Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2018			
	ment of Labor s Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to			
Pension Benefit	Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 55	500-SF.	Public Inspection			
		dentification Information							
For calendar p	lan year 2018 or fisc	al plan year beginning 01/01/20	-		2/31/2018	de autobre la construction de la co			
A This return	/report is for:	a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)			
B This return/		a one-participant plan	a foreign plan						
		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 p	rogram			
	[special extension (enter descri	otion)						
Part II B	asic Plan Inforr	mation—enter all requested info	ormation			I			
1a Name of plan SITE DESIGN CONSULTANTS 401(K) PROFIT SHARING PLAN				1b Thre	e-digit number				
SITE DESIGN C	UNSULTANTS 401	(K) PROFIT SHARING PLAN			(PN)				
					1c Effect	tive date of plan			
22 Dian anon	or'a nama (amplaya	er, if for a single-employer plan)			2h Emai	01/01/2000			
Mailing ad	dress (include room,	apt., suite no. and street, or P.O.			2b Employer Identification Number (EIN) 27-0742859				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SITE DESIGN CONSULTING P.E., PLLC					2c Sponsor's telephone number 914-962-4488				
DBA SHE DESI	GN CONSULTANTS)			2d Business code (see instructions)				
251-F UNDERH	ILL AVE EIGHTS, NY 10598-4	1552				541330			
	101110,11110000 4								
3a Plan admi	nistrator's name and	address X Same as Plan Spon	sor.		3b Administrator's EIN				
				·	3c Administrator's telephone number				
4 If the nam	e and/or EIN of the p	plan sponsor or the plan name has	s changed since the last r	eturn/report filed for	4b EIN				
this plan, a Sponsor's		sor's name, EIN, the plan name ar	nd the plan number from t	he last return/report.	4d PN				
C Plan Nam					H G IN				
5a Total num	ber of participants at	t the beginning of the plan year			5a	5			
		t the end of the plan year			5b	5			
	• •	count balances as of the end of the		•	5c	5			
d(1) Total n	umber of active partic	cipants at the beginning of the pla	n year		5d(1)	4			
• •		cipants at the end of the plan yea			5d(2)	4			
		erminated employment during the			5e	1			
Caution: A pe	nalty for the late or	incomplete filing of this return	report will be assessed	unless reasonable cau					
SB or Schedul		er penalties set forth in the instruct I signed by an enrolled actuary, as etc.							
		alid electronic signature.	05/28/2019	JOSEPH RIINA					
HERE	ignature of plan adr	-	Date	Enter name of individe	ual signing	as plan administrator			
SIGN					<u> </u>				
HERE	ignature of employe	er/plan sponsor	Date	Enter name of individu	idual signing as employer or plan sponsor				
		and the Instructions for Form 5500				Earm 5500 SE (2019)			

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

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	Are you claiming a waiver of the annual examination and report of a									
	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.									
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 (See instructions.)									
Ра	rt III Financial Information		Г Г Г							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	878155	878895						
b	Total plan liabilities	7b	50							
C	Net plan assets (subtract line 7b from line 7a)	7c	878105	878895						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:		00100							
	(1) Employers	8a(1)	26166							
	(2) Participants	8a(2)	7900							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-33276							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		790						
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0						

Part IV	Plan Characteristics
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i

j

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions).....

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 2T 3D 2A

8i

8j

790

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V C	ompliance Questions				
10	During t	ne plan year:		Yes	No	Amount
а	describ	re a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction n)	10a		х	
b	Were the	ere any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)	10b		Х	
С	Was the	e plan covered by a fidelity bond?	10c	Х		200000
d		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?	10d		Х	
e	carrier, i	y fees or commissions paid to any brokers, agents, or other persons by an insurance nsurance service, or other organization that provides some or all of the benefits under ? (See instructions.)	10e	X		4131
f	Has the	plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the	blan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h		an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	10h		Х	
i		as answered "Yes," check the box if you either provided the required notice or one of the ns to providing the notice applied under 29 CFR 2520.101-3	10i			

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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 rm 5500) and line 11a below)		B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Fo	rm 5500-SF	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089						
	artment of the Treasury arnal Revenue Service	This form is required to be file	etirement	2018						
	Department of Labor Benefits Security Administration	7(b) and 6058(a) of the).	Internal	This Form is Open to						
Pension E	Benefit Guaranty Corporation	uctions to the Form 5	500-SF.	Public Inspection						
Part I	Persion Benefit Guaranty Computation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information									
L	and the second se	scal plan year beginning	01/01/2018	and ending	12/3	1/2018				
A This re	eturn/report is for:			ting this box must attach a tith the form instructions.)						
B This ref	turn/report is	a one-participant plan	a foreign plan							
		the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		L				rogram				
r		special extension (enter descr								
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name SITI		LTANTS 401(K) PROFIT	SHARING PLAN		1b Three plan (PN)	number				
					1c Effect	tive date of plan 01/2000				
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O	Box		2b Empl	oyer Identification Number				
City o	r town, state or province	e, country, and ZIP or foreign posta LTING P.E., PLLC		uctions)		27-0742859 sor's telephone number				
511	E DESIGN CONSU	DBA SITE DESIG	GN CONSULTANTS	:	914-962-4488 2d Business code (see instructions)					
251-	-F UNDERHILL A	VE								
YORKTOWN HEIGHTS NY 10598-4552					541330					
3a Plan a	administrator's name an	id address 🛛 Same as Plan Spor	isor.		3b Administrator's EIN					
					3c Admi	nistrator's telephone number				
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last re	eturn/report filed for	4b EIN					
	lan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from th	ne last return/report.	4d PN	1				
C Plan N										
5a Total	number of participants	at the beginning of the plan year			5a	5				
		at the end of the plan year			5b	5				
C Numb	per of participants with a	account balances as of the end of t	he plan year (only defined	contribution plans	5c	5				
•	· 0.00000000000000000000000000000000000	ticipants at the beginning of the pla			5d(1)	4				
d(2) Tot	al number of active par	ticipants at the end of the plan yea	۱۳		5d(2)	4				
e Numb	ber of participants who	terminated employment during the	plan year with accrued be	nefits that were less	5e	1				
Caution: A	A penalty for the late o	mincomplete filing of this return	/report will be assessed	unless reasonable car	use is estat	blished.				
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instruc of signed by an enrolled actuary, a	tions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule				
SIGN		B		Joseph Riina						
HERE	Signature of plan ac	dministrator	Date 528-1	Enter name of individ	ual signing a	as plan administrator				
SIGN HERE	Signature of employ	/	Data	Enter name of individ	ual elanina					
For Paperw		e, see the Instructions for Form 5500	-SF.		uai signing a	as employer or plan sponsor Form 5500-SF (2018)				
						v.171027				

6a									
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.								
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 (See instructions.)								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					

7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End	d of Year	
a Total plan assets	. 7a	8	878,1	155				878,895
b Total plan liabilities	. 7b			50				
C Net plan assets (subtract line 7b from line 7a)	. 7c	5	878,1	L05				878,895
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	:			(b)	Total	
 a Contributions received or receivable from: (1) Employers 	. 8a(1)		26,1	66				
(2) Participants	8a(2)		7,9	900				
(3) Others (including rollovers)	. 8a(3)							
b Other income (loss)	. 8b	-	-33,2	276				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							790
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f							
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							0
i Net income (loss) (subtract line 8h from line 8c)	. 8i							790
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics		•						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D								
9a If the plan provides pension benefits, enter the applicable pension								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare to be applied by the plan provides welfare to be applied by the plan by the plan by the plan be applied by the plan be applied by the plan by the plan by the plan be applied by the plan by the pl	feature coo	des from the List of Plan						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare to the applicable welf	feature coo utions with voluntary f	des from the List of Plan in the time period Fiduciary Correction		cterist	ic Cod		ructions:	
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan provides welfare to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's to the plan plan plan plan plan plan plan plan	tions with voluntary f	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	cterist	ic Cod		ructions:	
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan the plan provides welfare to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest	tieature coo utions with voluntary f	des from the List of Plan in the time period Fiduciary Correction include transactions	10a	cterist	ic Cod		ructions:	200,000
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.). 	teature coo utions with voluntary f t? (Do not	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused	10a 10b	Yes	ic Cod		ructions:	200,000
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan benefits, enter the plan benefits, enter the applicable welfare for the plan benefits, enter the applicable welfare for the plan benefits, enter the applicable welfare for the plan benefits, enter the plan be	feature coo utions with /oluntary f t? (Do not s fidelity bo her persor ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under	10a 10b 10c	Yes	ic Cod		ructions:	200,000
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides plan to the plan any participant contributed escribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sorted or dishonest provides sorted by the plan base provides provides plan base provides provides provides provides provides plan base provides provides provides plan base	tions with voluntary f (Do not fidelity bo her persor ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance the benefits under	10a 10b 10c 10d	Yes X	ic Cod		ructions:	
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides for the plan provides for the plan? (See instructions.). 	teature coo utions with voluntary f t? (Do not fidelity bo her persor ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under	10a 10b 10c 10d 10e	Yes X	No X X X		ructions:	

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the 10i exceptions to providing the notice applied under 29 CFR 2520.101-3

Page 3-

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)			В	Yes No	c
11a	Ente	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 C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			f 	Yes X No	<u></u>
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter _ Day		of the letter ruling Year	
lf	you c	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	Entei	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	X No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?			[[Yes X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred.	ify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	_
							_