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 Repor	t Identification Information							
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/201	8	and ending 1	2/31/2018				
A This ret	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.)								
D This nat	urn/report is	a one-participant plan	a foreign plan						
D This red	um/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	1			
		special extension (enter descripti	ion)						
Part II	Basic Plan Info	ormation—enter all requested inform	mation						
1a Name THE SUZAN	•	PLLC 401 (K) PROFIT SHARING PLAN	N		1b Three-digit plan number	er 001			
					(PN) ▶ 001 1c Effective date of plan				
						01/01/2014			
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B			' '	dentification Number			
-	town, state or provin AMANNA, DO, PLLC	nce, country, and ZIP or foreign postal o	code (if foreign, see inst	ructions)		elephone number '-979-2378			
HANY SAMY	(2d Business co	ode (see instructions)			
	MAIN STREET RACUSE, NY 13212		MAIN STREET RACUSE, NY 13212		621111				
3a Plan a	dministrator's name a	and address X Same as Plan Sponso	r.		3b Administrat	or's EIN			
						or's telephone number			
		ne plan sponsor or the plan name has on onsor's name, EIN, the plan name and			4b EIN				
a Spons c Plan N	or's name Jame				4d PN				
5a Total	number of participant	s at the beginning of the plan year			. 5a	14			
b Total	number of participant	s at the end of the plan year			. 5b	15			
		account balances as of the end of the			. 5c	10			
d(1) Tot	al number of active p	articipants at the beginning of the plan	year		5d(1)	14			
d(2) Tot	al number of active p	articipants at the end of the plan year			5d(2)	15			
		o terminated employment during the pl	•		5e	0			
Caution: A	penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca					
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as we note:							
SIGN		d/valid electronic signature.	09/10/2019	SUZANNE LAMANNA	Α				
HERE	Signature of plan		Date	Enter name of individ		n administrator			
SIGN	Filed with authorize	d/valid electronic signature.	09/10/2019	SUZANNE LAMANNA	AMANNA				
HERE Simpature of a									

Date

Enter name of individual 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	
С	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 If "Yes" is checked, enter the My PAA confirmation number from the	ot use Fo	rm 5500-SF and must program (see ERISA se	t instea ection 4	ad use 021)?	Form	5500. Yes	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	(95850				78915
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	(95850				78915
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-1	12730				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-12730
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4205				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4205
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i				-16935		
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D 2F 2T 2G	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Code	es 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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c		X		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		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.).			10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g		s of year-	end.)	10g		X		
h	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				

Form 5500-SF (2018)	Page 3 - 1
---------------------	-------------------

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	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 se ERISA?		of	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, granting the waiver	and enter Da		e 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?		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		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 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)

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Banefit 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.

1210-0089

OMB Nos. 1210-0110

2018

This Form is Open to Public Inspection

Part I Annual Repor	t identification information				M					
For calendar plan year 2018 or	fiscal plan year beginning 01/01/2			10010010						
The survey plant your 2010 of			and ending	12/31/2018						
A This return/report is for:	a single-employer plan	list of participating	r plan (not multiemployer remployer information in) (Filers checking accordance with t	this box must attach a he form instructions.)					
B This return/report is	☐ a one-participant plan ☐ a foreign plan This return/report is ☐ 4 - 7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -									
·	the first return/report an amended return/report	the final return/repo		_						
C Check box if filing under:	Form 5558		etum/report (less than 12	_ `						
	special extension (enter descri	automatic extension	n	DFVC progr	am					
Part II Basic Plan Inf	ormation—enter all requested inf									
1a Name of plan		ormation		1 - 2						
	PLLC 401 (K) PROFIT SHARING PL	AN		1b Three-dig plan num						
				(PN) Þ	001					
2a Pian ananasia assa (in t				1c Effective	date of plan 01/01/2014					
walling address (include for	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta	. Box)		2b Employer (EIN)	Identification Number 14-1837140					
THE E MARKET, DO, FLLD	The second secon	ii sode (ii ibreign, see ii	istructions)	2c Sponsor's	s telephone number					
HANY SAMY 192 NORTH MAIN STREET					17-979-2378					
IORTH SYRACUSE, NY 13212	792 NORT	H MAIN STREET		2d Business code (see instructions)						
		PRACUSE, NY 13212		621111						
3a Plan administrator's name a	nd address 🏻 Same as Plan Spons	Sor,		36						
	_ `			3b Administra	itor's EIN					
				3c Administra	itor's telephone number					
4 If the name and/or EIN of the	plan sponsor or the plan name has									
this plan, enter the plan spor a Sponsor's name	rsor's name, EIN, the plan name and	changed since the last d the plan number from	return/report filed for the last return/report.	4b EIN						
C Plan Name			·	4d PN						
5a Total number of participants										
b Total number of narticipants	at the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a	14					
C Number of participants with a	count belonger on at the	**********************	**************************************	5b	15					
				5c	10					
d(2) Total number of active part	icipants at the peginning of the plan	year	*************************	5d(1)	14					
e Number of participants who to	erminated employment during the pl	an vaar with account to	********************	5d(2)	15					
aution: A penalty for the late as		*************	******	5e	0					
DOB! Densities of negion and allo		5-01/ MIN NO 92002260	Unioss masonable care	se is established	i.					
ellef, it is true, correct, and comple	or penalties set forth in the instruction I signed by an enrolled actuary, as we ate.	vell as the electronic ve	rsion of this return/report,	ort, including, if a and to the best o	oplicable, a Schedule f my knowledge and					
ERE Manue	Danenna D									
Signature of plan adr		Date 9 / 6 19	Enter name of individue	al signing as plan	administrator					
Signature of employe	Jamanna (3)	9/10/19								
r Paperwork Reduction Act Notice,	see the instructions for Form 5500.55	Date	Enter name of individue	il signing as emol	Over or nise spenses					

Page	2

Water Annual programmes and the Control of the Cont

c	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can if the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the III. Financial Information	an indep and cond not use F	endent qualified public ditions.)	accoun st Inste section	itant (l iad us 4021)?	QPA) e Fon				
		1. Jp. 99.	54							
	Plan Assets and Liabilities	1 1 10	(a) Beginning				(b) End of Year			
<u>a</u>	\$*************************************			95850			78915			
	Total plan liabilities	1								
	Net plan assets (subtract line 7b from line 7a)	7c		95850		,	78915			
8	Income, Expenses, and Transfers for this Plan Year	\$ 48. (V. 2)	(a) Amou	nt			(b) Total			
	Contributions received or receivable from: (1) Employers									
	(2) Participants	8a(2)								
	(3) Others (including rollovers)									
<u>b</u>	Other income (loss)	8b		-12730						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		j. 57		· · · · · · · · · · · · · · · · · · ·	-12730			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4205			Charles Address Commence			
e	Certain deemed and/or corrective distributions (see instructions)	8e					The Arthur March Andrews (All Andrews			
f	Administrative service providers (salaries, fees, commissions)	8f				THE				
g	Other expenses	8g				144				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						4205			
1	Net Income (loss) (subtract line 8h from line 8c)						-16935			
j	Transfers to (from) the plan (see instructions)	o (from) the plan (see instructions)				3.7935	10833			
Pa	rt IV Plan Characteristics					y				
9a b	If the plan provides pension benefits, enter the applicable pension ZA ZE ZJ 3D ZF ZT ZG									
Par	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits.	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instructions:			
10	During the plan year:	·····								
a		niuntary E	iduriant Compation		Yes	No	Amount			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	2 (Do not	include transcotions	10a 10b		×				
c		***********	********************************	10c		×				
d		ficiality has	nel italiani mana a comuni	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er person	s by an insurance	10a		x				
	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10f		Х				
f						X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-e	nd.)	10a l	- 1	_^ [
	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the	See instru	ctions and 29 CFR	10g		×				

Page	3-	1

Form 5500-SF (2018)

William Control of Con

Part	VI Pension Funding Compliance						
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)					Yes	X No
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 requirements of section 412 of the Coc ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	e or section	n 302 of			Yes	⊠ No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.	nth	i enter t Day		of the le Yea		ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME (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				<u>.</u>
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	ofa	12d				
ę	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	l/A
Part							-
13a	Has a resolution to terminate the plan been adopted in any plan year?	*****		Yes	X .	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 control of the PBGC?	under the			Yes	⊠ No	•
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIM/A1		47	(a) Dh	(a.)
		, 46(E)	F114(2)		130	(3) PN	(S)