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		t Identification Information							
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/2	018	and ending 12	/31/2018				
A This re	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.)								
R This rot	a one-participant plan a foreign plan								
D This ret	um/report is								
•		an amended return/report	a short plan year return	n/report (less than 12 mo	<u>-</u>				
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	L	DFVC program				
Dout II	Dania Dian Inf		1 /						
Part II		ormation—enter all requested inf	ormation		4h = 100				
1a Name	•	04/K) PROFIT SHARING BLAN			1b Three-digit plan number				
LAWKENCE	5 J. ABSATZ, DIVID 40	01(K) PROFIT SHARING PLAN			(PN) ▶	001			
					1c Effective date	of plan			
						01/1995			
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			2b Employer Iden (EIN) 11-	tification Number 2922352			
-	r town, state or provin E J. ABSATZ, DMD	nce, country, and ZIP or foreign posta	al code (if foreign, see insti	ructions)	2c Sponsor's tele	phone number 41-4556			
					2d Business code				
4 DANIEL W					621210				
PO BOX 220 SETAUKET,									
22 Dlan a	dministrator's name of	and address V Come as Dian Char	2005		3b Administrator's	, EINI			
Ja Plan a	idministrator s name a	and address 🛚 Same as Plan Spor	ISOI.		SD Administrators	S EIIN			
					3c Administrator's	telephone number			
						·			
4 If the	name and/or FIN of th	he plan sponsor or the plan name ha	es changed since the last re	eturn/report filed for	4b EIN				
		onsor's name, EIN, the plan name a							
	sor's name				4d PN				
C Plan N	Name								
5a Total	number of participant	ts at the beginning of the plan year			5a	2			
b Total	number of participant	s at the end of the plan year			5b	2			
		n account balances as of the end of t			5c	2			
d(1) Total number of active participants at the beginning of the plan year					2				
d(2) Total number of active participants at the end of the plan year					5d(2) 1				
		o terminated employment during the			5e	0			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
SB or Scho		other penalties set forth in the instruction and signed by an enrolled actuary, a nolete							
SIGN		d/valid electronic signature.	10/03/2019	LAWRENCE J ABSATZ	Z				
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as plan ad	dministrator			
SIGN	Filed with authorize	d/valid electronic signature.	10/03/2019	LAWRENCE J ABSATZ					

Date

Enter name of individual signing as employer or plan sponsor

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								X Yes ☐ No X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	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					_		. (See instructions.)
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
а	Total plan assets	7a		86026				773209
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	8	86026				773209
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) T	otal
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		6000				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-1	93817				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-87817
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	:	25000				
<u>e</u>	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						25000
	Net income (loss) (subtract line 8h from line 8c)	8i						-112817
j_	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 3D 2J 2A	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instr	uctions:
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)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	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?	fidelity bo	nd, that was caused	10d		X		
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.)	her person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X			34699
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				

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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 (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							
	(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

Espectment of the Treasur, Internet Revenue Service

Department of Labor
Employee Benefits Security Administration

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 1874 (ERISA), and section 6057(b) and 6056(a) of the Internal Revenue Code (the Code)

1210-00ap 2018

OMB NOS. 1210-0110

Peralca Benefit	Guaranty Corporatio	Complete all entries Ir	e internal Reventie Co	10 00 00 00 00 00 00 00 00 00 00 00 00 0	1	Instrum Is Open to Public
Part I A	unnual Repo	rt Identification Information	on	instructions to the Form	6500-SF.	
For calendar pl	an year 2018 or	Sacal plan year beginning	91/01/20	018 and ending	12/2	1/2018
A This return/	100 to 10 10 10 10 10 10 10 10 10 10 10 10 10	a one-participant plan the Brat return/report	a multiple-emp	loyer plan (not multiamplo) ating employer information	(ac) (Filers char	
		an smended raturn/report	=	ar return/report (less than t	12 months)	
C Check box if	f filing under:	Form 5558 special extension (enter de	eutomatic exter	ision		FVC program
Part II Ba	asic Plan Inf	grmation enter all requests				
0.50		, DMD 401(k) Profit 9h	earing Flan		(Nel)	number 001
7 - Ulan oues	·					tive date of plan 01/1995
Mailing Add City of town	tress (include m n state or provin	loyer, if for a single-employer plan om, apt., suite no. and street, or F ise, country, and ZIP or foreign po	O Payl	e instructions)	2b Empl (EIN)	oyer Identification Number 11-2922352
Lawrence	J. Absatz	, DMD		,	2c Spon	sor's telephone number
1 Daniel Po Bex 2 V9 Setauka	.20 . NY 11783					ioss code (see instructions)
		nd address [X] Same as Pian Si	oenşər			nistrator's EIN nistrator's telephone numbor
4 If the name : this plan, ent	and/or EIN of the ter the plan spor	e plan sponsor or the plan name b asor's name, EIN, the plan name	has changed since the and the plan number in	est return/report filed for	4b EIN	
a Sponsor's na	arn ə				Ad PN	11
C Plan Name						
5a Total number	r of participants	et the beginning of the pizit year	***************************************		, 5a	2.
n terminabet	or parnolpants :	at the end of the plan year			. 5b	2
complete this	11.611t)	ecount balances as of the end of	***************************************	ined contribution plans	. 5c	2
		Cipants at the beginning of the pa			. 5d(1)	2
Number of pa	er of eclive parti uticinants who te	cipants at the end of the plan yea eminated employment during the	de la communitation de la		5d(2)	J.
1688 (1911) 100	M AGRIBG			*************************************	5e	0
SB or Schedulo M	LOBRARY FIRM OTH	r incomplete filing of this return er penalties set forth in the Instru d signed by an enrolled actuary, a tele	which man I down to the telephone			
SIGN C	5	J. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	10/3/19	LAWRENCE J. ABS	SATZ, DMD	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
HERE Signatur	e of then admir	ustrator	Date /3/15	Enter name of individu	ıal signing as p	an administrator
***************************************	employer/p	dan sponsor	Date	Enter name of individual	ral slavina na s	Y. B.La.
or Pangawark Re	neluction AssAi			CARCALITE OF HIGHWIGH	en signing as er	riployer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)						TV	٦
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IODA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	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 insurance program (see ERISA section 4021)?									
	If "Yes" is checked, enter the My PAA confirmation number from the	o DDCC =	rogram (see ERISA sec	ction 4	021)?	•••••	· Yes		☐ Not de	
	If "Yes" is checked, enter the My PAA confirmation number from the	е РВСС р	remium filing for this yea	ar				(S	ee instruc	tions.)
_	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year	
<u>a</u>	Total plan assets	7a		886,	026				773,2	209
<u>b</u>	Total plan liabilities	7b								
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c		886,	026				773,2	209
a	Contributions received or receivable from:	ABY TO X	(a) Amou	nt		000000	SEAS AND A	(b) To	tal	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		6,	000					
_	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(9	93,8	17)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					110000000000000000000000000000000000000		(87,81	71
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		25 (200	191			(07,01	<i>- 1</i>
е	Certain deemed and/or corrective distributions (see instructions)	8e		25,0	000					
f	Administrative service providers (salaries, fees, commissions)	8f								5.00 S
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i							25,0	
j	Transfers to (from) the plan (see instructions)	8i	The County of the Party of the Party	all limited	ar dispersion				(112,81	7)
Pa	rt IV Plan Characteristics	-,								
9a	If the plan provides pension benefits, enter the applicable pension features	ature code	es from the List of Plan	Chara	otorioti	in Con	doo in the			
	2E 2G 3D 2J 2A		o nom the bist of high	Oriara	Clensu	IC COC	ies in the	Instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Blan C	h = == =4	!!!	0.1	0.00			
	, , , , , , , , , , , , , , , , , , ,	ure codes	nom the List of Plan C	naraci	eristic	Code	s in the	instructions	S:	
Pa	rt V Compliance Questions								-	
10	During the plan year:				Yes	Nia	la sural s			
а	Was there a failure to transmit to the plan any participant contribution	ons within	the time period	T	res	NO	N/A	Ar	nount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	untary Fidu	uciary Correction							
_	Program)	•••••	***************************************	10a		х				
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	••••••		10b		х				
c	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 fic by fraud or dishonesty?	delity bond	l, that was caused	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	r persons	hy an insurance	100						
	the plan? (See instructions.)	or all of th	e penetits under	10e		х				
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 en	d.)	10g	х				2.4	600
h	If this is an individual account plan, was there a blackout period? (Se	ee instruct	ions and 29 CFR						34	, 699
	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 2520.101-3	required r	notice or one of the							
	should be providing the flottoe applied under 29 CFR 2520.101-3			10i						

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rage	J -	

Par	t VI Pension Funding Compliance					
11	Yes X No					
	(Form 5500 and line 11a below)	11	a			
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.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ns, and e	enter the o	date of the letter ruling Year		
b						
	Enter the minimum required contribution for this plan year	_	b			
c	Enter the amount contributed by the employer to the plan for the plan year	12				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		d			
educations webs	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A			
Par	VII Plan Terminations and Transfers of Assets					
_13a	Has a resolution to terminate the plan been adopted in any plan year?		☐ Ye	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a			
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 which assets or liabilities were transferred. (See instructions.)	olan(s) to	•			
1;	3c(1) Name of plan(s):	2) EIN(s)		13c(3) PN(s)		
		, ,				