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	Identification Information	1								
For calend	dar plan year 2018 or fis	scal 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/report								
		an amended return/report	a short plan year ret	urn/report (less than 12 m							
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC prog	ıram					
	_	special extension (enter desc	. ,								
Part II	Basic Plan Info	rmation—enter all requested in	nformation								
1a Name MARIA M. L	of plan LOTEMPIO, M.D., PC 4	01K PLAN			1b Three-d plan null (PN) ▶	mber					
					1c Effective	e date of plan 01/01/2009					
		yer, if for a single-employer plan)			2b Employe	er Identification Number					
	`	m, apt., suite no. and street, or P.o e, country, and ZIP or foreign pos	,	structions)	(EIN)	26-1706991					
-	OTEMPIO, M.D., PC	o, oddiniy, and zii oi foreign poo	nai oodo (ii foroigii, ood iii	on double)	2c Sponsor's telephone number 212-427-2020						
					2d Business code (see instructions)						
308 E. 79TH STREET NEW YORK, NY 10075					621111						
IVEV TORK	, 141 10070										
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	onsor.		3b Adminis	trator's EIN					
					3c Adminis	trator's telephone number					
					JC Adminis	trator s telepriorie flumber					
		e plan sponsor or the plan name h nsor's name, EIN, the plan name			4b EIN						
	sor's name				4d PN						
C Plan N	Name										
5a Total	number of participants	at the beginning of the plan year.			5a						
b Total	number of participants	at the end of the plan year			5b	1					
	· ·	account balances as of the end of		·	5c 1						
d(1) Tot	tal number of active pa	rticipants at the beginning of the p	olan year		5d(1)						
		rticipants at the end of the plan ye			5d(2)						
than	100% vested	terminated employment during th			5e 0						
		or incomplete filing of this retur									
SB or Sch		her penalties set forth in the instrund signed by an enrolled actuary, plete.									
SIGN	Filed with authorized	/valid electronic signature.	09/04/2019	MARIA M. LOTEMPIO), M.D.						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	plan administrator					
SIGN											
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor					

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible 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.)								□ 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								rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year	,		(b) Er	nd of Year	
a	Total plan assets	7a	` , , ,	01990			(2) =:	276070	
	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	40	01990				276070	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		(b) Total			
а	Contributions received or receivable from:		```				Ì		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0	-				
	(3) Others (including rollovers)	8a(3)		0	-				
	Other income (loss)	8b	-2	20846	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-20846	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	00666					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		4408					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						105074	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-125920			
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 2J 3B 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	es in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					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			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
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 plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			425	80
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ			
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					
			•						

Form 5500-SF (2018)	Page 3 - 1
1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

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	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 _	r ruling
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	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(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 Annual Report	Identification Information	J		'				
For calendar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31/	2018			
A This return/report is for:	X a single-employer plan			Filers checking this box must attach a cordance with the form instructions.)				
	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	n/report (less than 12 m	onths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC prog	ram			
in the column of	special extension (enter desc							
	ormation—enter all requested in	formation		41				
1a Name of plan MARIA M. LOTEMPIC	D, M.D., PC 401K PLAN	ī		1b Three-di plan nur (PN) ▶	·			
		1c Effective date of plan 01/01/2009						
	oyer, if for a single-employer plan)	3.0)		2b Employer Identification Number				
City or town, state or province	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	J. Box) tal code (if foreign, see instr	uctions)		5-1706991			
Maria M. LoTempio		•	·		's telephone number 27-2020			
308 E. 79th Stree	- +				s code (see instructions)			
		_						
New York	New York NY 10075							
3a Plan administrator's name a	3b Administrator's EIN							
			rator's telephone number					
this plan, enter the plan spo	e plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN				
Sponsor's name Plan Name				4d PN				
G Flatt Name								
5a Total number of participants	s at the beginning of the plan year.	***************************************		5a	2			
b Total number of participants	s at the end of the plan year			5b	1			
	account balances as of the end of			5c				
d(1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)	2			
d(2) Total number of active pa	articipants at the end of the plan ye	ear	,	5d(2)	1			
than 100% vested	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	uniess reasonable ca	ise is establis	hed.			
SB or Schedule MB completed a belief, it is true, correct_and.com	ther penalties set forth in the instru and signed by an enrolled actuary, a polete.	as well as the electronic ver	examined this return/report	port, including, t, and to the be	n applicable, a Schedule st of my knowledge and			
SIGN L	<u></u>	9/4/19	MARIA M. LOTE	IPIO, M.D	•			
HERE Signature of plan :	administrator	Date	Enter name of individ	ual signing as	olan administrator			
SIGN								
HERE Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as o	employer or plan sponsor			
Paralles and the Black of the Author								

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

Form 5500-SF (2018) v.171027

Đ	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan seemed "No" to either line 62 or line 64 the plan seemed.	an indepe and cond	endent qualified public a	account	ant (IC	PA)	X Yes No			
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					ł				
C	If "Yes" is checked, enter the My PAA confirmation number from the						Yes No Not determined			
Pa	rt III Financial Information						**************************************			
7	Plan Assets and Liabilities		(a) Beginning	of Year	.		(b) End of Year			
a	Total plan assets	7a		401,	-		276,070			
b	Total plan liabilities	7b			0		(
	Net plan assets (subtract line 7b from line 7a)	7c		401,	990		276,070			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)			0	april 1				
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
ь	Other income (loss)	8b		-20,	846					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-20,846			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		100,	666					
е	Certain deemed and/or corrective distributions (see instructions)	8e		-						
f	Administrative service providers (salaries, fees, commissions)	8f		4,	408					
g	Other expenses	8g			ľ					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					105,0			
	Net income (loss) (subtract line 8h from line 8c)	8i		40 (41) 20 (41)		-125,9				
j	Transfers to (from) the plan (see instructions)	8i								
Pa	t IV Plan Characteristics				lu lu	Lilian	1.1.1.4.117. 连键的显示性 第二次 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
9a		feature c	odes from the List of Pl	an Cha	racteri	stic Co	des in the instructions:			
Ь	If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of Pla	n Char	acteris	lic Cod	es in the instructions:			
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)	foluntary l	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	l? (Do not	include transactions	10b		х				
	Was the plan covered by a fidelity bond?		***	10c		х				
c				100						
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused	104		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persor	ns by an insurance f the benefits under	10d		x				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	ner persor ne or all of	ns by an insurance f the benefits under	10e						
e	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plant.	ner persor ne or all of n?	ns by an insurance f the benefits under	10e 10f	x	х	42,580			
e f	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	ner persor ne or all of n? s of year- (See instr	ns by an insurance If the benefits under end.)	10e	x	х	42,580			

Form 5500-SF (2018)	Page 3 -]					4.00
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 N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12 Is this a defined contribution plan subject to the minimum funding require ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as ap		e Code or se	ctio	n 302 o	f		Yes X N
If a waiver of the minimum funding standard for a prior year is being amo granting the waiver.	rtized in this plan year, see		an	d enter t		of the lette Year _	er ruling
if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I	Form 5500), and skip to li	ne 13.					
b Enter the minimum required contribution for this plan year		1.1.2		12b			
C Enter the amount contributed by the employer to the plan for this plan yea				12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the re- negative amount)				12d			
e Will the minimum funding amount reported on line 12d be met by the fund	ding deadline?				Yes	No	N/A
Part VIII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?	*************************				Yes	X N	lo
If "Yes," enter the amount of any plan assets that reverted to the employe	er this year			13a			
b Were all the plan assets distributed to participants or beneficiaries, transf control of the PBGC?						Yes X	No No
C If, during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred.							
13c(1) Name of plan(s):		13	c(2)) EIN(s)		13c(3	B) PN(s)
