Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
A This re	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.)									
		a one-participant plan	a foreign plan							
B This ret	urn/report is									
		an amended return/report	a short plan year retu	ırn/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension	[DFVC progra	m				
		special extension (enter descr	1 /							
Part II	Basic Plan Info	ormation—enter all requested inf	formation							
1a Name JOSEPH A I	•	PROFIT SHARING PLAN			1b Three-digi plan numb (PN) ▶					
					1c Effective of	date of plan 11/01/1972				
		oyer, if for a single-employer plan)) Boy)			Identification Number				
City or	r town, state or provinc	ce, country, and ZIP or foreign post		structions)	(EIN) 16-1000249 2c Sponsor's telephone number					
JOSEPH A.	DIPOALA, SR., M.D.,	P.C.			58	35-334-2610				
2128 E HEN	DIETTA DD				2d Business of	code (see instructions)				
	R, NY 14623-4518					621111				
3a Plan a	idministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	itor's EIN				
A (6)	V = N (V)					ator's telephone number				
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN					
a Spons C Plan N	sor's name				4d PN					
O Hann	varric									
5a Total	number of participants	s at the beginning of the plan year			5a					
		s at the end of the plan year		-	5b					
		account balances as of the end of		•	5c	0				
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 year		I	5d(2)	0				
		terminated employment during the			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau						
SB or Sche		ther penalties set forth in the instruction as the control of the								
SIGN										
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	an administrator				
SIGN	Filed with authorized	d/valid electronic signature.	07/30/2019	ALAN MARCIANO						
HERE	C:	<i>l</i> -1	l Data	I Forten a service Committee						

Date

Enter name of individual signing as employer or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes								
C	If "Yes" is checked, enter the My PAA confirmation number from the					_		☐ Not determined (See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
а	Total plan assets	7a	17	13683				0	
b	Total plan liabilities	7b		0			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	17	13683			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b)	Γotal	
a	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	;	31487					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31487	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17-	45170					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1745170	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1713683	
J	Transfers to (from) the plan (see instructions)	8j	3j 0						
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2R 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the insti	ructions:	
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	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X			250000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?					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.)					X			
f						Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
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)		SB	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 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		of the letter ruling 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?		X 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		X Yes 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)			

ОМВ Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Transury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Queranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled 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

This Form is Open to Public inspection

Pension Benefit Guerany Corporation > Complete all entries in accordance with the instructions to the Form 550	b-sif.	inspection			
Rant F Annual Report Identification Information					
or calendar plan year 2018 or flacal plan year beginning 01/01/2018 and ending	12/31/201	8			
a single-employer plan a multiple-employer plan (not multiemployer) (a list of:perticipating employer information in a list	accordance with th	je box must attach: a form instructions.):			
Gheck box if filing under: Form 5558	DFVC p	rogram			
Part III Basic Plan Information enter all requested information	- Carlotte Control Control	the state of the second			
A Name of plan JOSEPH A DIPOALA SR MD BC PROFIT SHARING PLAN	1b Three-digit plan numb (PN) ► 1c Effective d	er : 002 ats of plan			
8. Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suits no. and streat, or P.O. Box) Gity or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	11/01/1972 2b Employer Identification Number (EIN) 16-1000249				
Joseph A. DiPosia, Sr., M.D., P.C.	2¢ Sponsor's telephone number (585) 334-2610				
2128 E HEARIETTA RD	2d Business of 621111	ode (see Instructions)			
DE ROOMESTER MY 14623-4518 2 Plan administrator's name and address X Same as Plan Sponsor	3b Administra	tor's EIN			
	3c Administra	tor'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	45 EIN				
this plan, enter the plan sponsor's name, EJN, the plan name and the plan number from the last return/report. 3. Sponsor's name C. Plan Name	.4d PN:	*			
Total number of participents at the beginning of the plan year	5a				
Total number of participants at the end of the plan year	5b 5c	Ó.			
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	5d(2)	Q			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	59	Ō.			
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable ca	use is establish	ad.			
Under pensities of perjury and other pensities set forth in the instructions, I declare that I have examined this return/reposition and aligned by an enrolled actuary; as well as the electronic version of this return/reposition, it is true, correct, and complete.	eport, including, if ort, and to the best	applicable, a Schedule			
The same of the sa	1- 0-11	DD -			

· · · · · · · · · · · · · · · · · · ·		
SIGN X Pres A/1 Was Ca	X7/29/2019	Y BOSERA D. POXCHORMO PIC
HERE Signature of plan administrator	Date	Entername of individual signing as plan administrator
SIGN X Offly & range	X7/29/2019	XJOSOPH A. DIRACKSTMORC
HERE Signature of employer/plan sponsor	Date	Enter name of Individual algning as employer or plan aponaor

Form 5500-SF 2018

										Į.
- lo 1	Were all of the plan's assets during the plan year invested in eligible		Cooled by the second						THE NAME OF	Tivi.
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-457 (See instructions on waiver eligibility a	n independ	dent qualified public socoun	tant (IQP/	4) 			XYes:	_
	f you answered "No" to either line 6a or line 6b, the plan canno									
	f the plan is a defined banefit plan, is it covered under the PBGC in							☐ No	Not dete	ermined
1	f "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year					(See Instructi	ous')
Pai	Financial Information		w/v * · · · · · · · · · · · · · · · · · ·							
	Plan Assets and Liabilities	TOTAL BAST	(a) Beginning of)	'aar				(b) End	of Year	
	Total plan assets must interest to the control of t	7a	1,713		2	-		(D) Liid (of Pour	0
	Total pian liabilities accessed accessed to the contract of th	7.b	144	100 0 0	2 . D					0
	Net plan assets (subtract line 7b from line 7a)		1,713		•					0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	, 50.	•	(b) Total				
a	Contributions received or receivable from:	15 179 300 3 503	(4)		-	Local (a)				AND ST
	1) Employers	Ba(1)			0	一种人类的一种人类的一种人类的一种人类的一种人类的一种人类的一种人类的一种人类的				
-	2) Participanta	88(2)		1	0	Sept 1		at Child	学生的	
	(3). Others (including rollovers)	8a(3)		-	0	1, 1	(37) is		州东州东	11/20
	Other Income (loss)			,48			440	TO THE	the state of	
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	86			4	31,				87
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. Bd	1,745,17							
-	Certain deemed and/or corrective distributions (see instructions)	1	0							
	Administrative service providers (salaries, fees, commissions)	86	o o							1795461
	Other expenses		0							
	Total expenses (add lines 8d, 8s, 8f, and 8g)		PANA MENTERAL PRODUCES TARREST			1,745,				
	Net Income (loss) (subtract line 8h from line 8a)	:81	A the last of the state of the						1,713,68	****
-	Transfers to (from) the plan (see instructions)		0							
	HIV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·			-	(7,93)	<u> </u>	- 19. F. H. S. S. L.	is to a superior	his miles
-	if the plan provides pension benefits, enter the applicable pension f	esture cod	les from the List of Plan Chi	aracti	aristi	Cod	ев.in ti	ia luatino	tions:	~~~~~~
\perp	2A 2E 2F 2G 2R 3D						·			
b	if the plan provides welfare benefits, enter the applicable welfare to	ature code	s from the List of Plan Chai	acter	iatic	Code	B In the	instructi	ons;	
Pa	Compilance Questions	5.5° 10° 100° 98° 98° 93° 99°						65		
10	During the plan year:			,	Y en	No	NA		Amount	
a	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	oluntary FI					1300950			
	Program) anaryphyteopytetetetetetetetetetetetetetetetetetete			10a		X				
Ø	Were there any nonexempt transactions with any party-in-interest reported on line 10s.)			10b	:	x				
c				10a	×	<u> </u>	Th		25	0,000
d		fidelity bo	nd, that was caused	10d		ж		***		
6	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 penellits under the plan? (See Instructions.)			10a		×		:		,
f	Has the plan falled to provide any benefit when due under the pla			10f		×				-
9			· · · · · · · · · · · · · · · · · · ·	10g		ж	3 Ve - 3			
h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR		****		1 44			
-1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10h	1	X				

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	Form 5500-SF 2018	· ·	Päge 3 -							
Parl	VI Pension Funding Compliance					···.				
11	is this a defined benefit plan subject to minimum funding re (Form 5600 and line 11a below)	equirements? (If "Yes," se	e Instruction	ns and	complete S	chedule	SB	☐ Yes	X	Йo
11a	Enter the unpaid minimum required contributions for all ye	are from Schedule SB (Fo	rm 5500) lir	e 40	Pèddede	118	DIVINITIATION /	<u> </u>		
12	is this a defined contribution plan subject to the minimum. ERISA?(If "Yes," complete line 12a or lines 12b, 12d, 12d, and 12	funding requirements of s	ection 412 c	of the C	ode or sec	lon 302	Of Proposition	☐ Yes	X	No.
a	If a walver of the minimum funding standard for a prior year granting the walver	r is being amortized in this		Mo	nth	nd ente		of the lette Year	er rulln	g [.]
	ou completed line 12a, complete lines 3, 9, and 10 of Sc							,		
b	Enter the minimum required contribution for this plan year.	squibaqouerdhuurt to blydradd dubs out bet obern	***********	444414722	44171744114447	12b				
·C	Enter the amount contributed by the employer to the plan !			an alternative de		12c				
ď	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)								1 "	
6	Will the minimum funding amount reported on line 12d be					Yes No N/A				
Pari	VII Plan Terminations and Transfers of A	ssets								
13a	Has a resolution to terminate the plan been adopted in any	plan year? ************************************	¢4+2044044444444444444444444444444444444	(40==2=0	opakan nacaa huɗa	[2	Yes	□ No)	
	If "Yes," enter the amount of any plan essets that reverted	to the employer this year	skaárravostom	P1477444747		13a			***************************************	0
b	Were all the plan assets distributed to participents or bone control of the PBGC?						X	Yea 🗀	No	
C	If, during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	erred from this plan to an	other plan(s), ident	lfy the plan	(s) to		. 1	7	·
1	Ic(1) Name of plan(s);	· · · · · · · · · · · · · · · · · · ·			13c(2) E	IN(s)		130(3)	PN(s)	