## 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

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	ar plan year 2017 or fi	scal plan year beginning 11/01/2	2017	and ending 1	0/31/2018				
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>B</b> This reti	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram			
		special extension (enter descri							
Part II	Basic Plan Info	ormation—enter all requested in	formation		T				
1a Name EDWARD K	of plan ORN, PC RETIREMEI	NT PLAN			1b Three-oplan nu (PN)	ımber			
					1c Effectiv	ve date of plan 11/01/1992			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		<b>2b</b> Employ (EIN)	rer Identification Number			
City or EDWARD K		ce, country, and ZIP or foreign post	tal code (if foreign, see ins	structions)	` ,	or's telephone number 631-651-8823			
					2d Busines	ss code (see instructions)			
490 MAIN ST	TREET RT, NY 11768-1953				541110				
NORTH ON	11,141 11700 1000								
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Adminis	strator's EIN			
					3c Adminis	strator's telephone number			
4					41				
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
•	or's name				4d PN				
C Plan N	lame								
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	2			
		s at the end of the plan year			5b	2			
		account balances as of the end of			5c	1			
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	2			
d(2) Total number of active participants at the end of the plan year				5d(2)	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 assesse	d unless reasonable ca					
SB or Sche		ther penalties set forth in the instru- ind signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	I/valid electronic signature.	07/30/2019	EDWARD KORN					
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as	plan administrator			
SIGN	Filed with authorized	I/valid electronic signature.	07/30/2019	EDWARD KORN					
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ame of individual signing as employer or plan spons				

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-\$F 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)?	es No
Part III   Financial Information   Financial Information	
Part III   Financial Information   7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   7   7   7   7   7   7   7   7   7	etermined
7 Plan Assets and Liabilities 7 Plan Assets 8 Plan Asset	iructions.)
a Total plan assets	
b Total plan liabilities	
C Net plan assets (subtract line 7b from line 7a)	1
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers  8a(1) 0 (2) Participants  8a(2) 0 (3) Others (including rollovers)  8a(3) 0 b Other income (loss)  8 Bb 32211  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c 32211  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c 32211  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c 32211  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c 32211  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c 32211  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c 32211  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  8c 32211  c Total income (loss) (subtract line 8a(1), 8a(2), 8a(3), and 8b)  8d 39401  f Administrative service providers (salaries, fees, commissions)  8f 0  g Other expenses  8g 0  h Total expenses (add lines 8d, 8e, 8f, and 8g)  8h 394  i Net income (loss) (subtract line 8h from line 8c)  8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a 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 Voluntary Fiduciary Correction Program)  10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  10a X  c Was the plan covered by a fidelity bond?  10b Uid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0
a Contributions received or receivable from: (1) Employers	1
(1) Employers	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions)	1
f Administrative service providers (salaries, fees, commissions)	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
reported on line 10a.)	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
by fraud or dishonesty?	
	50000
the plan? (See instructions.)	0000
f Has the plan failed to provide any benefit when due under the plan?	0000
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	0000
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0000
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	0000

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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)	nedule S	B	Y	′es 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 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, an granting the waiver			of the lette Year _	r 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?		Ye	s X N	0	
	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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection** 

	t Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning	11/01/2017	and ending	10/31/20	018		
A This return/report is for:	a single-employer plan	a multiple-employer pla list of participating em	n (not multiemployer) ( ployer information in ac	-			
_	a one-participant plan	a foreign 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 m	ionths)			
C Check box if filing under:	X Form 5558	automatic extension		DFVC program			
	special extension (enter descr	iption)					
Part II Basic Plan Inf	ormation—enter all requested in	ormation					
1a Name of plan				1b Three-digit			
EDWARD KORN, PC				plan number	003		
RETIREMENT PLAN				(PN)			
				1c Effective dat 11/01/1			
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	). Box)		2b Employer Ide (EIN)11-25	entification Number		
City or town, state or provide	nce, country, and ZIP or foreign post		uctions)	2c Sponsor's te	***************************************		
EDWARD KORN, PC				(631)65	1-8823		
ACO MAIN OFFEE				2d Business cod	de (see instructions)		
490 MAIN STREET NORTHPORT		MV	11768-1953				
	<b>5</b> 1		11/08-1903	541110			
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN			
				3c Administrator's telephone number			
	the plan sponsor or the plan name had onsor's name, EIN, the plan name a			4b EIN			
a Sponsor's name	and the first that the state of	and the press marriage receives.	o tot forming opott	4d PN			
C Plan Name							
5a Total number of participan	ts at the beginning of the plan year			5a	2		
	its at the end of the plan year			5b	2		
C Number of participants wit	h account balances as of the end of	the plan year (only defined	contribution plans	5c	. 1		
	participants at the beginning of the pl			5d(1)	2		
					2		
d(2) Total number of active participants at the end of the plan year							
Caution: A penalty for the lat	e or incomplete filing of this retur	Vreport will be assessed	uniess reasonable ca	1 1	. 0		
Under penalties of perjury and	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including, if ap	plicable, a Schedule		
SIGN SAW		7-30-19	EDWARD KORN				
HERE Signature of plan	administrator	Date	Enter name of individ	fual signing as plan	administrator		
SIGN JAN	and flan	7-30-19	EDWARD KORN				
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	tual signing as empl	oyer or plan sponsor		

ff you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  c (if the plan is a defined benefit plan, is it covered under the PBCC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determ if "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ☐ (See Instruction 1)		Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public a	ccount	ant (IC	(PA)				] No
c (if the plant is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									₽	Yes [	_ No
Part III   Financial Information   Financial Information	_								is Ela	lat alataea	ain o at
Part III Financial Information 7 Plan Assets and Liabilities 7 Plan Assets (subtract line 7 Plan Formation Plan Plan Plan Plan Plan Plan Plan Pla	L							•	fremad		
7 Plan Assets and Liabilities 7 Replan Assets 8 Replan Assets 8 Replan Assets 8 Replan Assets 8 Replan Assets (subtract tine 7b from line 7a) 7 Replan Assets (subtract tine 7b from line 7a) 7 Replan Assets (subtract tine 7b from line 7a) 7 Replan Assets (subtract tine 7b from line 7a) 7 Replan Assets (subtract tine 7b from line 7a) 7 Replan Assets (subtract tine 7b from line 7a) 7 Replan Assets 8 Replan Replan Assets 8 Replan Replan Assets 8 Replan Repla		11 Tes is checked, enter the My FMA Committation number for the	ie r boo p	remain may or this p	an yea				(Oce	a matructi	ioria.)
a Total plan assets	Pa	rt III Financial Information									
b Total plan isabilities	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) E	end of Ye	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•••••••••
C Net plan assets (subtract line 7b from line 7a) 7c 771, 501 764  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants. 8a(2) 0 (3) Others (including rollovers). 8a(3) 0 (5) Other income (loss) 8a(3) 0 (6) Other income (loss) 8a(3) 8a(3) 0 (7) Other income (loss) 8a(3) 8	a	Total plan assets	7a		771,	501		•		764	,311
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	<u>b</u>	Total plan liabilities	7b			0					0
a Contributions received or receivable from: (i) Employers. (i) Employers. (ii) Employers. (iii) Employers. (iii) Employers. (iiii) Employers. (iiiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c		771,	501				764	,311
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(	b) Total		
(3) Others (including rollovers).  8a(3) 0  b Other income (loss).  8b 32,211  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c 32,211  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d	a		8a(1)			0					
b Other income (loss) b Other income (loss) c Total income (loss) b Other income (loss) c C Total income (loss) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions) c C Extrain deemed and/or corrective distributions (see instructions and DOL's Voluntary Fiduciary Correction (program) c C Extrain deemed and/or corrective distributions with any party-in-interest? (Do not include transactions reported on line 10a) c C Was the plan covered by a fidelity bond? c 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 failed to provide any benefit when due under the plan? (See instructions and 29 CFR Definition or any insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR Definition or any incomment of the plan have any participant loans? (If "Yes," enter amount as of year-end.)  100 If the plan have arry participant loans? (If "Yes," enter amount as of year-end.)  101 If the plan have arry participant loans? (If "Yes," enter amount as of year-end.)  102 If the plan have arry participant loans? (If "Yes,"		(2) Participants	8a(2)			0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 32  d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d 9  e Certain deemed and/or corrective distributions (see instructions) 8d 39, 401  f Administrative service providers (salaries, fees, commissions) 8f 0  g Other expenses 9  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 39  i Net income (loss) (subtract line 8h from line 8c) 8l 8h 39  j Transfers to (from) the plan (see instructions) 8l  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  25 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year: 7es No Amount  a 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 Voluntary Fiduciary Correction Program) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X  c Was the plan covered by a fidelity bond? 10c X 50  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10d X  e 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) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR)		(3) Others (including rollovers)	8a(3)			0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8	b	Other income (loss)	. 8b		32,	211					
e Certain deemed and/or corrective distributions (see instructions).  8	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32	,211
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f Administrative service providers (salaries, fees, commissions)			†		30	4.01					
g Other expenses	<u>e</u>				39,						
in Net income (loss) (subtract line 8h from line 8c)		Administrative service providers (salaries, fees, commissions)	<del>                                     </del>								
Net income (loss) (subtract line 8h from line 8c)	<u>g</u>	Other expenses	8g			U					
Transfers to (from) the plan (see instructions).   8	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		······		•••••••				401
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Description   De	<u></u>		. 8i							- /	<b>,</b> 190
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Description   During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions	Pa			***************************************							
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described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amou	ınt	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  Tog Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  In If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	a	described in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary F	iduciary Correction	10a		Х				
C Was the plan covered by a fidelity bond?	t	Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions							
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g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	6	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son	her persor ne or all of	s by an insurance the benefits under	10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f				10f		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					100	<b>†</b>	×			***************************************	***************************************
,		If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR							
i tf 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	i	If 10h was answered "Yes," check the box if you either provided t	the require	d notice or one of the							

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Part VI Pe	nsion 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 Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	***************************************	***************************************		
ERISA?	defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section "complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 of		Yes	X No	
	er of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and	l enter t	he date	of the letter rul	ing	
	the waiver Month	Day		Year		
If you com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<b>b</b> Enter the	minimum required contribution for this plan year	12b				
<b>c</b> Enter the	amount contributed by the employer to the plan for this plan year	12c				
<b>d</b> Subtrac negative	12d					
<b>e</b> Will the	ninimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part VII PI	an Terminations and Transfers of Assets			·		
13a Hasare	solution to terminate the plan been adopted in any plan year?		Yes	⊠ No		
If "Yes,	enter the amount of any plan assets that reverted to the employer this year	13a				
<b>b</b> Were all control		[	] Yes ⊠ N	o		
	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) sets or liabilities were transferred. (See instructions.)	) to				
13c(1) Na	me of plan(s): 13c(2)	EIN(s)		13c(3) Pt	٧(s)	
***************************************						