For	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	Intment of the Treasury rnal Revenue Service	This form is required to be file	d under sections 104 and			2018			
	epartment of Labor Benefits Security Administration)57(b) and 6058(a) of the le).	Internal	This Form is Open to					
Pension Be	enefit Guaranty Corporation	Complete all entries in a second s	tructions to the Form 5	500-SF.	Public Inspection				
Part I		dentification Information							
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2			9/21/2018				
A This ret	turn/report is for:	a single-employer plan	list of participating e			king this box must attach a ith the form instructions.)			
B This rot	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	X the final return/report						
		an amended return/report	X a short plan year retu	rn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desci	ription)						
Part II	Basic Plan Infor	mation—enter all requested in	formation						
1a Name	•				1b Three	5			
STUART A.	DITSKY, CPA, P.C. 40	1(K) PLAN			plan (PN)	number 001			
					()	tive date of plan			
						09/01/1990			
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C) Box)			oyer Identification Number			
City or		e, country, and ZIP or foreign post		tructions)	(EIN) 2c Spor	isor's telephone number			
					212-557-2727				
475 PARK A	VENUE SOUTH, 24TH	FLOOR			2d Business code (see instructions)				
NEW YORK,					541211				
3a Plan a	idministrator's name and	d address 🗙 Same as Plan Spo	nsor.		3b Administrator's EIN				
					3c Administrator's telephone number				
A léther			an always and always they look	nature /nan aut file al far					
		plan sponsor or the plan name ha	5	•	4b EIN				
•	or's name				4d PN				
C Plan N	lame								
52 Total	number of portioinents	at the beginning of the plan year			5a	24			
		at the beginning of the plan year at the end of the plan year			5b	0			
C Numb	per of participants with a	account balances as of the end of	the plan year (only define	d contribution plans	5c	0			
	,	ticipants at the beginning of the pl			5d(1)	0			
• •	•	ticipants at the end of the plan yes	•		5d(2)	0			
e Numb	ber of participants who	terminated employment during the	e plan year with accrued b	enefits that were less	5e	0			
than	than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca								
		er penalties set forth in the instruct							
SB or Sche		d signed by an enrolled actuary, a							
SIGN		valid electronic signature.	05/22/2019	STUART A. DITSKY					
HERE		J. J			ual signing	as plan administrator			
SIGN	Signature of plan ac	valid electronic signature.	Date 05/22/2019	Enter name of individ STUART A. DITSKY	uai signing a	as pian aunimistrator			
SIGN HERE		č			uel et mit				
For Paperw	Signature of employ	/er/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individ	uai signing a	as employer or plan sponsor Form 5500-SF (2018)			

v.171027

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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.)								
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 plan year (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	1787902		0				
L-			0		0				

b Total plan liabilities	7b	0	0
C Net plan assets (subtract line 7b from line 7a)	7c	1787902	0
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	72855	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		72855
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1845095	
e Certain deemed and/or corrective distributions (see instructions)	8e	4228	
Administrative service providers (salaries, fees, commissions)	8f	11434	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1860757
Net income (loss) (subtract line 8h from line 8c)	8i		-1787902
Transfers to (from) the plan (see instructions)	8i	0	
art IV Plan Characteristics		L	
a If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Character	stic Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Characteris	tic Codes in the instructions

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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	··· 10c	X		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	
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 plan?	··· 10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of th exceptions to providing the notice applied under 29 CFR 2520.101-3				

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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es 🔉	K No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es 🔉	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ente	r the minimum required contribution for this plan year		12b						
с	Ente	r 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)										
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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)	
	lf "۱	es," 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?						< Ye	es 🗌	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	(2) EIN(s)			13c(3) PN(s)			s)

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan							CMB Nos. 121					
	Department of the Treasury Internal Revenue Service	This form is required to b	e filed u	inder sections 104 a	nd 4065 of the Empl	oyee	2	2018				
-	Department of Labor nployee Benefits Security Administration	Retirement Income Security the li	058(a) of	Inspection								
_	Pension Benefit Guaranty Corporation	Complete all entries in a		nce with the instru	ctions to the Form	5500-SF.						
	calendar plan year 2018 or fisca	Ientification Information		01/01/2018	and ending	09	/21/2018					
FOI				the second se	lan (not multiemploy			w must attach				
A	This return/report is for:	a single-employer plan a one-participant plan	Γa	list of participating e foreign plan	mployer information	in accorda	nce with the for	m instructions.)				
В	This return/report is:	the first return/report	x th	e final return/report								
	Ī	an amended return/report	хa	short plan year retu	m/report (less than 1	2 months)						
С	Check box if filing under:	Form 5558	a	utomatic extension		E	DFVC progra	ım				
	[special extension (enter desc	ription)									
P	art II Basic Plan Inform	mation enter all requested	informa	ation								
	Name of plan						Three-digit plan number					
	Stuart A. Ditsky, CP	A, P.C. 401(k) Plan					(PN) ►	001				
			×		•		Effective date o 09/01/1990					
2a	Plan sponsor's name (employed Mailing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P , country, and ZIP or foreign pos	.O. Box) e (if foreign, see insi	tructions)		2b Employer Identification Numb (EIN) 13-3549962					
	Stuart A. Ditsky, CP			o (ii loibigii) eee iile	,		2c Sponsor's telephone number					
							(212) 557-2727 2d Business code (see instructions)					
	475 Park Avenue Sout	h, 24th Floor					541211					
3a	US New York NY 10016 Plan administrator's name and	address X Same as Plan Sp	xonsor			3b /	3b Administrator's EIN					
						3c .	3c Administrator's telephone number					
4	If the name and/or FIN of the	plan sponsor or the plan name h	nas cha	nged since the last r	eturn/report filed for	4b	4b EIN					
	this plan, enter the plan spons	or's name, EIN, the plan name	and the	plan number from t	he last return/report.			•				
а	Sponsor's name					4d	PN					
C	: Plan Name											
52	Total number of participants a	t the beginning of the plan year				5a		24				
b	Total number of participants a	t the end of the plan year		*****	*******************************			0				
C	Number of participants with ac	count balances as of the end o	f the pla	an year (only defined	contribution plans	5c		0				
d	(1) Total number of active partic					5d(1)	0				
	(2) Total number of active partic	cipants at the end of the plan ye	ar	*******	*******	- 1/4	2)	0				
e	Number of participants who te less than 100% vested	rminated employment during the	e plan y	ear with accrued be	nefits that were	5e	•	0				
-	aution: A penalty for the late o					e cause is	established.					
US	nder penalties of perjury and oth B or Schedule MB completed an ellef, it is true, correct, and comp	er penalties set forth in the instr d signed by an enrolled actuary	uctions	I declare that I hav	e examined this retu	rn/report, ir	cluding, if appli	icable, a Schedule hy knowledge and				
-				5-22-19	Stuart A. Dit	.sky						

HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
		Stuart A. Ditsky
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
-9-CALARSOND-9-CE	And the second se	

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

Form 5500-SF (2018) v.171027 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

10h

10i

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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 If you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ons.)	*******	********	*******			XYes	No
с	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 40	21)?	*******			Not d	etermined
•	If "Yes" is checked, enter the My PAA confirmation number from the								(See instru	
(crassing										
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year	
a	Total plan assets	7a	1,71	87,9	02					0
b	Total plan liabilities	7b			0	-				0
С	Net plan assets (subtract line 7b from line 7a)	7c		87,9	02	\square				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:				(b) 1	otal	
а	Contributions received or receivable from:	8a(1)			0					
-	(1) Employers				0					ecidara
	(2) Participants	8a(2)			0	790" 0 30" 891 0 300 891 0 300				
	(3) Others (including rollovers)	8a(3) 8b		72,8		280 gab	and a second			
b	Other income (loss)	80				affande Si				OFF
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	00		6 6 6 6 6 6 6 6	p 8 p 2 m	16 2018			12,	855
a	to provide benefits)	8d	1,84	45,0	95	0.0.0 0.0.0 0.0.0 0.0.0 0.0.0 0.0 0.0 0				
e	Certain deemed and/or corrective distributions (see instructions)	8e		4,2	28					
f	Administrative service providers (salaries, fees, commissions)	8f	:	11,4	34			(d. 1919)		
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				<u> </u>			1,860,	757
- i	Net income (loss) (subtract line 8h from line 8c)	8i							1,787,9	02)
i	Transfers to (from) the plan (see instructions)	8j		0						
D	int IV Plan Characteristics		y			Long of the				
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harac	terist	ic Cod	des in ti	he instruc	tions:	
	2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Ch	aract	əristic	Code	es in the	e instructio	ons:	
Р	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		tions within	n the time period							
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	Juntary Fic	Juciary Correction							
	Program)			10a		x				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	? (Do not i	nclude transactions	10b		x				
				10c	x				3	00,000
	by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	e or all of t	s by an insurance the benefits under							
	the plan? (See instructions.)	***************	*****	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	1?	***************	10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х				
-	If this is an individual account plan, was there a blackout period? (

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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Form 5500-SF 2018	Page 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 (Form 5500 and line 11a below)		SB	ΠY	es X	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 ERISA?		ion 302	of	П	es X	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				_				
а	the standard standard standard in the standard								
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	c Enter the amount contributed by the employer to the plan for the plan year								
d	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)								
e	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	A DESCRIPTION OF TAXABLE PARTY OF TAXABLE PARTY.	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?					No			
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to						
13	Bc(1) Name of plan(s):	13c(2) El	N(s)		13c(3) PN(s)			

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