_	rm 5500-SF	Short Form Annu	/ee	OMB Nos. 1210-0110 1210-0089				
Inter D	artment of the Treasury rnal Revenue Service repartment of Labor	4065 of the Employee Retir 057(b) and 6058(a) of the Int		2018 This Form is Open to				
	Benefits Security Administration enefit Guaranty Corporation	 Complete all entries in a 	Revenue Code (the Cod	,	N SE	Public Inspection		
Part I		Identification Information	accordance with the ins	tructions to the Form 5500	J-3F.			
		cal plan year beginning 01/01/2	018	and ending 12/3	1/2018			
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (File mployer information in acco		-		
B This ret	urn/report is	the first return/report	the final return/report					
0		an amended return/report	a short plan year retu	rn/report (less than 12 mont	ths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram		
Dort II	Basia Dian Info		,					
Part II		rmation—enter all requested inf	ormation	1	b Three	digit		
1a Name RICHARD A	•	ROFIT SHARING PLAN		•	plan r	number		
				1	(PN) C Effect	ive date of plan		
2a Plans	sponsor's name (employ	ver, if for a single-employer plan)		2		01/01/1984 byer Identification Number		
Mailin	g address (include roon	n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		tructions)	(EIN)	13-3642414		
,	. FAZIO, M.D., P.C.			· 2	2c Sponsor's telephone number 718-967-4387			
82 JOHANN				2	2d Business code (see instructions)			
	AND, NY 10309				621111			
3a Plan a	administrator's name an	d address 🛛 Same as Plan Spor	nsor.	3	3b Administrator's EIN			
				3	SC Admir	nistrator's telephone number		
		plan sponsor or the plan name ha			4b EIN			
•	lan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from		4d PN			
C Plan N	Name							
5a Total	number of participants	at the beginning of the plan year			5a	6		
		at the end of the plan year			5b	6		
		account balances as of the end of t		•	5c	6		
d(1) Tot	tal number of active par	ticipants at the beginning of the pla	an year		5d(1)	6		
d(2) Total number of active participants at the end of the plan year					5d(2)	6		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0		
		or incomplete filing of this return ner penalties set forth in the instruct						
SB or Sche		nd signed by an enrolled actuary, a						
SIGN HERE	Filed with authorized/	valid electronic signature.	09/27/2019	RICHARD A. FAZIO				
	Signature of plan ad	dministrator	Date	Enter name of individual	l signing a	s plan administrator		
SIGN								
HERE	Signature of employ		Date	Enter name of individual	l signing a	s employer or plan sponsor		
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.171027		

6a	Were all of the plan's assets during the plan year invested in eligib	le 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.) 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 in								
U	If "Yes" is checked, enter the My PAA confirmation number from the								
		е нас р		(See instructions.)					
Pa	IT III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1678057	1672459					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1678057	1672459					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	70000						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-75598						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-5598					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					
i	Net income (loss) (subtract line 8h from line 8c)	8i		-5598					
j	Transfers to (from) the plan (see instructions)	8i							

Par	t IV	Plan Characteristics	
9a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characterist	tic Codes

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2A 2E 2F 2G 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

8j

Part	t V	Compliance Questions				
10	Durin	g the plan year:		Yes	No	Amount
а	desc	there a failure to transmit to the plan any participant contributions within the time period ribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х	
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions ted on line 10a.)	10b		Х	
C	Was	the plan covered by a fidelity bond?	10c	Х		200000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused and or dishonesty?	10d		Х	
е	carrie	any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under lan? (See instructions.)	10e	X		5160
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		Х	
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i			

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 Schedule SB (Form 5500) and line 11a below)							No
11a	Ent	er 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?								X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annual F		t of Small Emplo	уөс	OMB Nos 1210-0110 1210-0089			
Department of the Treasury Internal Rovenue Service	This form is reguired to be filed und	Benefit Plan Jer sections 104 and	4065 of the Employee Re	tirement	2018			
Department of Labor I mplayee Benefile Security Administration Pension Renefil Guaranty Corporation		venuo Codo (the Cod	e)		This Form is Open to Public Inspection			
	 Complete all entries in accole entification Information 	rdance with the inst	ructions to the Form 55	00-SP. [
7 Part J. Annual Report Id For calendar plan your 2018 or fisc		/01/2018	and ending	1273	372018			
A This return/report is for	g a single-umployer plan) a one-participant plan	a multiple-employer p list of patticipating of a foreign plan	ilan (not multiemployer) (F Inployer Information in acc	llers chock	ing this box must atlach a			
	ia	he final return/report i short plan year rotu	m/report (less than 12 mo	nths)				
C Check bax if filling under.	Form 5558	entomatic extension	[] DFVC pr	ograin			
Part II Basic Plan Inform	nation—enter all requested informa		CONSIGNATION CONSIGNATION OF THE AND CONSIGNATION CONSIGNATION AND THE CONSIGNATION OF THE					
1a Name of plan	4.D., P.C. PROFIL SHAR		1116/1616/1616/1616/1616/1616/1616/161	(PN) 1c Effoot	Number ▶ 001 Ive date of plan			
28 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Richard A. Fazio, M.D., P.C. 82 Johanna Lane					01/01/1984 2b Employer Identification Number (EIN)13-3642414 2c Sponsor's telephone number 718-967-4387 2d Business code (soo instructions)			
Staten Esland " 3a Plan administrator's name and a	NY 1.0309 address X Same as Plan Sponsor,	QUI) Istrator's EIN Istrator's tolophone number			
	an sponsor or the plan name has one r's name. EIN, the plan name and th		he last return/report.	4b ein 4d pn				
57 Total number of nariologoue at	the beginning of the plan year	,		5a	/ ~ <u>666660 6667-687</u>			
	the end of the plan year			5b	Ğ			
C Number of participants with acc	ount balances as of the end of the pla	an yaar (only defined	l contribution plans	5c	·			
complete this item), ,	pants at the beginning of the plan ye			5d(1)	, , , , , , , , , , , , , , , , , , ,			
	pants at the ond of the plan year			5d(2)				
e Number of participants who ter	minaled employment during the plan	yoar with accrued be	anelits that were lese	50				
Caulion: A penalty for the late of I Under penalties of periury and other	ncomplete filing of this return/repo penallies set forth in the instructions, signed by an enrolled actuary, as wol	ort will be assessed I declare that I have	unless reasonable caus examined this roturn/rep	ort, Includin	g, il applicable, a Schedule			
sion f 1/2		9/27/19	RICHARD A. FAR	IO	www.110011110.0000000000000000000000000			
Signature of plan adm	inistrator	Date	Entor name of Individua	al signing a	s plan administrator			
HERE Signature of employer	///lah anonstor	Dato	Entor using of induzio	al signing w	s employer or plan sponsor			
For Paperwork Reduction Act Notice, a		Management of the second s		nan an	Form 5500-5F (2018) v.171027			

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 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 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) If 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 PBGC insurance program (see ERISA section 4021)? Yes No [] If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (Section 4021)) 							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	1,678,057	1,672,459			
b	Total plan liabilities	7b					

b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1,678,057	1,672,459
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from (1) Employers	8a(1)	70,000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-75,598	1
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-5,598
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net Income (loss) (subtract line 8h from line 8c)	81		-5,598
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 3D	feature code	es from the List of Plan Characteristic Co	des in the instructions

b	If the plan provides welfare benefits, enter	the applicable welfare	e feature codes from the List	of Plan Characteristic (Codes in the instructions

Part V Compliance Questions

10	During the plan year				Amount
а	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		200,000
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	х		5,160
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3)	10h		х	
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	10ı			

Form 6500-	SF (2018)	F*e	ge 3-				//		
	The second secon	- <u> </u>	101 MING WARGE - GOURT	1016000000000 version		¥¥ ¥18*8(155(174)			
	11 Is this a dofined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedula SB (Form 5500) and line 11a below)								
11a Enter the unput inhimum required contributions for all you're from Schedule SB (Form 5500) line 40								No	
	It a warver 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 warver,								
If you completed lit	in 12a, complete lines 3, 9, and 10 of S	chedule MB (Form 5500), a	nd skip to line *	13,	1971 BANKSTON LOUIS 48			vivoq	
	required contribution for this plan year			1	12b				
c Enter the amount	contributed by the employer to the plan fo	t this plan yoar	131368 m		12c				
	unf in line 12c from the amount in line 12t				12d	L,			
Will the minimum	funding amount reported on line 12d be r	net by the funding deadline?		******	[]	Yos] No [] N/A	4	
Part VII Plan Terr	ninations and Transfors of Ass	ets		Communities of the second					
13a Has a resolution to	terminate the plan been adopted in any plan	n year? , , , , , , , , , , , , , , , , , , ,			argenere bartett tes	🗍 Yas	X No		
If "Уөь," anter the	amount of any plan assets that reverted	to the employer this year		///	13a				
b Were all the plan control of the PBr	assets distributed to participants or henor] Yes 🛛 No		
) yoar, any assets or liabilities wore transf abilities were transferred.	errod from this plan to anoth	or plan(s), identi	fy the plan(s)	ŧ0				
13c(1) Namo of pla	n(s) [,]			13c(2)	E.IN(5)		13c(3) PN(s))	
And and the first of the second s									
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