Form 5500-SF

Department of the Treasury Internal Revenue Service

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	t Identification Informatior	1									
For calend	dar plan year 2018 or t	fiscal plan year beginning 01/01/	2018	and ending 12	2/31/2018							
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac								
		a one-participant plan	a foreign plan	. , . ,		,						
B This ret	turn/report is	the first return/report	the final return/repor									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)							
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progr	ram						
		special extension (enter desc	• /									
Part II	Basic Plan Info	ormation—enter all requested in	nformation		1 -							
1a Name CONTINUE	•	01(K) PROFIT SHARING PLAN &	TRUST		1b Three-di plan num (PN) ▶							
					1c Effective	date of plan 01/01/1993						
		oyer, if for a single-employer plan)			2b Employe	r Identification Number						
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		structions)	(EIN)	11-2984618						
	D CARE OF LI INC	, ,,	, ,	,		's telephone number 631-694-8787						
					2d Business	code (see instructions)						
130 SEA LANE FARMINGDALE, NY 11735-3926						621210						
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	onsor.		3b Administ	rator's EIN						
					3c Administ	rator's telephone number						
						·						
4 If the	name and/or FIN of th	ne plan sponsor or the plan name h	has changed since the last	return/report filed for	4b EIN							
		onsor's name, EIN, the plan name										
•	sor's name				4d PN							
C Plan I	Name											
5a Total	number of participant	s at the beginning of the plan year			. 5a	116						
		s at the end of the plan year			. 5b	35						
		account balances as of the end of			5c	35						
d(1) To	tal number of active pa	articipants at the beginning of the p	olan year		5d(1)	100						
d(2) To	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	2						
		o terminated employment during th			5e							
Caution:	A penalty for the late	or incomplete filing of this retu	n/report will be assesse	d unless reasonable ca								
SB or Sch	nalties of perjury and on edule MB completed on true, correct, and com	other penalties set forth in the instru and signed by an enrolled actuary, anglete	actions, I declare that I have as well as the electronic v	ve examined this return/re version of this return/repor	port, including, t, and to the be	it applicable, a Schedule st of my knowledge and						
SIGN		d/valid electronic signature.	07/17/2019	DANIEL DESIMONE								
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as r	olan administrator						
SIGN					5 5 5 5 5							
HERE Signature of employer/plan sponsor						amployer or plan enoneor						

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6a	Were all of the plan's assets during the plan year invested in eligib	le 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.								100 <u> </u> 110
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the $\ensuremath{\mathrm{My}}$					_			nstructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Year	
а	Total plan assets	7a		42753			1 1	8747	794
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	94	42753		874794			794
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
			-	73540					
	(2) Participants	8a(2)	,	73340	_				
	(3) Others (including rollovers)	8a(3)		22346	-				
	Other income (loss)	8b	-7	22340				E4.	 194
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31	194
	to provide benefits)	8d	1	18603					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		550					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					119153		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-679	959
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics	•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the	instructions	::
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in the i	nstructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	<u> </u>
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		1.00	-110		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				40000
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		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		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Χ				15977
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	ne require	d notice or one of the	10i		X			

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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 Sch (Form 5500) and line 11a below)		В		Yes 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 Code or section ERISA?				Yes 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 instructions, and granting the waiver	d enter t Day		of the lette _ Year _	er ruling
lf y	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?		X Yes	_ \	lo
	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	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	3) PN(s)

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 Inform	Control of the Contro							
For calendar plan year 2018 or fiscal plan year beginning	01/01/201	.8 and	ending 12/31/20)18				
A This return/report is for:	plan a multiple	e-employer plan (not multi	employer) (Filers checking this box	must attach a list				
of participating employer information in accordance with the form instructions.)								
a one-participant	olan 🔲 a foreigr	ı plan						
B This return/report is the first return/rep	ort the final	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	automat	ic extension	☐ DFVC progr	am				
	(enter description)							
Part II Basic Plan Information - enter all req	uested information							
1a Name of plan		11	,					
CONTINUED CARE OF LI INC 401(K) PROFIT S	HARING	plan number (PN)	001				
PLAN & TRUST		10	Effective date of plan 01/01/1993					
2a Plan sponsor's name (employer, if for a single-employ Mailing address (include room, apt., suite no. 270.	eet, or P.O. Box)	21	b Employer Identification Null 11-2984618	mber (EIN)				
City or town, state or province, country, and ZIP or fo	reign postal code (if for	eign, see instr.)		er				
130 SEA LANE			31-694-8787					
FARMINGDALE NY 11	735-3926	20	d Business code (see instruc 621210	tions)				
	s Plan Sponsor.	31						
out i fair administrator o name and address	or lair opolicon.							
		3	C Administrator's telephone	number				
4 If the name and/or EIN of the plan sponsor or the plan return/report filed for this plan, enter the plan sponsor			b EIN					
plan number from the last return/report. a Sponsor's name		4	d PN					
C Plan Name								
9 Plan Name		ì						
5a Total number of participants at the beginning of the	nlan year		ia l	116				
b Total number of participants at the beginning of the			ib	35				
 Number of participants with account balances as of 								
			ōc	35				
d (1) Total number of active participants at the beginn	ning of the plan year		3(1)	100				
d (2) Total number of active participants at the end of			1(2)	2				
Number of participants who terminated employment				-				
benefits that were less than 100% vested			ōe					
Caution: A penalty for the late or incomplete filing of	this return/report will			d.				
Under penalties of perjury and other penalties set forth in Schedule SB or Schedule MB completed and signed by a my knowledge and belief, it is true, correct, and complete	the instructions, I declar an enrolled actuary, as	are that I have examine well as the electronic ve	d this return/report, including, it ersion of this return/report, and	applicable, a to the best of				
SIGN ()()	1/17/19	DANIEL DESI						
HERE Signature of plan administrator	Date		ial signing as plan administrator	r				
SIGN								
HERE								
Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan	sponsor				

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

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee instrud	ctions.)				X Yes	∏ _{No}	
	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			\neg		П	П		
С	in the plants a defined belief, is it covered under the Food institute program (300 Ernor 300 tion 402 1):						_		
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing) for this p	lan year				(See ii	nstructions.)	
Da	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	(1	b) End of Y	'ear	
<u>′</u>	T	7a		2,7		,	•	4,794	
b	Table land Pak Wilse	7b	<u></u>	4,,	55		0 /		
	Net plan assets (subtract line 7b from line 7a)	7c	9.4	2,7	53		87	4,794	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		55		(b) Total		
a	Contributions received or receivable from:		(4) 7 111100				(5) 1014		
_	(1) Employers	8a(1)							
	(2) Participants	8a(2)	7	3,5	40				
	(3) Others (including rollovers)	8a(3)	<u> </u>	- , -		1			
b	Other income (loss) STATEMENT 1	8b	-2	2,3	46				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- , -			5	1,194	
d	Benefits paid (including direct rollovers and insurance premiums to provide	"							
	benefits) STATEMENT 2	8d	11	8,6	03				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		5	50				
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11	9,153	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						7,959	
j	Transfers to (from) the plan (see instructions)	8i						·	
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature co	des from	the List of Plan (Charac	cteristi	c Codes	in the instr	uctions:	
	2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	es from th	he List of Plan Ch	naract	eristic	Codes in	the instruc	ctions:	
Pa	rt V Compliance Questions								
<u>10</u>	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 Volunta	ry							
	Fiduciary Correction Program.)		10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc	lude			l				
	transactions reported on line 10a.)				Х				
	Was the plan covered by a fidelity bond?		10c	Х			4	0,000	
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond	-			l				
	was caused by fraud or dishonesty?		10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by	•							
	insurance carrier, insurance service, or other organization that provides some	or all of			77				
	the benefits under the plan? (See instructions.)				X				
	Has the plan failed to provide any benefit when due under the plan?		10f	77	Х	1	1	E 077	
	Did the plan have any participant loans? (If "Yes," enter amount as of year-end		10g	Х				5,977	
n	If this is an individual account plan, was there a blackout period? (See instructions of the second				37				
-	and 29 CFR 2520.101-3.)		10h		Х				
ı	If 10h was answered "Yes," check the box if you either provided the required				v				
	one of the exceptions to providing the notice applied under 29 CFR 2520.101	-ડ	10i	<u> </u>	X				

Par	t VI 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)			Yes	X No	
<u>11a</u>	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 302 of ERISA?			Yes	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 instruction	ns, an	d enter t	he date of tl	he letter	
	ruling granting the waiver. Month Da	y		Year		
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				
_	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?		⁄es	No	N/A	
Par	t VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	ΧV	⁄es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	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?			Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p	lan(s)	to whic	h assets or		
	liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s): 13c(2)	EIN(s	;)	13c(3)	PN(s)	
		,			• •	