Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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

Parti	Annual Repor	t identification information									
For calend	dar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018						
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	a foreign plan								
B This ret	turn/report is	the first return/report	the final return/report								
		an amended return/report	ort a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	am					
		special extension (enter desc	ription)								
Part II	Basic Plan Inf	ormation—enter all requested in	formation								
1a Name	of plan	•			1b Three-dig	git					
		E. KUSNETZ PC PROFIT SHARIN	G PLAN		plan num						
					(PN) ▶		002				
					1c Effective	date of	plan				
							/2016				
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			2b Employe	r Identif	ication Number				
Mailin	ig address (include ro	om, apt., suite no. and street, or P.0			(EIN)		339103				
City o	r town, state or provin	ice, country, and ZIP or foreign pos	al code (if foreign, see inst	ructions)	, ,						
THE LAW C	OFFICE OF MARCIA	E. KUSNETZ PC			2c Sponsor	S telepi 914-864					
							see instructions)				
2 INTERNA	TIONAL DRIVE				Zu Dusiness						
SUITE 170	HONAL DRIVE					54111	10				
RYE BROO	K, NY 10573										
3a Plan a	administrator's name a	and address 🛚 Same as Plan Spo	nsor.		3b Administr	rator's E	EIN				
					3C Administr	rator's te	elephone number				
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN						
a Spons	sor's name				4d PN						
C Plan I	Name										
5a Total	number of participant	s at the beginning of the plan year.			5a		1				
b Total	number of participant	s at the end of the plan year			5b		1				
C Numb	ber of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c		1				
	•	articipants at the beginning of the p			5d(1)		1				
d(2) To	tal number of active p	articipants at the end of the plan ye	ar		5d(2)		1				
 d(2) Total number of active participants at the end of the plan year 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 retur			se is establisi	hed					
Under per SB or Sch	nalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/rep	ort, including,	if applica					
SIGN		d/valid electronic signature.	10/15/2019	DANIEL RICHARDS							
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as p	lan adm	ninistrator				
SIGN											
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor						

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C If the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							<u> </u>	No No
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 54891 80371 80371 80 Total plan liabilities 7b from line 7a) 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No		
a Total plan assets	Pa	t III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a		54891				80371	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b		0				0	
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Other income (loss) (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Others (including rollovers) (8) Bb 980 (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) 8c 980 (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) 8c 980 (9) Other income (loss) (9) Other expenses (loss) (1) Other expenses (sald income (sald income) (see instructions) (1) 8c 9 Other expenses (1) Other expenses (1) Other expenses (2) Other expenses (3) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (7) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (9) Other expenses (1) Other expenses (2) Other expenses (3) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (7) Other expenses (8) Other expenses (8) Other expenses (9) Other expenses (1) Other expenses (1) Other expenses (1) Other expenses (2) Other expenses (3) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (8) Other expenses (9) Other expenses (1) Other expenses (2) Other expenses (3) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (7) Other expenses (8) Other expenses (8) Other expenses (9) Other expenses (1) Other expenses (2) Other expenses (3) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (7) Other expenses (8) Other expenses (1)	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	!	54891				80371	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Other including rollovers)	а 		8a(1)							
b Other income (loss)		(2) Participants	8a(2)	2	24500					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		980					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						25480	
f Administrative service providers (salaries, fees, commissions)	d 		8d							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2F 2G 2J 3D 2E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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 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.) 100 X 101 X 102 X 103 X 104 X 105 X 106 X 107 X 108 X 109 X 109 X 109 X	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						25480	
9a	j	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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)	Pai	t IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: a 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)	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the in	structions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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 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 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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	les in the ins	tructions:	
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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 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 2520.101-3.) li If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions								
a 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)						Yes	No		Amount	
reported on line 10a.)	a	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	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	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			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	f Has the plan failed to provide any benefit when due under the plan?			10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X			
	i	·	•		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 4085 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 M Annual Repor	rt identification information	n 01/01/2018	and ending	12/31/2018
A. This return/report is for:	a single-employer plan	Ta multiple-employer pla	in (not multiemployer) (Fi ployer information in acco	lers checking this box must atfach a ordance with the form instructions.)
B This return/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mor	nthis)
C Check box If filing under:	X Form 5558 special extension (enter des	automatic extension ecription)	<u> </u>	DFVC program
	formation—enter all requested	information		
1a Name of plan				1b Three-digit plan number
	Marcia E. Kusnetz PC	Profit	se di di	(PN) 002
Sharing Plan				1c Effective date of plan 01/01/2016
2a Plan sponsor's name (em	ployer, if for a single-employer plan	O Bowl		2b Employer Identification Number (EIN)32-0339103
City or town, state or prov The Law Office of	oom, apt., suite no. and street, or F ince, country, and ZIP or foreign po Marcia E. Kusnetz	ostal code (if foreign, see inst	ructions)	(EIN)32-0339103 2C Sponsor's telephone number (914) 864-2114
PC			-	2d Business code (see instructions)
2 International Dr Suite 170 Rye Brook	rive	ŊŊ	10573	541,110
3a Plan administrators name	and address X Same as Plan Sp	ponsor.		3b Administrator's EIN
				3c Administrator's telephone number
4 If the name and/or EIN of this plan, enter the plan a Sponsor's name	the plan sponsor or the plan name sponsor's name, EIN, the plan name	has changed since the last read and the plan number from t	return/report filed for the last return/report.	4b ein 4d PN
C Plan Name	1 V 4 2			
				5a 1
· · · · · · · · · · · · · · · · · · ·	nts at the beginning of the plan yes	1.00 mg/s	5 Y 10 25 -	56 J
C Number of participants w	nts at the end of the plan year Ith account balances as of the end	of the plan year (only defined	d contribution plans	8c 1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	participants at the beginning of the	To the second se	90 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5d(1)
14 Tel 5 14 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	participants at the end of the plan	* * Self-Education		A WILLIAM TO THE THE TY HAVE
Number of participants v Ham 100% rested	vno terminated employment during	the plan year with accrued b	enefits that were less	5e (
Caution: A penalty for the is Under penalties of perjury and SB or Schedule MB complete	ate or incomplete filing of this rel d other penalties set forth in the ins d and signed by an enrolled actuar	turn/report will be assessed injudions. I declare that I have	I unless reasonable cau e examined this return/ret	use is established. port, including, if applicable, a Schedule t, and to the best of my knowledge and
ballef, it is true correct and c	omplete.			
belief, it is true, correct and c	omolete. I knowled	1 10/14/19	Marcia E. Kusr	ietz
SIGN // Mr.	a 2 Kigs web	7 /0/14/19 Date	The state of the s	1etz val algning as plan administrator
SIGN // Mr.	a Thyrite an administrator Lew us		The state of the s	ual signing as plan administrator

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а	ч	C	- Allen

	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.)								Yes No
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 in If "Yes" is checked, enter the My PAA confirmation number from the	surance	orogram (see ERISA se	ection 4	1021)?	[Yes No		determined
Do								(000 11	iotractions.)
Pa	t III Financial Information					_			
	Plan Assets and Liabilities	_	(a) Beginning	of Year			(b) En	d of Year	
	Total plan assets	7a		54,	0				80,371
	Total plan liabilities	7b		F 4	-				
	Net plan assets (subtract line 7b from line 7a)	7c		54,	891		THE SECTION AND ADDRESS OF THE SECTION ADDRESS	AND IN	80,371
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	ıt			(b)	Total	
а	(1) Employers	8a(1)							
	(2) Participants	8a(2)		24,	500				
	(3) Others (including rollovers)	8a(3)					par treat		2000年1915年
b	Other income (loss)	8b			980	3.4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Proming Course Course	7.5					25,480
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e				10.5			
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					25,4		
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 2A 2F 2G 2J 3D 2E	feature co	odes from the List of PI	an Cha	racteri	istic Co	odes in the in	structions	:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Char	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary f	Fiduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest 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 carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х			0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х	17 12 1 10g		
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	ne require 1-3	d notice or one of the	10i					

	Form 5500-SF (2018) Page 3-		_				
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (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	5			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?			f 		Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	s, and	d enter		of the le		uling
If	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	s 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 uncontrol of the PBGC?				Yes	1 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				
	I3c(1) Name of plan(s):	13c(2	EIN(s)		13	3c(3) P	N(s)