Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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

2018

This Form is Open to Public Inspection

Part I	Annual Report I	dentification information)									
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2	2018		and ending 1	1/21/2	2018					
A This ret	turn/report is for:	X a single-employer plan			an (not multiemployer) (ployer information in ac		_					
		a one-participant plan	af	oreign plan	,				,			
B This retu	urn/report is	the first return/report	X the	final return/report								
		an amended return/report	x a s	hort plan year return	/report (less than 12 m	onths)					
C Check I	box if filing under:	Form 5558	au	tomatic extension		DI	FVC program					
		special extension (enter descr	ription)									
Part II	Basic Plan Infor	rmation—enter all requested inf	formatio	on								
1a Name MAURICE J	of plan OHNSON MD PC PRO	FIT SHARING PLAN				1b	Three-digit plan numbe (PN)	r 001				
1c Eff							Effective da	te of plan 1/01/2000				
Mailing	g address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C				2b		entification Num	ber			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MAURICE JOHNSON MD PC				uctions)	2c	Sponsor's to	elephone numbe -739-7505	er .				
1985 CROMPOND ROAD CORTLANDT MANOR, NY 10567						2d Business code (see instructions) 621111						
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.					3b Administrator's EIN							
								r's telephone nu	ımber			
this pl	an, enter the plan spon	plan sponsor or the plan name has sor's name, EIN, the plan name a				4b EIN						
a Spons c Plan N	or's name lame					4d	PN					
5a Total r	number of participants a	at the beginning of the plan year				5	а		6			
		at the end of the plan year				5	b		0			
		account balances as of the end of			·		C		0			
d(1) Tota	al number of active part	ticipants at the beginning of the pl	lan year				(1)		0			
` '	·	ticipants at the end of the plan year				5d	(2)		0			
than	100% vested	terminated employment during the					е		0			
		r incomplete filing of this return							'			
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, a lete.	ctions, I as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, i t, and	ncluding, if a to the best o	oplicable, a Sche f my knowledge	edule and			
SIGN	Filed with authorized/\	valid electronic signature.		04/02/2019	MAURICE JOHNSON							
HERE	Signature of plan ac	Iministrator		Date	Enter name of individ	ual si	gning as plan	administrator				
SIGN												
HERE	Signature of employ	/er/plan sponsor		Date	Enter name of individ	ual si	gning as emp	mployer 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 Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		•					U	<u> </u>
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes N	Not dete	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	ctions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Eı	nd of Year	
a	Total plan assets	7a	,, ,	14775			` '	0	
	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	6	14775				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from:		, ,						
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	-:	38600					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-38600	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	74285					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		1890					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						576175	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-614775	
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 2A 2E 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the in	structions:	
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		X			
b		t? (Do not	include transactions	10b		X			
С				10c	Х			500	000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)			В	. Y	es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or section	n 302 of			es 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 instrugranting the waiver		d enter t Day		of the letter Year _	ruling
lf :	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 negative amount)	of a	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?			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 control of the PBGC?				X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 11/21/2018 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/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 special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit MAURICE JOHNSON MD PC PROFIT SHARING PLAN plan number 001 (PN) ▶ 1c Effective date of plan 01/01/2000 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 13-4078474 MAURICE JOHNSON MD PC 2c Sponsor's telephone number (914) 739-7505 2d Business code (see instructions) 1985 CROMPOND ROAD 621111 US CORTLANDT MANOR NY 10567 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN C Plan Name Total number of participants at the beginning of the plan year 5a 6 Total number of participants at the end of the plan year b 5b 0 Number of participants with account balances as of the end of the plan year (only defined contribution plans 50 complete this item) 0 d(1) Total number of active participants at the beginning of the plan year 5d(1) 0 d(2) Total number of active participants at the end of the plan year 5d(2)0 Number of participants who terminated employment during the plan year with accrued benefits that were

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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	» hu	412119	Maurice Johnson
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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5e

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions)				-	[re]v	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	If you answered "No" to either line 6a or line 6b, the plan cannot	na conaitio	ns.)	-4		······			es No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance no	orram (see ERISA secti	on 40	1 use	Form	5500.	Пи. Пи	
	If "Yes" is checked, enter the My PAA confirmation number from the	PRGC pre	omium filing for this was		121)!	******	∐ res	∐ No ∐ No	
		- DOO pie						(See in	structions.)
7	art III Financial Information								
1	Plan Assets and Liabilities		(a) Beginning of	of Yea	ar		(1	o) End of Year	
<u>a</u> b	Total plan assets	7a	6	14,7	75				0
C	Total plan liabilities	7b			0				0
8	Net plan assets (subtract line 7b from line 7a)	7c		14,7	75				0
a	Contributions received or receivable from:		(a) Amount	t				(b) Total	
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
_	(3) Others (including rollovers)	8a(3)			0	4.70		V. Detwood	
b	Other income (loss)	8b	(3)	8,60	0)	100			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						/26	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	74,2	85		(38,600)		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		1,890					
g	Other expenses	8g			0		54-127		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						57	6,175
i	Net income (loss) (subtract line 8h from line 8c)	8i					(614,775)		
j	Transfers to (from) the plan (see instructions)	8j	0					(013	.,113)
Pa	rt IV Plan Characteristics	٠,				5,655	E & # 4	WEST STATES OF THE STATES OF T	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan C	horos	toriot	o Coo	laa in the		
	2A 2E 3D	ataro oodo	o nom the List of Flan C	ilalac	lensi	ic Coc	ies in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Ch	aracte	eristic	Code	s in the in	structions:	
	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amoun	it
а	Was there a failure to transmit to the plan any participant contribut	ions within	the time period						2.7000
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)								
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	clude transactions	10a		Х			
	reported on line 10a.) Was the plan covered by a fidelity bond?	••••••		10b		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	: -1 - 1:4 - 1		10c	X				50,000
	by fraud or dishonesty?		***************************************	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of th	e henefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		X	7 22 4	VII	
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x			
h		See instruct	ions and 29 CER	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 2520.101-	required r	otice or one of the	10ii		Λ			
					ole con			1 7 M M M M M M M M M M M M M M M M M M	

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Dage	2		
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Pai	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding require to a value	Naha di d	. 00	T -	-		
11:	(Form 5500 and line 11a below)	cnedule	 5 2R	☐ Yes	☐ No		
12	Togation contributions for all vests from schedule SB (Lorm EEOO) in an	11 102 103	1	•			
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below as applicable.)	tion 302	of				
	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						
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Da	y	Year			
b	Enter the minimum required contribution for this plan year	12b	300				
C	Enter the amount contributed by the employer to the plan for the plan year						
d	outstack the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12c					
		12d					
е	viii the minimum funding amount reported on line 12d be met by the funding deadline?	П	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?	-	7.0				
	ii 165, Cittel the amount of any plan accepts that roughted to the	<u> </u>	Yes	∐ No	-		
b	Were all the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan assets distributed to participants or heneficiarios, transferred to the plan asset distributed to the plan asset distribut	13a			0		
			X Y	es N	0		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to	***************************************				
13	c(1) Name of plan(s):						
	13c(2) El	N(s)		13c(3) PN	l(s)		