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

Part I	Annual Report	: Identification Information								
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
A This re	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	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report	al return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m				
		special extension (enter descr	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name					1b Three-digi	it				
YOUMAN, N	MADEO & FASANO R	ETIREMENT PLAN			plan numb					
					(PN) •	001				
			1c Effective date of plan 01/01/2014							
		oyer, 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)	36-4698288				
•	MADEO & FASANO, L		ai code (ii foreign, see ins	aructions)	2c Sponsor's telephone number 212-791-7791					
						code (see instructions)				
299 BROADWAY						541110				
SUITE 810 NEW YORK.	, NY 10007									
22 Dlan a	dministrator's name o	and address V Come as Dian Come	200		3b Administra	ator's FIN				
3a Plan administrator's name and address ∑ Same as Plan Sponsor.				3D Administra	ILOI S EIN					
				3c Administrator's telephone number						
		ne plan sponsor or the plan name ha consor's name, EIN, the plan name a			4b EIN					
	or's name	, , , , , , , , , , , , , , , , , , , ,			4d PN					
C Plan N	lame									
Eo Tatal					5a	78				
_		s at the beginning of the plan year			5b	83				
		s at the end of the plan year								
				•	5c	83				
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		. 5d(1)					
` '	•	articipants at the end of the plan yea			. 5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e 0						
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car	use is establishe	ed.				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a polete.								
SIGN		d/valid electronic signature.	07/22/2019	DONALD F. MADEO						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer 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	es 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 Y	es 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 by 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	e PBGC p	remium filing for this p	lan yea	r			(See ins	tructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
а	Total plan assets	7a	7:	93703				98978	4
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	7:	93703				98978	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	2	27300					
	(2) Participants	8a(2)		62289					
	(3) Others (including rollovers)	8a(3)		2236					
	Other income (loss)	8b		5276					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29710	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	!	98993					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		2027					
g	Other expenses	8g							
h	otal expenses (add lines 8d, 8e, 8f, and 8g)							10102	.0
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)							19608	1
	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des 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	X			Ç	90000
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 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 pla	n?		10f	L	X			
9				10g		X			
h	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 Sche (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 Code or section ERISA?		:	Y	es 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								
lf :	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	× N	o				
	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?			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.)	to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

Form 5500-SF

Department of the Treasury Internal Payenue Service

Decement 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

OMB Nos. 1210-0110 1210-0089

2018

Perevo	Benefit Guaranty Corporation		We setting Code (IUS CO)	ie).	I	This Form is Open to
Part		→ Complete all entries in		tructions to the Form 5500.		Public Inspection
For cale	ndar plan year 2018 or fi	Identification Information	1	additions to the Form 5500.	SF.	,
	Page Lies SO 19 OL II		01/01/2018	and ending	12/22	1/0030
A The	return/report is for:	a single-employer plan		plan (not multiemployer) (File	12/3	1/2018
	seminicizing (2.10).	**************************************	list of participating e	mployer information in accord	rs checkir	ng this box must attach a
D 75		a one-participant plan	a foreign plan	A - A	Jance Will	n the form instructions.)
→)((S)	eturn/report is	the first return/report	П.			
			the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 month	121	
U Chec	* box if filing under:	Form 5558			,	
		, ' " " "	automatic extension		OFVC pro	gram
Part II	Basic Plan Info	special extension (enter desc	cription)			
	e of plan	rmation—enter all requested in	nformation			
		asano Retirement Pla		11	Three-	diali
		asano Rectrement Pla	in	'"	plan ni	unber l
					(PN)	
	<u> Vilabili (1</u> 9. a. 19. a. 19. a.			10	Effectiv	ve date of plan
2a Plan	sponsor's name (emplo	yer, if for a single-employer plan)			01/0	1/2014
			O. Box)	2t	Employ	yer Identification Number
			tal code (if foreign, see ins	Inschione)	(EIN) 3	6-4698288
	IMan, Madeo & F	asano, LLP	,	20	Spons	or's telephone number
700	Broadway				212-	791-7791
Sui	te 810			20	Busine	ss code (see instructions)
보면 있는 중시간하다	· York					,,
25 St. 19		NY 1000				
ya man	acministrator's name an	d address 🔯 Same as Plan Spo	nsor.		5411	
				30	• Admini	strator's EIN
				30	Admini	strator's telephone number
		캠프 보고 하는 하나 하나 하다				anator a relebuone number
		20년 1일 전 1일				
4 #*~						
The State	Pame and/or EIN of the	plan sponsor or the plan name has	as changed since the last	return/report filed for		
a Soor	r—, Gas de pagi spor Teor's name	isor's name. EIN, the plan name a	and the plan number from	the last return/report	EIN	
C Plan	Name	불렀불빛 기고 경우하는 어느	•		PN	
Sa Tota	Transpar of contra					
		at the beginning of the plan year	***********************	******	5a	70
					5b	78
COC	os or paracipants with a Diete this domi	occurs balances as of the end of	the plan year (only defined	Contribution plans	-	83
d(1) =		or coasines as of the end of	****************************		5c	83
		www.co.co.co.co.co.co.co.co.co.co.co.co.co.	an wase	1 -	1(1)	
	The second secon	William S. The end of the also				52
* NUT	ther of participants who t	erminated employment during the	Dian year with account to	enofite that were te	1(2)	43
-ZUZNOCE	A thought for the late -	***************	*****************************		5e	•
Under per	Tables of perjuny and oth	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, a	vreport will be assessed	unless reasonable cause i	s establi	shed.
Se or Ser	Powe M8 completed an	d signed by an enrolled actuary a	Blooms, I declare that I have	examined this return/report,	including	, if applicable, a Schedule
	T J Correct and compl	er penalties set forth in the instruct d signed by an enrolled actuary, a sete	as the exertionic As	ision of this return/report, and	to the b	est of my knowledge and
SIGN HERE			17/2/19	Donald F. Madeo		
	Signature of plan ad	ministrator	17 15	~ · · · · · · · · · · · · · · · · · · ·		
SIGN			Date	Enter name of individual si	gning as	plan administrator
HERE	Signature of employ					
For Pagers	vork Reduction Act Notice	etipian sponsor	Date	Enter name of individual si	ionino as	employer or plan ana

Form	5500	SF	(201	R

Page 2

b Are you claim under 29 CFI If you answer c If the plan is a If "Yes" is che Part III Fina 7 Plan Assets a a Total plan liat c Net plan asse b Total plan liat c Net plan asse lncome, Expe a Contributions (1) Employer (2) Participal (3) Others (in b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expense i Net income (in	etsilities	f an indepe r and condi not use Fo insurance p he PBGC p	endent qualified public itions.) orm 5500-SF and must orogram (see ERISA s	accoun st inste	tant (I0 ad use 1021)?	QPA) e Form	5500. Yes	Not determined
under 29 CFI If you answe C If the plan is a If "Yes" is che Part III Fina T Plan Assets a a Total plan liat C Net plan asse B Income, Expe a Contributions (1) Employer (2) Participal (3) Others (in b Other income C Total income I Benefits paid I bother expense I Administrative I Net income (in	R 2520.104-46? (See instructions on waiver eligibility red "No" to either line 6a or line 6b, the plan can defined benefit plan, is it covered under the PBGC ecked, enter the My PAA confirmation number from to incial Information Incial Information Incial Lipidities Incial Lipidities Incial Lipidities	vand condi not use For insurance p he PBGC p	orm 5500-SF and must program (see ERISA s	st inste	ad us	e Form	5500. Yes No	Not determined
C If the plan is a If "Yes" is che Part III Fina Plan Assets a Total plan asse b Total plan liat C Net plan asse 8 Income, Expe a Contributions (1) Employer (2) Participal (3) Others (in b Other income C Total income C Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expense i Net income (le	defined benefit plan, is it covered under the PBGC ecked, enter the My PAA confirmation number from to the confirmation number from	insurance _I	program (see ERISA s	ection 4	1021)?	[Yes No	
Part III Fina Plan Assets a Total plan asset Total plan asset Total plan asset Total plan asset Income, Expet Contributions (1) Employer (2) Participal (3) Others (in to provide berefits paid to provide berefits paid to provide berefit Administrative Total expenset Net income (in the provide of the provide berefits paid to provide berefits paid	cked, enter the My PAA confirmation number from t ncial Information nd Liabilities ets	he PBGC _I						
Part III Fina 7 Plan Assets a a Total plan ass b Total plan liat c Net plan asse 8 Income, Expe a Contributions (1) Employer (2) Participar (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (lie	ncial Information nd Liabilities etsilities		oremium filing for this p	olan yea	ar			(See instructions)
7 Plan Assets a a Total plan asset b Total plan liat c Net plan asset 8 Income, Expe a Contributions (1) Employer (2) Participal (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expense i Net income (lie	nd Liabilities etsilities							(000 manuchons.)
a Total plan ass b Total plan liat c Net plan asse 8 Income, Expe a Contributions (1) Employer (2) Participar (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (lie	etsilities		,					
b Total plan liat c Net plan asse 8 Income, Expe a Contributions (1) Employer (2) Participal (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expense i Net income (le	ilities		(a) Beginning	of Yea	r		(b) End	l of Year
b Total plan liat c Net plan asse 8 Income, Expe a Contributions (1) Employer (2) Participal (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expense i Net income (le	ilities	. 7a		793,			·	989,78
8 Income, Experiments a Contributions (1) Employer (2) Participar (3) Others (income b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expense i Net income (let		. 7b						
a Contributions (1) Employer (2) Participal (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (le	ts (subtract line 7b from line 7a)	. 7c		793,	703			989,78
(1) Employer (2) Participal (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (le	nses, and Transfers for this Plan Year	- 414	(a) Amou	nt			(b) ⁻	Total .
(2) Participal (3) Others (ir b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (le	received or receivable from:				200			
(3) Others (in b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (let	S	 '		227,				
b Other income c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (le	nts				289			
c Total income d Benefits paid to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (le	cluding rollovers)				236			
d Benefits paid to provide ber e Certain deem f Administrative g Other expense h Total expense i Net income (le	(loss)			5,	276			
to provide ber e Certain deem f Administrative g Other expens h Total expense i Net income (le	(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						297,101
e Certain deem f Administrative g Other expense h Total expense i Net income (le	(including direct rollovers and insurance premiums efits)	. 8d		98.	993			
f Administrative g Other expense h Total expense i Net income (le	ed and/or corrective distributions (see instructions)	. 8e				11.7		
g Other expense h Total expense i Net income (le	service providers (salaries, fees, commissions)			2.	027	7		
h Total expense	95	1			0.2.7			
i Net income (le	s (add lines 8d, 8e, 8f, and 8g)				-+		······································	101,020
	oss) (subtract line 8h from line 8c)			44.20				196,081
I Transfers to 0	rom) the plan (see instructions)	1						
		· 8j	<u> </u>					
	Characteristics vides pension benefits, enter the applicable pensior	facture	ados from the List of Di	Ch-		-4:- C-	des in the in-	L
2A 2E 2	F 2G 2J 2T 3B 3D	i leature co	des nom the List of Pi	an Ona	iacten	Suc Co	des in the insi	ructions:
b If the plan pro	vides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Char	acteris	tic Cod	es in the instr	uctions:
	pliance Questions				·	· · · · · · · ·		
10 During the p					Yes	No		Amount
	failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's							
Program)		······		10a		Х		
	ny nonexempt transactions with any party-in-interes ine 10a.)			10b		Х		
C Was the pla	n covered by a fidelity bond?			10c	Х			90,000
	have a loss, whether or not reimbursed by the plan's ishonesty?			10d		Х	M. T	
e Were any fed carrier, insur	es or commissions paid to any brokers, agents, or ot ance service, or other organization that provides sor se instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х		
	failed to provide any benefit when due under the pla			10f		Х		
	have any participant loans? (If "Yes," enter amount a			10g	 	Х		***************************************
h If this is an ir		-	•	9	1			
i If 10h was ar exceptions to	dividual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10h		Х		

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Part VI Pension Funding Compliance	ce					
11 Is this a defined benefit plan subject to min	imum funding requirements? (If "Yes," see instructions an	d complete Sch	edule S	В		res No
	outions for all years from Schedule SB (Form 5500) line 40					
12 Is this a defined contribution plan subject t	to the minimum funding requirements of section 412 of the	Code or section	n 302 o	f		∕es X No
a If a waiver of the minimum funding standar granting the waiver.	d for a prior year is being amortized in this plan year, see i	Month	l enter i		of the lette Year_	r ruling
If you completed line 12a, complete lines 3,	, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
b Enter the minimum required contribution for	this plan year		12b			
c Enter the amount contributed by the employ	er to the plan for this plan year		12c			
d Subtract the amount in line 12c from the ar	nount in line 12b. Enter the result (enter a minus sign to th		12d			
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 Trans	sfers of Assets					
13a Has a resolution to terminate the plan been ac	dopted in any plan year?		***************************************	Yes	ΧN	0
If "Yes," enter the amount of any plan asse	ts that reverted to the employer this year		13a			
b Were all the plan assets distributed to particular control of the PBGC?	cipants or beneficiaries, transferred to another plan, or bro	ought under the	,		Yes X	No
	ities were transferred from this plan to another plan(s), ide					
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)