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**

Parti	Annuai Repoi	t identification information									
For calenda	ar plan year 2018 or	fiscal plan year beginning 07/01/2	2018	and ending 06	/30/2019						
■ A This return/report is for: A a single-employer plan a multiple-employer plan (not multiemployer) list of participating employer information in a											
D		a one-participant plan	a foreign plan								
B This retu	irn/report is	the first return/report	the final return/report								
		an amended return/report	t a short plan year return/report (less than 12 months)								
C Check b	oox if filing under:]	DFVC program								
		special extension (enter desc	ription)								
Part II	Basic Plan Inf	ormation—enter all requested in	formation								
1a Name		-			1b Three-digit						
	TER HOUSE, INC. I	plan numb	er								
				-	(PN) •	002					
					1c Effective date of plan						
2a Plan er	onsor's name (omn	loyer, if for a single-employer plan)				07/01/1986					
Mailing	address (include ro	om, apt., suite no. and street, or P.0				dentification Number 14-0775803					
		nce, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)	` '	telephone number					
JACKS OYS	TER HOUSE, INC.					8-465-8854					
					2d Business c	ode (see instructions)					
38-44 STATE					722511						
ALBANY, NY	12207-2004										
3a Plan ac	dministrator's name	and address Same as Plan Spo	nsor		3b Administrati	tor's FIN					
3a Plan administrator's name and address						14-0775803					
ALBANY, NY 12207-2804						3c Administrator's telephone number					
						518-465-8854					
		he plan sponsor or the plan name hoonsor's name, EIN, the plan name :			4b EIN						
a Sponso		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN						
C Plan N	ame										
					F -						
		ts at the beginning of the plan year.		T T	5a	22					
		ts at the end of the plan yearh account balances as of the end of			5b	17					
		n account balances as of the end of		·	5c	16					
d(1) Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	15					
d(2) Total number of active participants at the end of the plan year						11					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A	penalty for the lat	e or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	se is establishe	d.					
		other penalties set forth in the instru and signed by an enrolled actuary,									
	rue, correct, and co			1	· · · · · · · · · · · · · · · · · · ·						
SIGN	Filed with authorize	ed/valid electronic signature.	10/28/2019	BRADLEY ROSENSTE	EIN						
HERE	Signature of plan	gnature of plan administrator Date Enter name of individ				ridual signing as plan administrator					
SIGN											
HERE	Signature of emp	loyer/plan sponsor	idual signing as employer or plan sponsor								

Form 5500-SF (2018) Page **2**

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.								100 🖺 110	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No									
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	ır			(See in	structions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year		
a	Total plan assets	7a	` '	27968			(2) =	12320	98	
b	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	112	27968				12320	98	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	(b) Total		
а	Contributions received or receivable from:			05070						
	(1) Employers	8a(1)		25078	\dashv					
	(2) Participants	8a(2)	2	48224	-					
	(3) Others (including rollovers)	8a(3)		53892	-					
	Other income (loss)	8b	;	03092				4074	0.4	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1271	94	
	to provide benefits)	8d	2	23064						
е	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						230	64	
i	Net income (loss) (subtract line 8h from line 8c)	8i						1041	30	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2F 2G 2K	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the in	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the ins	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		100	1.10		Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction							
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X				
b	reported on line 10a.)			10b		X				
	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?			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.)			10e		Χ				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	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	ne require	d notice or one of the	10i						
	choophons to providing the holice applied under 29 CFR 2020.10	ı -J		101]	<u> </u>				

Form 5500-SF (2018)	Page 3 - 1
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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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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									
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 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 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)					

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	➤ Complete all entries i	n accordance with the instructi	ions to the Form 5500-SF.	· · · · · · · · · · · · · · · · · · ·			
	Part I Annual Report	Identification Informatio	n					
Fo	r calendar plan year 2018 or fi	iscal plan year beginning	07/01/2018	······	6/30/2019			
Α	This return/report is for:	not multiemployer) (Filers cl yer information in accordance	necking this box must attach a be with the form instructions.)					
.	This return/report is	a one-participant plan	a foreign plan		i			
0	This return/report is	the first return/report	the final return/report					
_		an amended return/report a short plan year return/report (less than 12						
С	Check box if filing under:	Form 5558	automatic extension	U DFV	C program			
	anno and board to	special extension (enter des			<u> </u>			
بتبنيا		ormation—enter all requested	information					
18	Name of plan JACKS OYSTER HOUS	SE, INC. PROFIT SHAP	RING PLAN	p	Three-digit plan number PN) 002			
					Effective date of plan			
					07/01/1986			
2	Mailing address (include roo	oyer, if for a single-employer plan om, apt., suite no. and street, or F	P.O. Box)	(1	mployer Identification Number EIN) 14-0775803			
	City or town, state or province JACKS OYSTER HOUS		ostal code (if foreign, see instruction	20	Sponsor's telephone number			
	38-44 STATE STREE	ΞΤ			2d Business code (see instructions)			
	ALBANY	NY 12207	7-2804	-	722511			
2.	Plan administratorio nomo a	and address Deams as Blancs	noncor .		3b Administrator's EIN			
3a Plan administrator's name and address					4-0775803			
	OACKO OIDIBK 1100E	JE, INC.		3c /	3c Administrator's telephone number			
	38-44 STATE STREE	ET						
	ALBANY	NY 12207-2	804	· ·	518-465-8854			
4	If the name and/or EIN of th	ne plan sponsor or the plan name	has changed since the last return	rn/report filed for 4b E				
	this plan, enter the plan spo Sponsor's name	onsor's name, EIN, the plan name	e and the plan number from the la	ast return/report.	PN			
	C Plan Name			14				
5	Total number of participants	s at the beginning of the plan yea	ır	5a				
l		• •			1			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					16			
(d(1) Total number of active pa	· · · · · · · · · · · · · · · · · · ·						
d(2) Total number of active participants at the end of the plan year					2) 1.			
•	Number of participants who than 100% vested		'					
C	aution: A penalty for the late	or incomplete filing of this ret	urn/report will be assessed unl	less reasonable cause is e	established.			
SI	B or Schedule MB completed a	and signed by an enrolled actuary	tructions, I declare that I have exa y, as well as the electronic version	amined this return/report, in in of this return/report, and t	cluding, if applicable, a Schedule of the best of my knowledge and			
	elief, it is true, correct, and com	Coardein	Bı	radley Rosensteir	1			
	ERE Signature of plan		Date /6 - 23 - 19 E	Enter name of individual sign	ning as plan administrator			
-	GN Brakley			radley Rosensteir				
	ERE Signature of emplo				ning as employer or plan sponsor			

Signature of employer/plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
	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 in	-						Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this pl	an yea	r	,		ee instructions.)
Pa	rt III Financial Information	·						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	Year
a	Total plan assets	7a		127,			***	1,232,098
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	1,	127,	968			1,232,098
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Tota	
a	Contributions received or receivable from:		(4) / 11.104.1.					1
	(1) Employers	8a(1)		25,				
	(2) Participants	8a(2)		48,	224			1
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		53,	892			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				and the second		127,194
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		23,	064			
е	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						23,064
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						104,130
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the instruc	tions:
	2E 3D 2F 2G 2K							
þ	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	iic Coc	ies in the instruct	ons:
Da	rt V Compliance Questions							
4.0	\$25000000000000000000000000000000000000				Yes	No	Δ,	ount
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		""	-110	All	June
	described in 29 CFR 2510.3-102? (See instructions and DOL's N	Voluntary i	Fiduciary Correction	10a		Х		
ī	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х		
				10c		Х	:	
	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	ond, that was caused	10d		Х		
	by fraud or dishonesty?			100	-			
•	carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		Х		
1				10f		Х		
				10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i				
	exceptions to providing the notice applied under 20 of 17 2020. It							

Page 2

Form 5500-SF (2018)

	Form 5500-SF (2018)		Page 3 -						
	W/						-		
Part	VI Pension Funding Compliance						<u> </u>		
11	Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)	funding requirements? (If "Yes,	" see instructions and	complete Sch	edule S	В		Yes No	٥
11a	Enter the unpaid minimum required contributions								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								Yes 🛭 No	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d						<u> </u>		
a	If a waiver of the minimum funding standard for a granting the waiver.				l enter t Day		the le	•	
<u>If</u>	you completed line 12a, complete lines 3, 9, and	d 10 of Schedule MB (Form 5	500), and skip to line	13.					
b	Enter the minimum required contribution for this pl	an year			12b				
С	Enter the amount contributed by the employer to the	ne 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)									
е	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							
_13a	Has a resolution to terminate the plan been adopted	in any plan year?				Yes	X	No	
	If "Yes," enter the amount of any plan assets that	reverted to the employer this y	ear		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	⊠ No	
C	If, during this plan year, any assets or liabilities w which assets or liabilities were transferred.				to				
13c(1) Name of plan(s): 13c(2) E					EIN(s)		13	13c(3) PN(s)	
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	