Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file		4065 of the Employee Re	etirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form 55	00-SF.	Public Inspection
	dentification Information				
For calendar plan year 2018 or fis	cal plan year beginning 01/01/2	—		/31/2018	
<b>A</b> This return/report is for:	X a single-employer plan	list of participating er	mployer information in acc		king this box must attach a ith the form instructions.)
<b>B</b> This return/report is	a one-participant plan	a foreign plan			
	the first return/report	the final return/report			
-	an amended return/report	a short plan year retu	rn/report (less than 12 mc	onths)	
<b>C</b> Check box if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram
	special extension (enter descr	1 )			
	mation—enter all requested inf	ormation			
1a Name of plan				1b Three	e-digit number
FRANK REEMER, DDS, PC PROF	IT SHARING PLAN			(PN)	
			-	1c Effect	tive date of plan 01/01/2001
2a Plan sponsor's name (employ	er, if for a single-employer plan) n, apt., suite no. and street, or P.O	( Pov)			oyer Identification Number
City or town, state or province	, country, and ZIP or foreign posta		tructions)	(EIN) 2c Spor	13-3947773 nsor's telephone number
FRANK REEMER, DDS, PC			-		845-624-3188
446 ROUTE 304				2d Busir	ness code (see instructions)
BARDONIA, NY 10954-1617					621210
<b>3a</b> Plan administrator's name and	t address V Sama as Plan Spar	200r		<b>3h</b> Admi	nistrator's EIN
Ja Plan auministrator s name and	address A Same as Plan Spor	ISOI.		<b>JD</b> Aum	
				3c Admi	nistrator's telephone number
				41	
	plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN	
a Sponsor's name				<b>4d</b> PN	
C Plan Name					
5a Total number of participants a	at the beginning of the plan year			5a	5
	at the end of the plan year		-	5b	5
	ccount balances as of the end of t			5c	5
<b>d(1)</b> Total number of active part	icipants at the beginning of the pla	an year		5d(1)	5
	ticipants at the end of the plan yea			5d(2)	5
than 100% vested	erminated employment during the	• •		5e	0
Caution: A penalty for the late o					
Under penalties of perjury and oth SB or Schedule MB completed an	d signed by an enrolled actuary, a				
belief, it is true, correct, and comp           SIGN         Filed with authorized/v	ete. /alid electronic signature.	10/06/2019	FRANK REEMER		
HERE Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing :	as plan administrator
SIGN				<u> </u>	
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor

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

Form 5500-SF (2018) v.171027

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>independent 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>									
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must instead use	e Form 5500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the				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	825965		858968				

		(u) Boginning o	1 1001			
a Total plan assets	. 7a	82	5965			858968
<b>b</b> Total plan liabilities	. 7b		0			0
<b>C</b> Net plan assets (subtract line 7b from line 7a)	. 7c	82	5965			858968
8 Income, Expenses, and Transfers for this Plan Year					(b) Total	
<ul> <li>a Contributions received or receivable from:</li> <li>(1) Employers</li> </ul>	. 8a(1)	4	1642			
(2) Participants	. 8a(2)	1	8000			
(3) Others (including rollovers)	. 8a(3)		0			
<b>b</b> Other income (loss)	. 8b	-2	5139			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					34503
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
f Administrative service providers (salaries, fees, commissions)	. 8f		1500			
g Other expenses	. 8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1500
i Net income (loss) (subtract line 8h from line 8c)	. 8i					33003
j Transfers to (from) the plan (see instructions)	. 8j		0			
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension 2E           2G         2J         3D	n feature co	odes from the List of Pla	n Chai	racteri	stic Co	des in the instructions:
b     If the plan provides welfare benefits, enter the applicable welfare       Part V     Compliance Questions	feature coo	des from the List of Plan	Chara	acterist	ic Cod	les in the instructions:
<b>10</b> During the plan year:				Yes	No	Amount
<ul> <li>Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> </ul>	Voluntary F	iduciary Correction	10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		100000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	nd, that was caused	40.1		×	

by fraud or dishonesty?
 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.).....

 ${f f}$  Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) .....

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

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Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	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				
e	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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			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	Chart				
Department of the Treasury Internal Revenue Service		Benefit Pl	an		OMB Nos. 1210-0110 1210-0085
Department of Labor Employee Benetite Security Administration	This form is required to be file Income Security Act of 1974	ed under sections 104 (ERISA), and section Revenue Code (the		e Retirement the Internal	2018
Pension Benefit Guaranty Corporation	Complete all entries in	novenue code (uie	Code).		This Form is Open to
Annual Repo	Complete all entries in rt Identification Information	accordance with the	instructions to the Fon	m 5500-SF.	Public inspection
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and on the		
A This return/report is for:	X a single-employer plan		and ending	12/3	31/2018
	a one-participant plan	list of participatin	ng employer information in	er) (Filers check n accordance w	sing this box must attach a ith the form instructions.)
B This return/report is					
	the first return/report	the final return/rep	port		
	an amended return/report	a short plan year	return/report (less than 12	monthal	
C Check box if filing under:	X Form 5558			(monuns)	
		automatic extens	ion	DFVC pr	oqram
Basic Plan Inf	special extension (enter descri	ption)		-	
1a Name of plan	ormation enter all requested info	ormation			
FRANK REEMER. DD	S, PC PROFIT SHARING P			1b Three	diait
	I TO PROFIL SHARING P	PLAN .	2	plan n	umber
				(PN)	1001
29 01				1c Effecti	ve date of plan
	over, if for a single-employer plan)				1/2001
	m, apt., suite no. and street, or P.O. ac, country, and ZIP or foreign postal b PC	Box)		ZD Employ	er Identification Number
Frank Reemer, DDS	, PC	code (ir toreign, see i	nstructions)		3-3947773
146 5				845-	or's telephone number 624-3188
446 Route 304					as code (see instructions)
Bardonia	12000 State				(obc matucuons)
the second s	NY 10954-10	617			
Sa Plan administrator's name an	d address X Same as Plan Sponso	or.		62121	
	II.			3b Adminis	trator's EIN
				3c Adminis	trator's telephone number
4 If the name and/or FIN of the					
this plan, enter the plan spons	plan sponsor or the plan name has c sor's name, EIN, the plan name and	the plan number from	t return/report filed for the last return/report.	4b EIN	
C Plan Name				4d PN	
				ł	
a Total number of participants a	the beginning of the star way				
b Total number of participants at	t the beginning of the plan year			5a	5
C Number of participants with ac	Count belenges			5b	5
complete this item)		plan year (only define	d contribution plans	5c	
pulling and pulling	APRILID ALLINE DECIDING OF the plan	1475 - 17 H			5
				5d(1)	5
Number of participants who te then 1000000000000000000000000000000000000	minated employment during the plan	D vear with account t		5d(2)	5
aution: A penalty for the late on	In a second s		and a second	5e	
Well Deriginies of naming and the		1011 WIII DO G3385580	UDIASS MODEANABLE mark	Se is establish	0
B or Schedule MB completed and	penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	ort, including, if	applicable, a Schedula
instructs and complet	benalties set forth in the instructions signed by an enrolled actuary, as we		rsion of this return/report,	and to the best	of my knowledge and
	the state of the s	10/1/10	FRANK REEMER		
Signatium of plan attm	Inistrator V	Date			
		Date / /	Enter name of individua	al signing as pla	n administrator
Signature of employer	/plan sponsor				
Paperwork Reduction Act Notice, a	ee the Instructions for Form 6500-SF.	Date	Enter name of individua	I signing as em	ployer or plan sponsor
					Form 5500-SF (2018)
					v.171027

6a	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.)	X Yes 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	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (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		825,			858,968
	Total plan liabilities	7b	17 17 4 1967	1111	0		0
	Net plan assets (subtract line 7b from line 7a)	7c	and the set	825,	965		858,968
8	Income, Expenses, and Transfers for this Plan Year	in the state of the	(a) Amour				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	(1) / 1001	41,	642		
_	(2) Participants	8a(2)	1	18,	000		
	(3) Others (including rollovers)	8a(3)	in the real	-	0	1. 化学数件	The base of the second second
b	Other income (loss)	8b	The second second	-25,	139		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			112 2013		34,503
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	TI KORE VION	The Lot Manufacture - Same
f	Administrative service providers (salaries, fees, commissions)	8f		1,	500	a straight	「無理」「読んの正常」と言語
g	Other expenses	8g	201 a. I.	1.	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	State Barrist State State	14 Alera	1		1,500
i	Net income (loss) (subtract line 8h from line 8c)	81	and the second				33,003
J	Transfers to (from) the plan (see instructions)	81	1		0		The state of the second second
Par	t IV Plan Characteristics					and a second	ALL AND INCOMENTATION AND A DESCRIPTION OF
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 3D	feature coo	les from the List of Pla	an Char	acteri	stic Codes i	n the instructions:
b Par	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	cteris	ic Codes in	the instructions:
10	During the plan year:				Yes	No	
a		oluntary Fie	duciary Correction	10a	165	x	Amount
b		? (Do not ir	clude transactions	10b		x	19-28-20-20-2
С	Was the plan covered by a fidelity bond?			10c	X		100,000
d		fidelity bon	d, that was caused	10d	10000	x	
e		er persons e or all of the	by an insurance he benefits under	10e		x	

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f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i.

2520.101-3.) .....

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

Form 5500-SF (2018)

Page 3-

Iding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)							N
imum required contributions for all years from Schedule SB (For	m 5500) line 40	140			4		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							XN
mum funding standard for a prior year is being amortized in this	plan year, see instructions, an Month			e date			ling
a, complete lines 3, 9, and 10 of Schedule MB (Form 5500).	and skip to line 13.		ay		rea	IT	
		12b	Т				-
		12c	$^{+}$		si en g		
U Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a				V Zona (PRC)			
ling amount reported on line 12d be met by the funding deadline	?		ΤY	les	No		N/A
ations and Transfers of Assets		L	1				
			Π	Vac	R	No	
ount of any plan assets that reverted to the employer this year		13a	屵	103	<u>M</u>	NO	
ets distributed to participants or beneficiaries transferred to another	per plan, or brought under the		t	Yes X No			
r, any assets or liabilities were transferred from this plan to another	ner plan(s), identify the plan(s)	to	<u>.</u>				
	13c(2)	EIN(s	)	Т	130	(3) DN	(e)
					100	(3) 11	(5)
TREAST 7 NOTES AND		A 40 1		3.5	012		
		_	_	$\rightarrow$		_	
				$\rightarrow$			
	imum required contributions for all years from Schedule SB (Form ribution plan subject to the minimum funding requirements of sec ne 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) mum funding standard for a prior year is being amortized in this 2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), juired contribution for this plan year	fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch 11a below)         imum required contributions for all years from Schedule SB (Form 5500) line 40         ribution plan subject to the minimum funding requirements of section 412 of the Code or section         ne 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         mum funding standard for a prior year is being amortized in this plan year, see instructions, and	fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule 11a below)	fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB 11a below)	fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB         11a below)         imum required contributions for all years from Schedule SB (Form 5500) line 40	fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB       11a         imum required contributions for all years from Schedule SB (Form 5500) line 40	fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB       Yes         11a below)       11a         imum required contributions for all years from Schedule SB (Form 5500) line 40