Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension 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 Report	: Identification Information							
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This ref	turn/report is for:	🛚 a single-employer plan		olan (not multiemployer) (mployer information in ac	_				
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m			
		special extension (enter descr	iption)		<u> </u>				
Part II	Basic Plan Info	ormation—enter all requested inf	formation						
1a Name GILLIAN KA	of plan TZ MD PLLC PROFIT	SHARING PLAN			1b Three-diging plan number (PN) ▶				
					1c Effective of	date of plan 01/01/2009			
		oyer, if for a single-employer plan)			2b Employer	Identification Number			
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		tructions)	(EIN)	26-3758982			
	TZ MD PLLC	o, country, and En or releight poor	ar oodo (ii roroigii, ooo iiio	ar dollorio,		telephone number			
					2d Business	code (see instructions)			
166 5TH AVENUE, FLOOR 2 NEW YORK, NY 10010					621111				
INEW PORK,	, 141 10010								
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
					JC Auministra	ator's telephone number			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
a Spons	or's name				4d PN				
C Plan N	lame								
5a Total	number of participants	s at the beginning of the plan year			5a	2			
_		s at the end of the plan year			5b	2			
		account balances as of the end of		•	5c	2			
	,	articipants at the beginning of the pla			5d(1)	1			
		articipants at the end of the plan yea	-		5d(2)	1			
		o terminated employment during the			5e	0			
Caution: A	h penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable car	use is establish	ed.			
Under pena SB or Sche	alties of perjury and of	ther penalties set forth in the instruc and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule			
SIGN	Filed with authorized	d/valid electronic signature.	10/10/2019	G KATZ					
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN	Filed with authorized	d/valid electronic signature.	10/10/2019	G KATZ					
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor			

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	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 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 ir If "Yes" is checked, enter the My PAA confirmation number from the	not use Fo nsurance p	rm 5500-SF and mustrogram (see ERISA se	t instea ection 4	ad use 021)?	Form	5500.] Yes	Not determined	
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
а	Total plan assets	7a	20	04738				220402	
b	Total plan liabilities	7b		0		0			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	20	04738				220402	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		1656					
	(2) Participants	8a(2)	2	24500					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		10492					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15664	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	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)	es 8d, 8e, 8f, and 8g)					0		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					15664		
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 2F 2H 2J	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	des in the ins	tructions:	
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 contributed 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.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)	ne or all of	the benefits under	10e	X			240	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 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	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 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).

2018

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110 1210-0089

> Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report								
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending		/31/201			
	🛚 a single-employer plan		olan (not multiemployer) (
A This return/report is for:	mployer information in ac	ccordance v	vith the lom	n instructions.)				
B This return/report is								
b This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	m/report (less than 12 m	onths)				
C Check box if filing under:	X Form 5558	automatic extension		☐ DFVC p	, marm			
	special extension (enter desc	0		П в чер	nogram			
Part II Basic Plan In	formation—enter all requested in							
1a Name of plan	TOTTTALLON-enter all requested in	nomation		1b Thre	n digit			
· · ·	LC PROFIT SHARING PLA	N		1.0	number			
GIUDIAN KATA NO TO	DO INCILI CHARING IDA	.,		(PN)		001		
					tive date of			
9= Dia (le e King alama analama atan				01/200			
Mailing address (include m	oloyer, if for a single-employer plan) noom, apt., suite no. and street, or P.G	O. Box)			loyer Identif 126-3758	ication Number		
City or town, state or provi	nce, country, and ZIP or foreign pos LC	tal code (if foreign, see ins	tructions)					
GIDDIAN RAID NO ID	10			2c Sponsor's telephone number (917) 751-4570				
				2d Busin	2d Business code (see instructions)			
166 5TH AVENUE, FL	00R 2							
NEW YORK		N	7 10010	621	.111			
3a Plan administrator's name	and address X Same as Plan Spo	nsor.		3b Administrator's EIN				
			i	3c Admi	nistrator's t	elephone number		
						olephone manipol		
						orapriorio nambor		
						orepriorie named		
						organistic hambo		
	he plan sponsor or the plan name h			4b EIN				
this plan, enter the plan sp	he plan sponsor or the plan name h ponsor's name, EIN, the plan name a			4b EIN				
this plan, enter the plan sp a Sponsor's name				4b EIN				
this plan, enter the plan sp a Sponsor's name C Plan Name		and the plan number from	the last return/report.	4b EIN		2		
this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participant	ts at the beginning of the plan year.	and the plan number from	the last return/report.	4b EIN 4d PN				
this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participant c Number of participants with	ts at the beginning of the plan year. Its at the end of the plan year. Its at the end of the plan year.	and the plan number from	the last return/report,	4b EIN 4d PN 5a 5b		2 2		
this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	ts at the beginning of the plan year. Its at the end of the plan year. Its at the end of the plan year.	and the plan number from	the last return/report.	4b EIN 4d PN 5a 5b 5c		2		
this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the end of the plan year In account balances as of the end of articipants at the beginning of the plan	the plan year (only defined	the last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1)		2 2 2		
this plan, enter the plan spansor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the end of the plan year. Its at the end of the plan year account balances as of the end of articipants at the beginning of the plan year.	and the plan number from the plan year (only defined	the last return/report.	4b EIN 4d PN 5a 5b 5c		2 2		
this plan, enter the plan spansor's name C Plan Name 5a Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the end of the plan year. Its at the end of the plan year account balances as of the end of articipants at the beginning of the plan year of terminated employment during the	the plan year (only defined an year	the last return/report,	4b EIN 4d PN 5a 5b 5c 5d(1)		2 2 2 1 1		
this plan, enter the plan spansor's name C Plan Name Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the beginning of the plan year. Its at the end of the plan year.	the plan year (only defined an year	d contribution plans	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e		2 2 2 1 1		
this plan, enter the plan spansor's name C Plan Name Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the beginning of the plan year. Its at the end of the plan year. Its at the plan year. Its at the plan year.	the plan year (only defined in year	d contribution plans enefits that were less	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estab	lished.	2 2 2 1 1		
this plan, enter the plan spansor's name C Plan Name Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the beginning of the plan year. Its at the end of the plan year. Its at the plan year. Its at the plan year.	the plan year (only defined an year	d contribution plans enefits that were less unless reasonable cau	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estab	lished.	2 2 2 1 1		
this plan, enter the plan spansor's name C Plan Name C Plan Name Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the end of the end of articipants at the end of the plan year Its at the end of the plan year.	the plan year (only defined in year	d contribution plans contribution plans enefits that were less unless reasonable cau examined this return/report rsion of this return/report	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estaboort, including and to the	ilished. ng, if applica best of my l	2 2 1 1 0 sible, a Schedule knowledge and		
this plan, enter the plan spansor's name C Plan Name 5a Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the end of the end of articipants at the end of the plan year Its at the end of the plan year.	the plan year (only defined an year	d contribution plans d contribution plans enefits that were less unless reasonable cau a examined this return/report rsion of this return/report	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ise is estaboort, including and to the	ilished. ng, if applica best of my l	2 2 1 1 0 sible, a Schedule knowledge and		
this plan, enter the plan spansor's name C Plan Name Total number of participant b Total number of participants with complete this item)	ts at the beginning of the plan year. Its at the end of the plan year. Its at the beginning of the plan year. Its at the beginning of the plan year. Its at the beginning of the plan year. Its at the plan yea	the plan year (only defined in year	d contribution plans contribution plans enefits that were less unless reasonable cau examined this return/report rsion of this return/report	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is estabort, includir, and to the	ilished. ng, if applica best of my	2 2 1 1 0 sible, a Schedule knowledge and		

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Page 2

b	Were all of the plan's assets during the plan year invested in eligical 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 lift 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 state of the plan is a defined benefit plan.	f an indepo and cond not use Fainsurance	endent qualified public litions.)orm 5500-SF and mu program (see ERISA s	accoul st Inst	ntant (ead us 4021)	QPA) se Form? [1 5500.] Yes [] N	🛭 • 🛮 No	_
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Voc			THE A P.	- d - 4 V	
a	Total plan assets	. 7a	(a) beginning		738		(b) E	nd of Yea	220,40
	Total plan liabilities				0				220,40
	Net plan assets (subtract line 7b from line 7a)	1		204	738				220,40
8	Income, Expenses, and Transfers for this Plan Year	10	(4) Amoun						220,40
_	Contributions received or receivable from:		(a) Amou	nt.	_		(b	Total	
	(1) Employers	. 8a(1)		1,	656				
	(2) Participants	. 8a(2)		24,	500				
_	(3) Others (including rollovers)	. 8a(3)						2	
b	Other income (loss)	. 8b		-10,	492	ds			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		, tr	14 T				15,664
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							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
I	Net income (loss) (subtract line 8h from line 8c)	. 8i							15,664
j	Transfers to (from) the plan (see instructions)					5. 5			
Pai	t IV Plan Characteristics							_	
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J	feature co	odes from the List of P	lan Cha	racter	istic Co	des in the in	structions	:
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	les from the List of Pla	n Char	acteris	tic Cod	es in the ins	ructions:	
Par	t V Compliance Questions			,,,,					
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See Instructions and DOL's V Program)	/oluntary F	iductary Correction	10a		х		Astroutic	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		x			
C	Was the plan covered by a fidelity bond?			10c	х				25,000
d		fidelity box	nd, that was caused	10d	<u> </u>	x			23,000
е		ner person	s by an insurance the benefits under	10e	х				240
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	s of year-e	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See Instru	ctions and 29 CFR	10g		x	798 6		
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	ne required	notice or one of the	10i				14	

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Part	VI	Pension Funding Compliance		
11	ls ti (Fo	nts a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB Yes X No
_11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	
12	is t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA?	n 302 o	Yes 🛭 No
	grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver	enter Da	
If	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Ente	the minimum required contribution for this plan year	12b	
		the amount contributed by the employer to the plan for this plan year	12c	
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	
е		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 No
		es," enter the amount of any plan assets that reverted to the employer this year	13a	
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the rol of the PBGC?		Yes X No
С	If, di	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) h assets or liabilities were transferred. (See instructions.)	to	

13c(2) EIN(s)

13c(3) PN(s)

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