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).

▶ 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 Repor	t Identification Information	1						
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 1	2/31/2018				
A This ref	turn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions.)						
		a one-participant plan	a foreign plan						
B This retu	urn/report is	X the first return/report	the final return/repor	rt					
		an amended return/report	a short plan year ret	turn/report (less than 12 m	onths)				
C Check	box if filing under:	DFVC progra	ım						
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name MELVIN MA	•	1(K) PROFIT SHARING PLAN			1b Three-dig plan numl (PN) ▶				
					1c Effective	date of plan 01/01/2018			
		loyer, if for a single-employer plan)			2b Employer	Identification Number			
		om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		structions)	(EIN)	83-2428588			
-	HONEY, MD, PC		, -	ŕ		s telephone number 16-623-5561			
					2d Business	code (see instructions)			
FREEPORT,	YLVANIA AVENUE , NY 11520				621111				
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
		he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
	or's name	onsor s name, Env, the plan name	and the plan number non	Title last return/report.	4d PN				
C Plan N	lame								
5a Total	number of participan	ts at the beginning of the plan year			5a	2			
_		ts at the end of the plan year			5b	2			
		h account balances as of the end of			5c	2			
	,	participants at the beginning of the p			5d(1)	2			
d(2) Total number of active participants at the end of the plan year				5d(2)					
		no terminated employment during th	' '		5e	0			
		e or incomplete filing of this retu			use is establish	ed.			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, mplete.							
SIGN	Filed with authorize	ed/valid electronic signature.	10/15/2019	MELVIN MAHONEY,	EY, MD				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator			
SIGN HERE									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as er	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.)					X Yes No X Yes No			
	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)	
Pa	rt III Financial Information	I	T						
_7	Plan Assets and Liabilities		(a) Beginning (_		(b) End	of Year	
<u>a</u>	Total plan assets	7a		0	_			68250	
	Total plan liabilities	7b		0				0	
	Net plan assets (subtract line 7b from line 7a)	7c		0			68250		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt	_		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	,	19250					
-	(2) Participants	8a(2)	4	49000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						68250	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f 0							
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						68250	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Cod	les in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	cteris	tic Code	es in the insti	ructions:	
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.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d						Х			
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.)					X			
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-	end.)	10g		X			
h	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 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 Sche (Form 5500) and line 11a below)	В	Y	es 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, and granting the waiver	d enter t Day		of the lette Year _	r ruling			
lf :	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	× N	0			
	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 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 plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

FAX No.

P. 002

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Banafits 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 6067(b) and 6058(a) of the Internal Revenue Code (the Code),

Complete all entries in accordance with the Instructions to the Form 5500-SE.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

5 44		Complete all entitles III a	COldance With the hist	OCHORA TO THE LOWING	3300-31.				
Part I		rt Identification Information	77 /07 /0040		10/0	1 /0030			
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending		1/2018			
A This re	A This return/report is for: a single-employer plan								
		a one-participant plan	a foreign plan						
B This re	turn/report is	the first return/report	the first return/report						
		nonths)							
C Check	box if filling under:		DFVC program						
		special extension (enter descrip	otion)						
Part II	Basic Plan Int	formation—enter all requested info	mation						
1a Name Mel	-	MD, PC 401(k) Profit S	haring Plan		1b Three- plan no (PN)	umber 001			
						ve date of plan 01/2018			
Mailin	ig addrass (Include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.		\		yer Identification Number 33-2428588			
	r town, state of provi vin Mahoney,	nce, country, and ZIP or foreign postal MD, PC	code (ir foreign, see insti	ucuons)		or's telephone number 623-5561			
338	Pennsylvania	Avenue			2d Business code (see instructions)				
Free	eport	NY 11520)		621111				
3a Plan	administrator's name	and address X Same as Plan Spons	or.		3b Administrator's EIN				
	3c Administrator's telephone numi								
		he plan sponsor or the plan name has onsor's name, EIN, the plan name an			4b EIN				
-	sor's name		FIGURE		4d PN				
C Plan P	Name .								
5a Total	number of particioant	s at the beginning of the plan year	WTW-14-4-		5a	, , , , , , , , , , , , , , , , , , ,			
	, ,	s at the end of the plan year			5b				
		s at the end of the plan year a account balances as of the end of th			<u> </u>	···			
comp	lete this item)	***************************************		***************************************	5c				
d(1) Tot	al number of active p	articipants at the beginning of the plan	ı year		5d(1)				
		articipants at the end of the plan year			5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						(
		or Incomplete filing of this return/							
SB or Sche		other penalties set forth in the Instruction and signed by an enrolled actuary, as felete.							
SIGN HERE	Male	Willelastre m	WIZRA	MELVIN MAHONE	Y, MD				
ner(E	Signature of plan	administrator	Date	Enter name of Individ	tual signing as	plan administrator			
SIGN HERE									
	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lividual signing as employer or plan sponsor				

FAX No.

P. 003

C Net plan assets (subtract line 7b from line 7a) 7c 0 68, 25 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 19, 250 (2) Participants 8a(2) 49,000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 68, 25 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8g Other expenses 8g		Form 5500-SF (2018)		Page 2							
7 Plan Assets and Liabilities	c b	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 cannot 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	an indepe and condi n ot use Fo nsurance p	ndent qualified public tions.) orm 5500-SF and mus orogram (see ERISA s	account st instead	ad use 1021)?	PA) Font	15500. Yes [] No	Not	Yes []	No ined
a Total plant assetts				(a) Beginning	of Year	.		(b) End	of Year		
C Not plan assets (subtract line 7b from line 7a)	a		. 7a	(1)		$\overline{}$		<u> </u>	01 1001	68,	, 250
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (6) Other income (loss) (6) Other income (loss) (7) Employers (8) Other income (loss) (8) Others (including rollovers) (8) Other income (loss) (8) Others (including rollovers) (8) Others (loss) (8) Others (loss) (8) Others (including rollovers) (8) Others (loss) (8) Others (including rollovers) (8) Others (loss) (8) Others (including rollovers) (8) Others (loss) (8) Other (loss	b	Total plan liabilities	. 7b			0		, , , , , , , , , , , , , , , , , , , ,	_		0
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (inducting rollovers) (3) Others (inducting rollovers) (4) Exployers (5) Other income (edd lines 8d(1), 8d(2), 8d(3), and 8b) (6) Other income (edd lines 8d(1), 8d(2), 8d(3), and 8b) (7) Other income (edd lines 8d(1), 8d(2), 8d(3), and 8b) (8) Other income (edd lines 8d(1), 8d(2), 8d(3), and 8b) (8) Other income (edd lines 8d(1), 8d(2), 8d(3), and 8b) (8) Other income (edd lines 8d(1), 8d(2), 8d(3), and 8b) (9) Other income (edd lines 8d(1), 8d(2), 8d(3), and 8b) (1) Other expenses (edd lines 8d(1), 8d(2), 8d(3), and 8b) (2) Other expenses (3) Other expenses (4) Other expenses (4) Other expenses (4) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (7) 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 (7) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (9) Other expenses (1) Oth	C	Net plan assets (subtract line 7b from line 7a)	7c			0				68,	250
(1) Employers 8a(1) 19,250 (2) Participants 8a(2) 49,000 (3) Other income (loss) (loss) 8a(3) 8a(2) 8(3) 8a(3) 8b 0 0 (5) Other income (loss) (loss) 8b 0 0 68,25 (6) Benefits paid (Including direct rollovers and insurance premiums to provide benefits) 8c 0 68,25 (7) Earlain deemed and/or corrective distributions (see instructions) 8d 0 0 68,25 (8) Administrative service providers (salariaes, fees, commissions) 8f 0 0 68,25 (9) Other expenses 8f 0 0 68,25 (1) Transfers to (from) the plan (see instructions) 8f 0 0 68,25 (1) Transfers to (from) the plan (see instructions) 8f 0 0 68,25 (1) Transfers to (from) the plan (see instructions) 8f 0 0 68,25 (2) Transfers to (from) the plan (see instructions) 8f 0 0 68,25 (3) Transfers to (from) the plan (see instructions) 8f 0 0 68,25 (4) Transfers to (from) the plan (see instructions) 8f 0 0 68,25 (5) Transfers to (from) the plan (see instructions) 8f 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) '	lotal		
Sa Other (including rollovers) Sa Sa Sa Sa Sa Sa Sa S	a		8a(1)		19,	250			- "		
b Other income (loss)		(2) Participants	8a(2)		49,	000					
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)			\rightarrow		, ,,,,,			
d Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	d8			0					
to provide benefits). e Certain deamed and/or corrective distributions (see instructions)			8c							68,	250
e Certain deemed and/or corrective distributions (see instructions)	a		8d								
f Administrative service providers (salarios, fees, commissions)	е			-		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8l 68, 25 i Net Income (loss) (subtract line 8h from line 8c) 8l 68, 25 j Transfers to (from) the plan (see instructions) 9j					• 0	0					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8l 68, 25 i Net Income (loss) (subtract line 8h from line 8c) 8l 68, 25 j Transfers to (from) the plan (see instructions) 9j	g	Other expenses	8g			\neg		1-38.0	"		
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)									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 2E 2J 2K 2F 2G 2R 3D 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)			81							68,	250
Part V Compliance Questions	i	Transfers to (from) the plan (see instructions)	įs	, , , , , , , , , , , , , , , , , , ,		·					
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: 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) 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? 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.) Hes the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 Toth was answered "Yes," ofheck the box if you either provided the required notice or one of the	Par	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? 10c	9a		feature co	des from the List of PI	an Chai	racteris	stic Co	des in the ins	ructions:		
During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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.) Has the plan falled to provide any benefit when due under the plan? 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.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the Instr	uctions:		
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? d 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 falled 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.) 10h	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	•	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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.) • Has the plan falled to provide any benefit when due under the plan? • 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	b				10b		Х				
by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c		Х				
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		х	•			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	ė	carrier, insurance service, or other organization that provides some or all of the benefits under			10e		х		.,		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan falled to provide any benefit when due under the plan?			10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		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	h	2520.101-3.)	` -		10h		х		· · · · ·		
	í	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101	te required	I notice or one of the	101						

Page 3-Form 5500-SF (2018) 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 Yes No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes 🔀 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver 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 waiver Month Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c C Enter the amount contributed by the employer to the plan for this plan year 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 12d negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... No N/A Part VII | Plan Terminations and Transfers of Assets X No 13a Has a resolution to terminate the plan been adopted in any plan year? if "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)