneous Items									
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a method change been made for the current plan year? If "Yes,"	see instructions re	egarding required attach	ment	Yes X No					
26	Is the plan required to provide a Schedule of Active Participants? If "	Yes," see instruction	ons regarding required a	ttachmen	tYes X No					
27	If the plan is subject to alternative funding rules, enter applicable code attachment	and see instruction	ons regarding	27						
P	Part VII Reconciliation of Unpaid Minimum Required	Contribution	s For Prior Years							
28	<u>'</u>			28	0					
29		required contributi	ons from prior years	29	0					
30	Remaining amount of unpaid minimum required contributions (line 28			30	0					
	art VIII Minimum Required Contribution For Current									
31		, i c ai								
	a Target normal cost (line 6)			31a	202786					
	b Excess assets, if applicable, but not greater than line 31a			31b	202786					
32	Amortization installments:		Outstanding Balar		Installment					
-	a Net shortfall amortization installment			0	0					
	b Waiver amortization installment			0	0					
33	If a waiver has been approved for this plan year, enter the date of the (Month) and the w	ruling letter grantii		33						
34	Total funding requirement before reflecting carryover/prefunding balar		1b + 32a + 32b - 33)	34	0					
	Carryove	er balance	Prefunding balan	се	Total balance					
35	Balances elected for use to offset funding requirement	0		0	0					
36	Additional cash requirement (line 34 minus line 35)			36	0					
37	Contributions allocated toward minimum required contribution for curr 19c)			37	336211					
38	Present value of excess contributions for current year (see instruction	s)		•						
	a Total (excess, if any, of line 37 over line 36)			38a	336211					
	b Portion included in line 38a attributable to use of prefunding and fur	nding standard car	ryover balances	38b	0					
39	Unpaid minimum required contribution for current year (excess, if any	, of line 36 over lin	e 37)	39	0					
40	Unpaid minimum required contributions for all years			40	0					
Pa	rt IX Pension Funding Relief Under Pension Relie	ef Act of 2010	(See Instructions)						
41	If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected				2 plus 7 years 15 years					
	b Eligible plan year(s) for which the election in line 41a was made				08 2009 2010 2011					

Mainetti, Mainetti & O'Connor, PC Defined Benefit Pension Plan and Trust 12/31/2018 03-0378613 / 003

Schedule SB, line 26 - Schedule of Active Participant Data

				YEA	RS OF	CREDIT	TED SE	RVICE			
ATTAINED <u>AGE</u>	Up to 1	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	
25 to 29	0	0	0	0	0	0	0	0	0	0	
30 to 34	1	0	0	0	0	0	0	0	0	0	
35 to 39	0	0	0	0	0	0	0	0	0	0	
40 to 44	0	0	0	0	0	0	0	0	0	0	
45 to 49	1	0	0	0	0	0	0	0	0	0	
50 to 54	0	0	0	0	0	0	0	0	0	0	
55 to 59	0	0	0	0	0	0	0	0	0	0	
60 to 64	0	0	0	0	0	0	0	0	0	0	
65 to 69	0	0	0	0	0	0	0	0	0	0	
70 & up	0	0	0	0	0	0	0	0	0	0	Grand Total
Total	2	0	0	0	0	0	0	0	0	0	2

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Mainetti, Mainetti & O'Connor, PC Defined Benefit Pension Plan and Trust

EIN / PN: 03-0378613 / 003

Year: 2018

The actuarial assumptions and funding methods used to calculate the target Normal Cost and the Funding Target are as follows:

- Participants are assumed to elect, 100% of the time, the lump sum optional form of benefit.
- The table used is the one prescribed under IRC 417(e)(3) pursuant to IRS Treasury 1.430(d)-1(f)(4)(ii)(B). This mortality table is based upon a fixed blend of 50 percent of the static male combined mortality rates and 50 percent of the static female combined mortality rates.
- No assumption is made for withdrawal, mortality, or turnover. All participants are assumed to retire at Normal Retirement Age.
- Upon death, a participant becomes 100% vested.
- Compensation is not expected to increase.
- Assets are based on the fair market value

Schedule SB – Statement by Enrolled Actuary

Plan Name:

Mainetti, Mainetti & O'Connor, PC Defined Benefit Pension Plan and Trust

EIN / PN:

03-0378613 / 003

Year:

2018

This statement is prepared in accordance with requirements for preparation of the Form 5500 Schedule SB for the plan and year end stated above. I have examined the actuarial assumptions, data and documents as furnished by the Plan Sponsor and the Third Party Administrator, Heller Pension Associates, Inc., and the calculations used to prepare the Form 5500 Schedule SB for the above plan and for the above year. I have found that each of the actuarial assumptions, other than those specified in Internal Revenue Code Sections 430(h)(2) and 430(h)(3), to be reasonable (taking into account the experience of the plan and reasonable expectations), and that the actuarial assumptions, in combination, offers my best estimate of anticipated experience under the plan. To the best of my knowledge the report is complete and accurate. We note again that the data, documents and statement of contributions have been furnished by the Plan Sponsor and the Third Party Administrator.

Enrollment #17-02440

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

Short Form Annual Leturn/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.

1210-0089

OMB Nos. 1210-0110

2018

This Form is Open to **Public Inspection**

For calend	dar plan year 2018 or	fiscal plan year beginning 01/01/20)18	and ending 12/3	31/2018					
A This re	eturn/report is for:	X a single-employer plan		lan (not multiemployer) (nployer information in ac						
		a one-participant plan	a foreign plan			,				
b This ret	turn/report is	the first return/report	the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n				
		special extension (enter desc	<u> </u>			_				
Part II		ormation—enter all requested in	nformation		41					
1a Name MAINET T I,	•	NOR, PC DEFINED BENEFIT PEN	SION PLAN AND TRUST		1b Three-digit plan numb (PN) ▶					
					1c Effective d 01/01/201	•				
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer I (EIN) 03-0	dentification Number 378613				
-	r town, state or provin MAINETTI & O'CONN	nce, country, and ZIP or foreign pos NOR, PC	ital code (if foreign, see inst	ructions)	•	telephone number 845) 331-9434				
						ode (see instructions)				
130 N Front	Street				541110	,				
KINGSON, I	NY 12401									
3a Plan a	administrator's name a	3b Administrator's EIN								
						3c Administrator's telephone number				
					3C Administra	tor's telephone number				
		he plan sponsor or the plan name h onsor's name, EIN, the plan name			4b EIN					
-	sor's name	orisor s name, zirv, the plan name	and the plan named from t	no last rotal in roport.	4d PN					
C Plan N										
5a Total	number of participant	s at the beginning of the plan year			5a	17				
		ts at the end of the plan year			5b	19				
	• •	account balances as of the end of		_	5c					
d(1) Tot	tal number of active p	articipants at the beginning of the p	olan year		5d(1)	17				
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	19				
	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
Caution:	A penalty for the late	or incomplete filing of this return	rn/report will be assessed	unless reasonable car	use is establishe	ed.				
SB or Sch	edule MB completed a true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, nolete.	as well as the electronic ve	rsion of this return/repor	t, and to the best	of my knowledge and				
SIGN	11/		3/1/19	Alfred Mainetti						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator				
SIGN	<u></u>									
		loyer/plan sponsor ice, see the Instructions for Form 550	Date	Enter name of individ	ual signing as em	ployer or plan sponsor Form 5500-SF (2018)				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	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 plan year (S									
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year		
а	Total plan assets	7a	, , ,	242749)1		. , ,	2659396		
b	Total plan liabilities	7b			0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c		242749)1			2659396		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		33510	7					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		-3314	6					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						301961		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7005	6					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions) 8f									
g	Other expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						70056		
i	Net income (loss) (subtract line 8h from line 8c)	8i						231905		
j	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pl	an Chai	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	cterist	tic Coc	les in the inst	ructions:		
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		Х				
b	,	? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х			300000		
d		fidelity bo	nd, that was caused	10d		Х				
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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
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						

Form 5500-SF (2018)	Page 3 -	1

Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)		В	🗵	Yes	No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0				
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, ar granting the waiver	d enter t Day		of the lette	er 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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	1 ×	No				
	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.)	s) to							
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	g 12/	31/2018	
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable cause is established	d.		
A Name of plan	B Three-dig	git		003
MAINETTI, MAINETTI & O'CONNOR, PC DEFINED BENEFIT PENSION PLAN AND	TRUST plan num	ber (PN) ▶	000
			s .	•
	<u> </u>		-4: Ni	TIN()
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAINETTI, MAINETTI & O'CONNOR, PC	1 ' '	Identific	ation Number (f	IIN)
WAINETH, WAINETH & OCCUMENT, TO	03-0378613			
E- C De Durin Durin D	plan size: X 100 or fewer	☐ 101-	FOO More th	nan 500
E Type of plan: X Single Multiple-A Multiple-B F Prior year	pian size: 100 oi lewer	101-	300 Wore tr	lair 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31 Year	2018		1	•
2 Assets:				0000105
a Market value	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 2a		2323185
b Actuarial value		2b		2323185
3 Funding target/participant count breakdown	(1) Number of	٠,,	sted Funding	(3) Total Funding Target
• For retired wantising to and homoficiarios resolving neumont	participants 0		Target 0	, arget 0
For retired participants and beneficiaries receiving payment			4071	4071
b For terminated vested participants	****		1812920	1812920
C For active participants	1	,	1010001	
d Total	25		1816991	1816991
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for	plans that have been in	4b		
at-risk status for fewer than five consecutive years and disregarding loading fact				5.88 %
5 Effective interest rate		5		202786
6 Target normal cost		6		202.700
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statement	s and attachments, if any is complet	e and accu	rate. Each prescribe	d assumption was applied in
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into combination, offer my best estimate of anticipated experience under the plan.	account the experience of the plan a	nd reasona	able expectations) ar	d such other assumptions, in
SIGN Mad at Frank		3/13	2/19	
HERE /// Thore		- 1 '-		
Signature of actuary			Date 17-02440	
M. Frank, FSA, EA				
Type or print name of actuary		Most	recent enrollme (212) 567-14	
Michael Frank Consulting Actuary				
Firm name 100 Arden Street, Apt 5-B	16	elephone	number (includ	ding area code)
,00.13011 01.0011 101.0				
New York, NY 10040				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statut	e in completing this schedul	e, check	the box and se	e
instructions	· -			

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
	-						(a) Carryover balance			(b) F	(b) Prefunding balance		
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)0						0						
8	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							0	0 0				
9	Amount r	emaining	(line 7 minus line	e 8)					0	0			
10	Interest of	n line 9 ເ	using prior year's	actual retur	n of%				0	0			
11					o prefunding balance:								
	•				8a from prior year)				-			717843	
					over line 38b from prior year interest rate of0.00							0	
	` '		•	•	dule SB, using prior year's a							0	
	c Total a	vailable at	t beginning of curre	ent plan yea	r to add to prefunding balanc	e						717843	
	d Portion	n of (c) to	be added to prefi	unding bala	ince						0		
12	Other red	ductions in	n balances due to	elections	or deemed elections				0			0	
13	Balance	at beginn	ing of current yea	r (line 9 + l	ine 10 + line 11d – line 12).				0			0	
Р	art III	Fund	ding Percenta	ages									
14	Funding	target atta	ainment percenta	ge							14	127.86 %	
15	Adjusted	funding t	arget attainment _l	oercentage							15	127.86 %	
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce curren year's funding requirement									16	115.51 %		
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribut	ions mad	le to the plan for t	he plan yea	ar by employer(s) and employer	oyees:							
/ N	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by					(0	(c) Amount paid by employees		
	12-10-201		employen	335107	employees (MM-DD-YYYY) employer(s)					empi	лу сс з		
										1			
										1			
	Totals ► 18(b) 335107 18(7 18(c)		0			
19	Discount	ed emplo	yer contributions	– see instru	uctions for small plan with a	valuation	date after the	beginning of the	year:				
	a Contril	outions al	llocated toward ur	npaid minim	num required contributions t	rom prior	/ears		19a			0	
b Contributions made to avoid restrictions adjusted to valuation date									0				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date								336211					
20	Quarterly	contribu	tions and liquidity	shortfalls:									
a Did the plan have a "funding shortfall" for the prior year?							Yes X No						
	b If line	20a is "Ye	es," were required	quarterly i	nstallments for the current y	/ear made	in a timely ma	anner?				Yes No	
	c If line	20a is "Ye	es," see instructio	ns and com	nplete the following table as	applicable	e:				_		
Liquidity shortfall as of end of quarter of this plan year								(4)					
(1) 1st (2) 2nd (3) 3i						3rd			(4) 4th	1			

Р	art V	Assumpti	ons Used to Det	ermine Fu	unding ⁻	Γarget and Tarς	et Norn	nal Cost		
21	Discount	rate:								
	a Segme	ent rates:	1st segment: 3.92 %		2nd segment: 3rd segment: 5.52 % 6.29 %			N/A, full yield curve used		
b Applicable month (enter code)								4		
22	Weighted	average retir	ement age						22	65
23	Mortality	table(s) (see	instructions) Prior r	egulation:	×	Prescribed - comb	ined	Prescribed	d - separat	te Substitute
			Currer	nt regulation	: П	Prescribed - comb	ined	Prescribed	d - separat	te Substitute
Pa	art VI	Miscellane	ous Items				'			
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a me	thod change	been made for the cur	rent plan yea	ar? If "Yes	s," see instructions r	egarding re	equired attach	nment	Yes X No
26	Is the plan	n required to p	provide a Schedule of	Active Partio	cipants? If	"Yes," see instruction	ons regard	ing required a	attachmen	t
27			alternative funding rule						27	
P	art VII	Reconcili	ation of Unpaid I	/linimum	Require	ed Contribution	s For Pı	rior Years		
28	Unpaid m	inimum requir	red contributions for al	l prior years					28	0
29			ontributions allocated						29	0
30	Remainin	g amount of u	ınpaid minimum requir	ed contribut	ions (line 2	28 minus line 29)			30	0
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target no	ormal cost and	d excess assets (see in	nstructions):						
	a Target r	normal cost (li	ne 6)						31a	202786
	b Excess	assets, if app	olicable, but not greate	r than line 3	1a				31b	202786
32	Amortizat	ion installmen	nts:				Outs	standing Bala	nce	Installment
	a Net sho	ortfall amortiza	ation installment						0	0
			installment						0	0
33	If a waive (Month _		oproved for this plan ye lay Year						33	
34	Total fund	ling requireme	ent before reflecting ca	arryover/pref	unding ba	ances (lines 31a - 3	1b + 32a +	+ 32b - 33)	34	0
					Carry	over balance	Pre	funding balar	nce	Total balance
35			se to offset funding			0			0	0
36	Additiona	l cash require	ment (line 34 minus lir	ne 35)					36	0
37										
38	Present v	alue of exces	s contributions for curr	ent year (se	e instructi	ons)				
	a Total (e	xcess, if any,	of line 37 over line 36)					38a	336211
	b Portion	included in lir	ne 38a attributable to ເ	se of prefur	nding and 1	unding standard car	ryover bala	ances	38b	C
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)									
40								0		
Pai	rt IX	Pension	Funding Relief U	nder Pen	sion Re	lief Act of 2010	(See In	structions	5)	
41	If an elect	ion was made	e to use PRA 2010 fun	ding relief fo	r this plan	:				
	a Schedu	le elected								2 plus 7 years 15 years
	h Eligible	nlan year(e) f	for which the election is	n line 41a w	as made				□ 20	08

Plan Name: Mainetti, Mainetti & O'Connor, PC Defined Benefit Pension Plan and

Trust

EIN / PN: 03-0378613 / 003

Year: 2018

Schedule SB, line 22 - Description of Weighted Average Retirement Age

All participants are assumed to retire at Normal Retirement Age, which in this plan is age 65 with 5 years of participation.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name:	Mainetti, Mainetti & O'Connor, PC					
EIN / PN:	03-0378613 / 003					
Year:	2018					
payable at Ret year of service	ned Benefit Plan which provides a retirement benefit, in the form of a single life annuity, irement Date, age 65 with 5 years of participation, equal to 8% of compensation for each for the shareholders and .5% of compensation for each year of service for all other years of service are limited to 10.					
Compensation is defined as the average of the highest 3 consecutive years of earnings.						
-	re eligible after one year of service, provided they have attained age 21. The entry date is the January 1 or July 1 coincident or next following the satisfaction of the eligibility					
In this plan be	nefits accrue on a unit credit basis.					
	Summary of Changes (if any):					
A) Eli	gibility:					
B) Be	nefit Formula:					
C) De	finition of Average Annual Compensation:					
D) Re	tirement Age:					
E) No	rmal Form of Benefit Payable Under the Plan:					
F) Des	cription of Significant Changes:					