Form 5500-SI	F Short Form Annu		ort of Small Emplo	oyee	OM	B Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement								
Department of Labor Employee Benefits Security Administr	Income Security Act of 197		s 6057(b) and 6058(a) of the I							
Pension Benefit Guaranty Corpora	Complete all entries in		instructions to the Form 55	00-SF.	T ublic I	Inspection				
	orf iscal plan year beginning 01/01,		and ending 12	/31/2015						
Tor calendar plan year 2013	a single-employer plan		yer plan (not multiemployer)		ina this box r	nust attach a				
A This return/report is for:	a one-participant plan		g employer information in acc		-					
B This return/report is	the first return/report	the final return/re	oort							
	an amended return/report		return/report (less than 12 mc	onths)						
C Check box if filing under:					-					
		automatic extens	ion		VC program					
Dart II Dagia Dian	special extension (enter des									
Part IIBasic Plan1aName of plan	Information—enter all requested in	normation		1b Three-	diait					
•	IT, PLLC 401K PROFIT SHARING PL	AN AND TRUST		plan n	-					
				(PN)		003				
				1c Effectiv	ve date of pla 01/01/20					
Mailing address (include	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P. ovince, country, and ZIP or foreign pos		instructions)	(EIN)	yer Identifica 14-1620	735				
IORTHERN DUTCHESS ENT			monocionoy	2c Sponsor's telephone number 845-876-3094						
			-	2d Busine		instructions)				
5 CHESTNUT STREET RHINEBECK, NY 12572					621111					
3a Plan administrator's nan	ne and address XSame as Plan Spor	isor.		3b Admini	istrator's EIN					
			-	3c Admini	istrator's tele	phone number				
4 If the name and/or EIN	of the plan sponsor has changed since	the last return/report f	led for this plan, enter the	4b EIN						
	n number from the last return/report.		· · ·	4c PN						
-	pants at the beginning of the plan year			5a		9				
	pants at the end of the plan year		ř	5b		8				
C Number of participants	with account balances as of the end o	f the plan year (defined	benefit plans do not	5c						
· · · · ·			ł			8				
	e participants at the beginning of the p	-	Ē	5d(1)		7				
	ve participants at the end of the plan ye		E	5d(2)		7				
	that terminated employment during th			5e		0				
Caution: A penalty for the	late or incomplete filing of this retu	rn/report will be asses	sed unless reasonable cau							
	nd other penalties set forth in the instru- ed and signed by an enrolled actuary, complete									
SIGN Filed with author	ized/valid electronic signature.	05/11/2016	NADER KAYAL							
HERE Signature of p	lan administrator	Date	Enter name of individu	al signing as	s plan admini	strator				
SIGN HERE										
Signature of e	mployer/plan sponsor ïrm name, if applicable) and address (Date	Enter name of individu		employer or elephone nur					
r reparer s name (including r			-							
For Paperwork Reduction Act	Notice and OMB Control Numbers, see t	ne instructions for Form	5500-SF.		For	m 5500-SF (2015)				

	F0111 5500-5F 2015		raye Z									
b	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) X Yes No 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. X Yes No											
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determined			
Par	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) Fr	nd of Year			
	Total plan assets	7a	(<i>, =</i>]	1972				(~) =:	1987994			
	Total plan liabilities	7u 7b			0				0			
	Net plan assets (subtract line 7b from line 7a)	70 70		1972					1987994			
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amer					()				
	Contributions received or receivable from:		(a) Amou	int				a)) Total			
	(1) Employers	8a(1)		13	078							
	(2) Participants	8a(2)		38	107							
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		-27	448							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23737			
d	Benefits paid (including direct rollovers and insurance premiums											
	to provide benefits)	8d		8162								
e	Certain deemed and/or corrective distributions (see instructions)	8e				_						
f	Administrative service providers (salaries, fees, commissions)	8f			70							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_	8232					
	Net income (loss) (subtract line 8h from line 8c)	8i				_	15505					
j	Transfers to (from) the plan (see instructions)											
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2R 3B 2G 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the inst	ructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instru	uctions:			
Part	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		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			10-		х						
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		~						
	reported on line 10a.)			10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х				200000			
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						
e	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.).					x						
f	Has the plan failed to provide any benefit when due under the plan?					Х						
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	is an individual account plan, was there a blackout period? (See instructions and 29 CFR				х						
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	10h 10i								
j	Did the plan trust incur unrelated business taxable income?			10j								

-	·	10j							
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below)		•		lule SB	(Form	Y	es	No
11;	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or se	ection :	302 of E	RISA?	Y	es X	No

Form 5500-SF 2015

Page **3** - 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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 c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trusťs E	IN				
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

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Depa	m 5500-SF	Short Form Ann	t of Small Empi	oyee	OMB Nos. 1210-0 1210-0					
	mal Rovenue Service	This form is required to be fi	led under sections 104 and	4065 of the Employee R	ee Retirement 2015					
Employee B	epairment of Labor lengths Security Administration		4 (ERISA), and sections 6 Revenue Code (the Code)	167(b) and 6058(a) of the le),	Internal	This	Form is Op	en ta		
	aneft Gueranty Corporation	Complete all entries in	accordance with the ina	tructions to the Form 6	500-SF.	Put	lic inspect	ion		
Part I	Annual Repor	t Identification Informatio	n							
	ar plan year 2015 or	X a single-employer plan		and ending 12/						
A. This ret	um/report is for:	a one-participant plan	list of participating e	plan (not multiemployer) mployer information in a	(rwers cheo ccordance w	niti the form	ox must atta n instruction	ach a Is)		
R This and	Im/report is	the first return/report								
	macportis	an amended return/report	the final return/report							
C . Ohanta 1				m/report (less than 12 m	ionais)					
	ox if filing under:	Form 5558	automatic extension		(DFVC prog	ram			
		special extension (enter des								
Part II		ormation_enter all requested in	nformation							
18 Name of plan IORTHERN DUTCHESS ENT, PLLC 401K PROFIT SHARING PLAN AND TRUST					1b Thre plan (PN)	number	003			
						ative date o 1/2:004	f plan			
Za Plan sp Mailing	onsor's name (empl address (include me	over, if for a single-employer plen) orn, apt., suite no. and street, or P.			2b Employer Identification Number					
City or	town, state or provin	ce, country, and ZIP or foreign pos	tal code (if foreign, see Ins	ructions)		14-16207				
DRTHERN	DUTCHESS ENT, F	1LC			ZC Oper		hone numb 876-3094	er		
Chestnut	Street C. NY 12572				6211		see instruct	,		
3a Plan ag	iministrator's name a	nd eddress XSame as Plan Spon	nsor.		3b Admin	matrator's l	SIN			
					3C Admi	nistrator's t	elephone n	umber		
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Sponso	a's name				4C PN					
		s at the beginning of the plan year.			<u>5a</u>					
		s at the end of the plan year			5b	<u>.</u>		8		
		account belances as of the end of			5c			8		
•		articipants at the beginning of the p			5d(1)			7		
		articipants at the end of the plan ye			5d(2)			7		
e Numb	er of participants that	I terminated employment during th	e plan year with accrued be	mefits that were less	5e			0		
Saution: A	penalty for the late	or incomplete filing of this retur	minaport will be assessed	<u>uniess reasonable cau</u>				_		
B or Sche		ther penalties set forth in the instru not signed by an enrolled actuary, plete.								
IGN	Inil	mater-	5.11-16	Nøder Kayal						
ERE	Signature of plan	adminiatrator	Date	Enter name of individu	ual signing a	a olan adri	inistrator			
ign Iere										
		oyen/plan aponsor name, if applicable) and address (i	Date nclude room or suite numb	Enter name of individuer)	ual signing a Preparer's			10ano		
	of Reduction are Not	ce and OMB Control Numbers, see th	e instructions for Form SSM	-5F.			Form 5500- 5	F (701		

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eligit 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 campaign of the plan campaign. 	an indepe and condi not use Fo	ndent qualified public : lions.)	accoun t insta	tant (IC ad use	PA) Form	n 5500 .		K Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information	neurance p	rogram (see ERISA s	ection 4	1021)?	[Yes	<u>]</u> № []	Not determined
								
7 Plan Assets and Liabilities a Total plan assets	<u> </u>	(a) Beginnin	g of Ye 19724	_	+		(b) End o	
b Totel plan liabilities	- 7a 7b	··	18/24	0	+			1987994
C Net plan assets (subtract line 7b from line 7a)			19724		┿	_		1987994
8 Income, Expenses, and Transfers for this Plan Year		(a) Amos	unt		+-		(b) To	
a Contributions received or receivable from:								
(1) Employers	. <u>8e(1)</u>		1307		+			
(2) Participants	80(2)		351		+			
(3) Others (including rollovers) b Other income (loss)	. 8a(3) . 8b		-274	48	+-	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					+			23737
d Benefits paid (including direct rollovers and insurance premiums	-				+			
to provide benefits)	8d		816	52	┥			
e Certain deemed and/or corrective distributions (see instructions)	80	··		70	+		<u> </u>	
f Administrative service providers (salaries, fees, commissions) g Other expenses	8f				+-			
h Total expenses (add lines \$4, 8e, 8f, and 8g)	<u>8g</u> 8h				+			8232
Net income (loss) (subtract line 8h from line 8c)					-+			15505
j Transfers to (from) the plan (see instructions)					+-			
Part IV Plan Characteristics	·							
9a If the plan provides pension banefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instruct	ions:
2E 2F 2J 2R 38 2G 2T 3D B If the plan provides welfare benefits, enter the applicable welfare fi								
B If the plan provides welfare benefits, enter the applicable welfare for	eature coo	es from the list of Pha	n Chara	acteue	IC U00	186 171 10		ons:
Part V Compliance Questions								2
10 During the plan year:				Yes	No	N/A		Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DQL's V Program)	/oluntary F	iduciary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-interest	•		406		x			
reported on line 10a.)			105	X			200	<u> </u>
C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's			10c	X			500	000
or Like the plan have a loss, whether or not reimoursed by the plan's by fraud or dishonesty?			10d		x			
Were any fees or commissions paid to any brokers, agents, or oth camer, insurance service, or other organization that provides som the plan? (See Instructions.)	her persona he or all of	s by an insurance the benefits under	10e		×			
f Has the plan falled to provide any benefit when due under the plan			107		x		1	
	_				x		t	
h If this is an individual account plan, was there a blackout period?					x			
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101					
] Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance							· · · ·	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Farm	Yes No
11a Enter the unpaid minimum required contribution for all years from						118		
12 Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction	302 of	EIRISA?	Yes X No

Form 5500-SF 2015 Page 3 - 1						
(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 in granting the waiver.	structions, and o	anter the Day	ate of	the lette Year	r ruling	
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 6500), 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 emount in line 12b. Enter the result (enter a minus sign to the negative emount)	left of a	12d				
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?			Π Y	es 🕅 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 brough the PBGC?	ight under the co	ontrol		Yes	X No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to					
13c(1) Name of plan(3);	13c(2)	EIN(\$)		13c	3) PN(s)	
Part Vill Trust Information						
14a Name of trust		14b T	'rust's E	IN		
14C Name of trustee or custodian				's or cust ne numbe		
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan?		🗌 Ye	21	م []	ło	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrate a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bs ha	sign- ised safi bor sthod	afe ADP/ACP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "lesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?	401(m)-	[] Ye	ţi	No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec	lion 410(b):		itio centag it	lage Average benefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by countries plan with any other plans under the permissive aggregation rules?		[] Y₽		<u> </u>		
17a Has the plan been timely amended for all required tax law changes?		Ye	ŧ.	<u> </u>		
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the a				e instructions	
17C If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p advisory letter, enter the date of that favorable letter's seria	t number				ion or	
17d If the plan is an Individually-designed plan and received a favorable determination letter from the IRS, determination letter	enter the date of	the plai	n's last f	avorable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(made), American Samoa, Guam, the Commonwaalth of the Northern Mariana Islands or the U.S. Virgi	2) has been n Islands)?	[] ¥ea	_	N	0	
19 Were in-service distributions made during the plan year?		Ye	ŧ		<u>}</u>	
If "Yes," enter amount		19				
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?		☐ Ye	5			