## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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		<u>t Identification Information</u>	l .									
For calend	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018											
<b>A</b> This re	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.)											
<b>b</b> This ret	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	s than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC progra	am						
		special extension (enter desc	' '									
Part II	Basic Plan Info	ormation—enter all requested in	formation		1							
1a Name DR ANDRE	•	PRACTOR PC PROFIT SHARING	PLAN		1b Three-dig plan num (PN) ▶							
					1c Effective	date of plan 01/01/2009						
		oyer, if for a single-employer plan)			<b>2b</b> Employer	r Identification Number						
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	26-2192040						
-	A PAPORTO, CHIROI		(i. 1515.g.), 555 ii.			s telephone number 845-454-5558						
					2d Business	code (see instructions)						
301 TITUSV	ILLE ROAD EPSIE, NY 12603				621310							
FOOGLIKEL	F3IL, NT 12003											
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		<b>3b</b> Administr	ator's EIN						
		_			3c Administr	rotor'o tolombono numbor						
					3C Administr	rator's telephone number						
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN							
	sor's name	5.100. 0 .1a.1.10, <u>2</u> .1.1, 1.10 p.a.1.1.a.1.10 0	2.1.a 1.10 p.a 1.a201 1.0	ano idoi rotan proporti	4d PN							
C Plan N	Name											
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			5a	4						
		s at the end of the plan year			5b	5						
		account balances as of the end of			5c	5						
'	,	articipants at the beginning of the pl			5d(1)	4						
			5d(2)									
<ul><li>d(2) Total number of active participants at the end of the plan year</li><li>e Number of participants who terminated employment during the plan year with accrued benefits that were less</li></ul>						5						
than	100% vested				. 5e	1						
		or incomplete filing of this return ther penalties set forth in the instru-										
SB or Sch		and signed by an enrolled actuary, a										
SIGN		d/valid electronic signature.	07/01/2019	ANDREA PAPORTO								
HERE	Signature of plan	administrator	Date	Enter name of individ	dividual signing as plan administrator							
SIGN			-		<u> </u>							
HERE	Signature of emple	over/plan sponsor	Enter name of individ	Enter name of individual 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	
D	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					_		_	
	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	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year	
а	Total plan assets	7a	50	85032				568083	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	58	85032				568083	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		60000					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		71940					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-11940	
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)	service providers (salaries, fees, commissions) 8f 5009							
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5009		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-16949	
j	Transfers to (from) the plan (see instructions)								
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Plant	an Chai	racteri	stic Co	odes in the in	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the ins	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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			V			
	Program)  Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)	•		10b		X			
	Was the plan covered by a fidelity bond?			10c	X			90000	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 the plan? (See instructions.)	e or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)								
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
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	1a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	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.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year					
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							
C Enter the amount contributed by the employer to the plan for this 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 Will the minimum funding amount reported on line 12d be met by the funding deadline?									
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	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Part I Annual Report	Identification Information	cordance with t	he instru	uctions to the Form 55	00-SF.			·•••		
		scal plan year beginning		/0010	· · · · · · · · · · · · · · · · · · ·		-				
_	, , , , , , , , , , , , , , , , , , , ,	endar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018									
A	This return/report is for:	x a single-employer plan a one-participant plan	a multiple-en a list of parti	cipating	olan (not multiemployer) employer information in	n (not multiemployer) (Filers checking this box must attach ployer information in accordance with the form instructions.)					
В	This return/report is:	the first return/report	the final retu	rn/report							
_		an amended return/report	a short plan	year retu	rm/report (less than 12	months)					
C	Check box if filing under:	Form 5558 special extension (enter descri	automatic ex	ktension			DFVC progr	ram			
_	Part II Basic Plan Information enter all requested information  1a Name of plan										
	•	01.1			*		ree-digit				
	or widter saborto,	Chiropractor PC Profit	Sharing Pla	an			ın number N) ▶	001	Contract Contract		
	: 5550-37.					1c Ef	ective date	of plan	. 1998.51 .244.00		
2a	Plan sponsor's name (emplo	yer, if for a single-employer plan)					/01/2009		***************************************		
	City or town, state or province	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posta	. Box) al code (if foreign,	, see inst	ructions)	ZD En	ployer Iden N) 26-21	tification N 192040	Number		
	Dr Andrea Paporto,	Chiropractor PC				2c Sp	onsor's tele <sub>l</sub>	ohone nur	nber		
	3.13.12.12.						45) 454-				
	301 Titusville Road	i į				2d Bu 62	siness code 1310	(see instr	uctions)		
	US Poughkeepsie NY 12603					1	- 146) - 146)	er.	A.35:		
зa	Plan administrator's name ar	nd address X Same as Plan Spo	nsor		¥.	3b Ad	ministrator's		isolate.j		
					and the second of the second o						
	ie.					30.04	-1-1-1		· · · · ·		
	<b>v</b>					JC Adi	ministrator's	telephone	e number		
4	If the second of the second of										
•	this plan enter the plan spon	plan sponsor or the plan name has	changed since t	he last re	turn/report filed for	4b EIN					
a	Sponsor's name	sor's name, EIN, the plan name and	the plan numbe	r from the	e last return/report.			1000 - 11 - 1			
C	Plan Name					4d PN					
	a Take - a weeksing										
	1.3506-34				<i>i</i> :				and Marian		
5a	Total number of participants a	at the beginning of the plan year	***************			5a		- 12 1	1		
b	Total number of participants a	at the end of the plan vear				5b					
С	Multiper of harricipants with a	ccount balances as of the end of th	e nien voor (only	dofined a	and the state of t	5c		383 LU			
	) lotal number of active parti	cipants at the beginning of the plan			********************************	5d(1)		<del>Valua (j.).</del> 38 - 3 <b>- 4</b>			
d(2	<ol><li>Total number of active parti</li></ol>	cipants at the end of the plan year	***************	**********	***************************************	5d(2)	453		₹1-21-7.		
е	Number of participants who to less than 100% vested	erminated employment during the pl	an year with accr	ued bene	efits that were	5e	- 14 (A)				
Cau	ution: A penalty for the late o	or incomplete filing of this return/	report will be so	enecod :	unlaca race 1 -			1			
SB		d signed by an enrolled actuary on									
SI	GN /	20	7/1/	9	Andrea Paporto						
HE	RE Signature of plan admir	nistrator	Date								
			Date		Enter name of individua	signing a	plan admir	nistrator			

HERE Signature of employer/plan sponsor

4 delay seguiday The Property of

AND CALL HE WAS A

Enter name of individual signing as employer or plan sponsor

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	Makika dajir. Makika jaraha									Primi de la constanción Carrollo
	Form 5500-SF 2018				11				. 1	
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	## k								.,	. L
					4				di di	and the second
6a	Were all of the plan's assets during the plan year investe	d in eligible	2 0000to2 /	Control of						
b	Are you claiming a waiver of the annual examination and	raport of o	n indones	dank market to the				**********		X Yes ☐ No
	walver	eligibility a	ind conditi	nne l						
\$ P	, and the colored like of our like of the l	oian canna	ST HISA FAR	m 5500_QE and :			_			XYes No
C	If the plan is a defined benefit plan, is it covered under the	e PBGC in:	surance pr	ooram (see FRISA sec	tion A	12112	FOIII			
	If "Yes" is checked, enter the My PAA confirmation numb	er from the	PBGC nr	emium filing for this yes		121):	*****	[res	L N	
				ornam hing for this yea	"					(See instructions.)
7										A STATE OF THE STA
	Plan Assets and Liabilities			(a) Beginning	of Ye	ar			(b) Enc	of Year
<u>a</u>	Total plan assets	**********	7a		585,	032			<del>'</del>	568,083
<u>b</u>	Total plan liabilities	••••••	7b				$\neg$			300,003
÷	Net plan assets (subtract line 7b from line 7a)	••••••	7с		585,	032	$\top$			F60 002
8 a	Income, Expenses, and Transfers for this Plan Year			(a) Amou			_		(h)	568,083 Total
u	Contributions received or receivable from:  (1) Employers		- 40						(8)	Total
	(2) Participants	**********	8a(1)		60,	000				
	(3) Others (including rollovers)	**************	8a(2)							
b	Other income (loss)	************	8a(3)							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	************	8b	(	71,9	40)				
d	Benefits paid (including direct rollovers and insurance pre	miume	8c					•		(11,940)
	to provide benefits)	************	8d	111					24	
<u>e</u>	Certain deemed and/or corrective distributions (see instru	ctions)	8e					*		
1	Administrative service providers (salaries, fees, commission		8f		5.0	009				
g	Other expenses	************	8g			0	-	-		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h	440.00						<b>5</b> 000
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	************	8i	(B)			+-			5,009
j	Transfers to (from) the plan (see instructions)	************	8i							(16,949)
Charles	Int IV Plan Characteristics									A Modern Wilder
9a	If the plan provides pension benefits, enter the applicable <b>2E</b> 3D	pension fea	ature code	s from the List of Plan (	haran	torioti	. Cod	00 in the		
$\perp$	2E: 3D			o wow and bloc of Flam (	Jilalac	40115H	. COU	es in the	instructi	ons:
b	If the plan provides welfare benefits, enter the applicable v	velfare feat	ure codes	from the List of Plan Cl						
			0.00000	nom the List of Flam Ci	iaracie	eristic	Code	s in the in	3	i digari
Pa	rt V Compliance Questions								1.1	registrophysical property and the second
10	During the plan year:						T		\$450	
а	and to dansing to the plan any participan	t contribution	ons within	the time period	<del></del>	Yes	NO	N/A		Amount
	described in 29 CFR 2510.3-102? (See instructions and	DOL's Volu	ıntary Fidu	iciary Correction						4444
	Program)	******************			10a		х		ř.	
b	were there any nonexempt transactions with any particle	~intoront?	(Do not in	-ld						The second second
С	N/ #	************	***************************************	**************************	10b		х			
d		**************	*************	********************************	10c	x				90,000
~	Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?	ne plan's fic	delity bond	, that was caused						
е	Were any fees or commissions paid to any brokers ager	te aratha	r noroana k		10d		X			
	outlier organization that prov	ides some	or all of the	e henefits under						o se a san san sa
	the plants (dee instructions.)	************	**************		10e		x			the comment was assumed.
T	Has the plan failed to provide any benefit when due unde	r the plan?	**********	**********************	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter a	mount as o	of vear end	17					*	transport of and real life.
h	If this is an individual account plan, was there a blackout	period2 (S	on jour circ		10g		х	2.2		
	2520.101-3.)		om instructi	ons and 29 CFR	10h		х			4.4
i	If 10h was answered "Yes," check the box if you either or	avided the	roquired a	Office or one of the						
	exceptions to providing the notice applied under 29 CFR	2520.101-3			10i					
	Control of the second of the s							1 1	*	
								1.	*.*	
	in the second se							diju		
								*		i gladi.