Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

Parti	Annual Repor	t identification information								
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending	12/31/2018					
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.)									
D		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		months)								
C Check b	oox if filing under:	Form 5558	automatic extens	ion	DFVC pro	gram				
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name		·			1b Three-	digit				
	•	DITIONING, LLC 401(K) PLAN			plan nu					
					(PN)	00	1			
					1c Effective date of plan					
						01/01/2011				
		loyer, if for a single-employer plan)			2b Employ	er Identification Nu	ımber			
		om, apt., suite no. and street, or P.O		instructions)	(EIN)	82-3613461				
-	ING AND AIR COND	nce, country, and ZIP or foreign pos	iai code (ii ioreign, see	instructions)	2c Sponso	or's telephone num	ber			
KOZT HEAT	ING AND AIR CONL	OTTONING, LLC				315-253-2216				
					2d Busines	ss code (see instru	ctions)			
44 SOUTH LEWIS STREET					238220					
AUBURN, N	Y 13021									
					01					
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Adminis	strator's EIN				
					3c Adminis	strator's telephone	numher			
					JC Adminis	strator s telepriorie	Hullibel			
4 If the r	name and/or FIN of t	he plan sponsor or the plan name h	as changed since the l	ast return/report filed for	4b EIN	02-0680058				
this pla	an, enter the plan sp	onsor's name, EIN, the plan name	and the plan number fr	om the last return/report.		02-0000036				
		KOZANITIS DBA KOZY HEATING			4d PN	001				
C Plan N	lameMICHAEL KOZ	ANITIS DBA KOZY HEATING AND	AIR CONDITIONING	401(K) PLAN						
5a Total r	number of participant	s at the beginning of the plan year.			. 5a		4			
					5b		4			
		is at the end of the plan year n account balances as of the end of			``					
				•	5c		3			
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)		4			
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)		4			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e		0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be asses	sed unless reasonable ca	use is establi	shed.				
Under pena	alties of perjury and o	other penalties set forth in the instru	ctions, I declare that I I	nave examined this return/re	eport, including	, if applicable, a Sc				
		and signed by an enrolled actuary,	as well as the electroni	c version of this return/repo	ort, and to the b	est of my knowledg	ge and			
	rue, correct, and cor		07/00/0046	MOUATINGTAN	0					
SIGN HERE		d/valid electronic signature.	07/09/2019	07/09/2019 MICHAEL KOZANITIS						
112112	Signature of plan administrator Date Enter name of individual				dual signing as plan administrator					
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of indivi	dividual signing as employer or plan sponsor					

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						. X Yes No		
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.)							. 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	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
a	Total plan assets	7a	23	33538				224291	
<u>b</u>	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7с	23	33538				224291	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		4598					
	(2) Participants	8a(2)		7372					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		17471					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-5501	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		3746					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3746	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						-9247	
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10-		X			
h	Program)			10a		^			
	reported on line 10a.)			10b		X			
c				10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	X			537	
f	Has the plan failed to provide any benefit when due under the plan?					X			
g				10g	X			3624	
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 complete (Form 5500) and line 11a below)			Yes 🛚 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 Code or se ERISA?		of	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A					
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 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 under control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Penalon Benefit Guaranty Corporation

Internal Revenue Service

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.

2018

This Form is Open to Public inspection

OMB Nos. 1210-0110

1210-0089

Partill Annual Report Identification Information 01/01/2018 For calendar plan year 2018 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a one-participant 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 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number KOZY HEATING AND AIR CONDITIONING, LLC 401(k) PLAN 001 (PN) > 1c Effective date of plan 01/01/2011 2a 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) (EIN)82-3613461 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KOZY HEATING AND AIR CONDITIONING, Sponsor's telephone number (315) 253-2216 2d Business code (see instructions) 44 SOUTH LEWIS STREET AUBURN NY 13021 238220 3a 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 02-0680058 this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN & Sponsor's name michael kozanitis dea kozy heating and ale conditioning C Plan Name MICHAEL KOZANITIS DBA KOZY HEATING AND AIR CONDITIONING 401 (k) PLAN 001 5a Total number of participants at the beginning of the plan year..... 5a 4 **b** Total number of participants at the end of the plan year 5b 4 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 3 complete this item)..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 4 d(2) Total number of active participants at the end of the plan year 4 5d(2) Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... 0 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 extreme 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 MICHAEL KOZANITIS 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 For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Form 5500-SF (2018)

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	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 an independent qualified public accountant (IQPA) under 29 CFR 2520,104-46? (See instructions on waiver eligibility and conditions.)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	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							
Pa	fill Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
а	Total plan assets	7a		233,	538		224,291	
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		233,	538		224,291	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	1 t		acontactive o	(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		4,	598			
	(2) Participants	8a(2)			372			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		-17,	471			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Sitvaterinasies	-5,501	
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			710			
f	Administrative service providers (salaries, fees, commissions)	8f	<u>.</u>	3,	746			
	Other expenses	8g				Mark in	3,746	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-9,247	
-	Net income (loss) (subtract line 8h from line 8c)	8i				estat in the second		
J Capazzona	Transfers to (from) the plan (see instructions)	8 <u>j</u>				lije i kaja		
Pai 9a	If the plan provides pension benefits, enter the applicable pension	footure or	ados from the List of Pl	lon Cha	ractor	istic C	adae in the instructions:	
Ja	2E 2G 2J 2K 2T 3D	reature co	des nom the List of the	iai i Oila	iactei	istic o	odes in the instructions.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	stic Co	des in the instructions:	
Par	tV 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 \ Program)		iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest		include transactions			İ		
-	reported on line 10a.)			10b	<u> </u>	X		
				10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	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.)			10e	Х		537	
f				10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	Х		3,624	
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 exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii		1,		
					•		The state of the s	

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Part \	Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	·						
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b E	Enter the minimum required contribution for this plan year	12b						
C E	Enter the amount contributed by the employer to the plan for this plan year	12c						
	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 \	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	o			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
	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			
13	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PN(s)			