## 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

Parti	Annual Repor	t identification information									
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	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		a one-participant plan									
<b>B</b> This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 months)								
C Check b	oox if filing under:	X Form 5558	automatic extension		□ DEVC program	n					
	3	special extension (enter desc	☐ automatic extension ☐ DFVC program								
Part II	Basic Plan Inf	ormation—enter all requested in	1 /								
	•	ornation ornar an requested in	TOTTIQUOTI		<b>1b</b> Three-digit						
1a Name UNITED PRI CONTRIBUT	ESBYTERIAN & REF	FORMED ADULT MINISTRIES, INC	C. 403(B) PLAN WITH EM	1PLOYER	plan numb						
					1c Effective date of plan 06/01/2003						
2a Plan si	oonsor's name (emp	loyer, if for a single-employer plan)				dentification Number					
Mailing	address (include ro	om, apt., suite no. and street, or P.0	,			11-3209574					
		nce, country, and ZIP or foreign positions.  FORMED ADUL T MINISTRIES, INC.		structions)	<b>2c</b> Sponsor's	telephone number					
UNITED FRE	LODITERIAN & REI	ORMED ADOL 1 MINISTRIES, INC	J.			8-762-3198					
38-20 BOWN	IE CTDEET					ode (see instructions)					
FLUSHING, I						623000					
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administrati	tor's EIN					
					3c Administra	tor's telephone number					
					OO Administra	tor 3 telephone number					
		he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN						
	or's name	, , , <b>,</b>	•	·	4d PN						
C Plan N	lame										
<b>5a</b> Total r	number of participant	as at the beginning of the plan year.			5a	62					
		ts at the end of the plan year			5b	62					
C Numb	er of participants with	n account balances as of the end of	the plan year (only define	ed contribution plans	5c	62					
	•	articipants at the beginning of the p			5d(1)	62					
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	62					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable cau	use is establishe	d.					
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	ve examined this return/re	port, including, if	applicable, a Schedule					
SIGN		d/valid electronic signature.	09/26/2019	DAVID O'BRIEN							
HERE	Signature of plan		Date		vidual signing as plan administrator						
SICN	orginature or plan	administrator	Date	Line name of marvio	aai sigriiriy as pia	n administrator					
SIGN HERE	Signature of arrest	lover/plan energe	Data	Enter nome of institute	Sheletaria a comb						
	j Signature of emp	loyer/plan sponsor	Date	Enter name of individ	uai signing as em	ployer or plan sponsor					

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								_ П No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		No Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) F	nd of Year	
a	Total plan assets	7a	, , , , , , , , , , , , , , , , , , , ,	13634			(2) 2	3581181	
	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	35	13634				3581181	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(	b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)	28	30112					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-12	25325					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						154787	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		86114					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1126					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						87240	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						67547	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2L	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	tic Cod	les in the i	nstructions:	
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	oluntary F	iduciary Correction	100		X			
b	Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X			
	Was the plan covered by a fidelity bond?			10c		Χ			
d						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	Has the plan failed to provide any benefit when due under the plan?					Χ			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	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 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.)									
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
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 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 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)	PN(s)					

## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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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 Informatior	1							
For calend	lar plan year 2018 or fis	scal plan year beginning	01/01/2018	and ending	12/31/	2018				
A This re	turn/report is for:	X a single-employer plan		er plan (not multiemployer) g employer information in a						
		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/repo	ort						
		an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC progra	am				
		special extension (enter desc	Ш		☐ p 9					
Part II	Basic Plan Info	rmation—enter all requested in								
1a Name UNIT	of plan TED PRESBYTERI.	AN & REFORMED ADULT		IC. 403(B) PLAN	1b Three-dig	ber				
WITH	I EMPLOYER CON	TRIBUTIONS			(PN) 1c Effective	date of plan				
					06/01					
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.	O. Box)			Identification Number				
City or	r town, state or province	e, country, and ZIP or foreign pos	tal code (if foreign, see i		(EIN) 11-3209574 <b>2c</b> Sponsor's telephone number					
UNIT	TED PRESBYTERI	AN & REFORMED ADUL 1	r MINISTRIES, I	.NC .	718-762-3198					
38-2	20 BOWNE STREE	Т			2d Business	code (see instructions)				
FLUS	SHING	NY 113	54		623000					
3a Plan a	idministrator's name an	id address 🏻 Same as Plan Spo	onsor.		<b>3b</b> Administrator's EIN					
4 If the	nome and/or CIN of the	valor or or or the plan name b	an abangad sings the la	at vatura/vapart filed for	3C Administr	ator's telephone number				
		e plan sponsor or the plan name hasor's name, EIN, the plan name								
<b>a</b> Spons <b>c</b> Plan N	sor's name Name				4d PN					
<b>5a</b> Total	number of participants	at the beginning of the plan year			. 5a	62				
_		at the end of the plan year			. 5b	62				
<b>C</b> Numb	er of participants with a	account balances as of the end of	the plan year (only define	ned contribution plans	5c	62				
<b>d(1)</b> Tot	al number of active par	ticipants at the beginning of the p	olan year		5d(1)	62				
<b>d(2)</b> Tot	tal number of active par	rticipants at the end of the plan ye	ear		5d(2)	62				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						C				
		or incomplete filing of this return								
SB or Sche		ner penalties set forth in the instrund signed by an enrolled actuary, blete.								
SIGN				David O'Brien	1					
HERE	Signature of plan a		Date	Enter name of individ	dual signing as p	an administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individual	dual signing as e	mployer or plan sponsor				

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6a	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.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the								
				,					
Pai	rt III Financial Information				I				
	Plan Assets and Liabilities	_	(a) Beginning				(b) En	d of Year	
_	Total plan assets	7a	3,	513,	0.34			3,581,181	
	Total plan liabilities	7b	3	513,	Ů			3,581,181	
	Net plan assets (subtract line 7b from line 7a)	7c			034		(1-)		
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ıτ			(D)	Total	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		280,	112				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		125,	325				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						154,787	
d	Benefits paid (including direct rollovers and insurance premiums	8d		86,	114				
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f		1.	126				
a	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						87,240	
	Net income (loss) (subtract line 8h from line 8c)	8i						67,547	
ij	Transfers to (from) the plan (see instructions)	8j						<u> </u>	
Par	t IV Plan Characteristics	, oj							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in the in	structions:	
	2L								
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 ins	tructions:	
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	itions withi	n the time period					7	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	•	100		Х			
	Program)			10a					
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
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	ner person	s by an insurance						
	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		Х			
f	the plan? (See instructions.)	10e		Х					
g				10g		Х			
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					

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Part	VI P	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," se 5500) and line 11a below)		d complete Sch	edule S	В	_ Y	es 🗌 No
11a	Enter th	he unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40		11a			
12	ERISA?	a defined contribution plan subject to the minimum funding requirements of services.			n 302 of		Y	es 🛛 No
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		ver of the minimum funding standard for a prior year is being amortized in this g the waiver.					the letter Year _	ruling
If	you com	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to lir	ie 13.				
b	Enter the	e minimum required contribution for this plan year			12b			
С	Enter the	e amount contributed by the employer to the plan for this plan year			12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a mount)			12d			
е	Will the	minimum funding amount reported on line 12d be met by the funding deadling	ne?			Yes	No	N/A
Part	VII P	Ian Terminations and Transfers of Assets						
13a	Has a re	esolution 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		all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?					Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to an assets or liabilities were transferred.	other plan(s), ide	entify the plan(s)	to			

**13c(2)** EIN(s)

**13c(3)** PN(s)

13c(1) Name of plan(s):