## 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

A This return/report is for:	Part I Annual F	Report Identification Information								
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C Check box if filling under:	For calendar plan year 2	07/01/2 or fiscal plan year beginning 07/01/2	2018	and ending 06/30	0/2019					
B This return/report is	M a single simple yet plan									
me tinst return/report   me tinst return/report   me tinst return/report   me tinst return/report   me tinst return/report (less than 12 months)										
C Check box if filing under:	<b>B</b> This return/report is									
Part II   Basic Plan Information—enter all requested information		an amended return/report	a short plan year retur	n/report (less than 12 mont	hs)					
Part II   Basic Plan Information—enter all requested information 1a Name of plan   MONAHAN & BROSWSKI PHARMACISTS 401(K) PLAN   1et Effective date of plan   CFICHUS   PLAN   1et Effective date of plan   CFICHUS   PLAN   2D   Employer (PN)   001   1et Effective date of plan   CFICHUS   PLAN   2D   Employer (January 1994   PLAN	C Check box if filing un	der: Form 5558	automatic extension		DFVC progran	n				
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Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN  HERF	SIGN Filed with au		11/05/2019	JAMES E. MONAHAN						
HERE	HERE Signature of	of plan administrator	Date	Enter name of individual	n administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
	HERE Signature of	of employer/plan sponsor	Date	Enter name of individual	ividual signing as employer or plan sponsor					

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

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	S No	
р	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.)								s $\square$ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year		
а	Total plan assets	7a	14:	31169				59634		
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	14:	31169				59634		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
а	Contributions received or receivable from:			40.470						
-	(1) Employers	8a(1)		13476	$\dashv$					
	(2) Participants	8a(2)	4	23994	-					
	(3) Others (including rollovers)	8a(3)		16085	-					
	Other income (loss)	8b		10005				53555		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						55555		
	to provide benefits)	8d	142	24200						
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f								
g	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							1425090		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-1371535				
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 2F 2G 2J 2K 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:		
Par	t V   Compliance Questions				ı	ı	T			
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.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			230	000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
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 plan	ın?		10f		Х			·	
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)								0	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i										

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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 con (Form 5500) and line 11a below)			В		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 ERISA?	e or section	n 302 of		. Y	es 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 instru granting the waiver.		d enter t Day		of the letter Year	ruling
lf :	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 negative amount)	of a	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?			X Yes	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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

## -Nov. 6.2019-10:03AM-**Form 5500-SF** I

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Penalon Benefit Guaranty Corporation

## — Hoosick FCU——————No Short Form Annual Return/Report of Small Employee Benefit Plan

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UMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participent plan a foreign plan B 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 months) C Check box if filing under: Form 5658 automatic extension □ DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit MONAHAN & BROSWSKI PHARMACISTS 401(K) PLAN plan number 1001 (PN) > 1c Effective date of plan 07/01/1994 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 14-1648390 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see Instructions) 2c Sponsor's telephone number MONAHAN & BROSWSKI PHARMACISTS LTD 518-686-2572 2d Business code (see instructions) 24 CHURCH STREET HOOSICK FALLS NY 12090 446110 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report, **R** Sponsor's name 4d PN C Plan Name 5a Total number of participants at the beginning of the plan year ...... 10 3 b Total number of participants at the end of the plan year ..... 5b C Number of perticipants with account balances as of the end of the plan year (only defined contribution plans 5c 3 complete this item)..... 5d(1) 7 d(1) Total number of active participants at the beginning of the plan year ...... 0 d(2) Total number of active participants at the end of the plan year ..... 5d(2)

Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.

Number of participants who terminated employment during the plan year with accrued benefits that were less

Under penalties of perjury and other penalties set forth in the instructions, it declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and helicity is account and complete.

vellel. It is i	ride, correct, and complete,		
SIGN	a mul		JAMES E. MONAHAN
HERE	Signature of plan administrator	Date ///5//9	Enter name of individual signing as plan administrator
SIGN	Ju muln		JAMES E. MONAHAN
HERE	Signature of employer/plan sponsor	Date (1/5/19	Enter name of individual signing as employer or plan sponsor

than 100% vested.

0

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

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.....

2520.101-3.) ..,...

X

10h

10I

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on walver eligibility 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 "Yee" is checked, enter the My PAA confirmation number from the	an indepe and condi- not use Fo neurance p	ndent qualified public s tions.)	t inster	ant (iC ad use 021)?	IPA) Form	5500.   Yes   No	⊠ Y∈	es No
Pa	t III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
а	Total plan assets	. 7a		431,					59,634
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	431,	169		•		59,634
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal	
а	Contributions received or receivable from:	n. (n)		13,	476		•		
	(1) Employers	8e(1)			-			<del>.</del>	
	(2) Participants	8a(2)	<u> </u>	23,	234				
-	(3) Others (Including rollovers)	8a(3)		16	005				
	Other Income (toss)	8b		16,085					53,555
	Benefits paid (including direct rollovers and insurance premiums	BC BC					_,.,-,-		30,332
	to provide benefits)	8d	1,	424,	200				·
ę	Certain deemed and/or corrective distributions (see instructions)	0e							
f	Administrative service providers (salaries, fees, commissions)	8f		890					
g	Other expenses	6g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,	425,090
<u>.i.</u>	Net income (loss) (subtract line 8h from tine 8c)	81					-1,371,535		
j	Transfers to (from) the plan (see instructions),	Bj							
Pai	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for								
Par	V Compliance Questions	<del></del>	<u> </u>						-
10	During the plan year:				Yes	No	,	lmount	
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 Program)	/oluntary F	Iductory Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х			<del>,</del>
C	Was the plan covered by a fidelity bond?			10c	x			:	230,000
d	by fraud or dishonesty?			10d		х			
8	Were any fees or commissions pald to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See Instructions.)	ne or all of	the benefits under	10e		х			
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 a	s of year-e	(.bne	10g	х				C

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Part VI Pension Fu	Inding Compliance		·	<del></del>					•
11 Is this a defined be	nefit plan subject to minimum fu se 11a below)	nding requirements? (I	f "Yes," see instructions and	f complete Sci	hedule S	3B	<u> </u>	res [	No
	infmum required contributions fo							- 1	•
ERISA7	ntribution plan subject to the ml line 12a or lines 12b, 12c, 12d,				on 302 d	f	, D	ee į	No
a If a waiver of the mi granting the waiver.	nlmum funding standard for a p	rior year is being amon	lized in this plan year, see i	nstructions, an Month	d enter Da		of the lette Year	r rulin;	9
If you completed line	12a, complete lines 3, 9, and	10 of Schedule MB (F	orm 5500), and skip to lin	e 13.			<u> </u>	•	
<b>b</b> Enter the minimum r	equired contribution for this plan	year			12b				
C Enter the amount co	ntributed by the employer to the	plan for this plan year	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT		12c				
d Subtract the amoun	t in line 12c from the amount In	Pne 12b. Enter the rese	ult (enter a minus sign to the	e left of a	12d				
e Will the minimum fu	nding amount reported on line 1	12d be met by the fundi	ing deadline?			Yes	No	N/	A
Part VII   Plan Termi	nations and Transfers o	of Assets							
13a Has a resolution to te	erminate the plan been adopted in	any pian year?			,	X Yes		<b>'</b> o	•
if "Yes," enter the a	mount of any plan assets that re	everted to the employer	this year		13a	T			(
<b>b</b> Were all the plan accontrol of the PBGC	sets distributed to participants o		rred to another plan, or bro				Yes X	No	
C if, during this plan y which assets or liab	ear, any assets or liabilities wer littles were transferred.	e transferred from this	plan to another plan(s), ide	ntify the plan(s	) to				
13c(1) Name of plan(	s):			13c(2	) EIN(s)		13c(3	) PN(s	i)
·								<del>-</del>	
							-		