

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2022</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
B This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	
D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>	

Part II Basic Plan Information —enter all requested information													
1a Name of plan TONINO BOTA CPA PC INC INDIVIDUAL 401K	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan <div style="text-align: right;">05/31/2016</div></td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan <div style="text-align: right;">05/31/2016</div>									
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2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, and ZIP or foreign postal code (if foreign, see instructions) TONINO BOTA CPA PC INC 57-46 63RD STREET MASPETH, NY 11378	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-0999997</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>917-476-2812</u></td> </tr> <tr> <td>2d Business code (see instructions) <div style="text-align: right;">541211</div></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-0999997</u>	2c Sponsor's telephone number <u>917-476-2812</u>	2d Business code (see instructions) <div style="text-align: right;">541211</div>									
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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN</td> </tr> <tr> <td>3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number										
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> </tr> <tr> <td>4d PN</td> </tr> </table>	4b EIN	4d PN										
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5a Total number of participants at the beginning of the plan year..... b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year..... e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: center;">1</td> </tr> <tr> <td>5b</td> <td></td> </tr> <tr> <td>5c</td> <td></td> </tr> <tr> <td>5d(1)</td> <td style="text-align: center;">1</td> </tr> <tr> <td>5d(2)</td> <td></td> </tr> <tr> <td>5e</td> <td></td> </tr> </table>	5a	1	5b		5c		5d(1)	1	5d(2)		5e	
5a	1												
5b													
5c													
5d(1)	1												
5d(2)													
5e													

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

Under penalties of perjury and other penalties set forth in the instructions, I 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 belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/28/2023	TONINO BOTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/28/2023	TONINO BOTA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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.**
- c** 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 (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	309319	288230
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	309319	288230
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	9500	
(2) Participants.....	8a(2)	27000	
(3) Others (including rollovers).....	8a(3)	4505	
b Other income (loss).....	8b	-62094	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-21089
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d		
e 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		
i Net income (loss) (subtract line 8h from line 8c).....	8i		-21089
j Transfers to (from) the plan (see instructions).....	8j		

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:
2J
- 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:		Yes	No	Amount
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).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c 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 fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
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.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
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.....	10i			

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 (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below: ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40: **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

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 _____ Day _____ Year

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**

c 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**

e 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 ☒ 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 ☒ No

c 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. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

2022 Electronic Filing Information (5500/5500-SF/5500-EZ)

Signature Method

- ☐ Option (1). Plan Admin., Sponsor and DFE (if applicable) are physically present and able to enter their UserID and PIN(s).
1. Indicate agreement with the DOL-required 'Filer Signature Agmt' statement below.
 2. Enter their Name(s) and Signature Date(s) at the bottom of page 1 of Form 5500, or page 2 of Form 5500-SF/EZ
 3. Enter their DOL-assigned UserID and DOL-assigned PIN(s) in the appropriate field(s) below.

	User ID*	PIN	Date PIN Entered	Name
Plan Administrator				
Employer/Plan Sponsor				

***Note:** User ID is an 8-character personal identifier assigned in EFAST2 registration by IREG. PIN is assigned by DOL for all registrants. See <https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1> for registration or PIN recovery info.

- ☒ Option (2). E-Signature: Practitioner will sign according to expanded EFAST 2 Signature options.
1. Print pages 1 and 2 of Form 5500, 5500-EZ or 5500-SF to pdf, along with statement titled "Practitioner Signature Agmt" below. The Plan Admin, Sponsor/Employer and/or DFE on the pdf form should be that of the plan, without regard to these modified instructions.
 2. Send these 3 pages to the Plan Administrator to physically sign and return to the practitioner.
 3. Practitioner is to keep the "Practitioner Signature Agmt" on record.
 4. Attach pages 1 and 2 of the Form 5500, 5500-EZ or 5500-SF to this return via the 'E-File' - 'Attach PDF...' menu above, (selecting - '5500/SF/EZ pg 1 and 2 - Practitioner Signature'.)
 5. On Form 5500 (or 5500-SF/EZ), enter the date and name shown on the PDF that the Plan Admin, Sponsor/Employer and/or DFE physically signed.
 6. Create the 5500/SF/EZ Electronic file, resolve any red Error Check messages and transmit the return.

	User ID*	PIN	Date PIN Entered	Name
Practitioner Signing as Admin	A2398894	****	03/28/2023	Tonino Bota

***Note:** User ID is an 8-character personal identifier assigned in EFAST2 registration by IREG. PIN is assigned by DOL for all registrants. See <https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1> for registration or PIN recovery info.

Filing ID

The Filing ID for this return will be computed automatically when you create the e-file and will be displayed here.

Filing ID: 200999997230328091052

Plan Information

Please enter all taxpayer demographic data on the Main Information form.

Paid Preparer (Enter data in the Preparer Manager)

Paid preparer's name Tonino Bota	Non-paid prep type
Firm's name Tonino Bota CPA PC Inc	Foreign Phone Number