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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I Annual Re	port Identification Information								
For calendar plan year 201	5 or fiscal plan year beginning 01/01/2015 and ending	12/31/201	5						
A This return/report is for	x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan								
B This return/report is	the first return/report								
C Check box if filing under	special extension (enter description)		DFVC prog	ram					
Part II Basic Plar	Information—enter all requested information	1							
1a Name of plan WHITFORD DEVELOPMEN	NT CORP. PROFIT SHARING PLAN	р	hree-digit lan number PN) ▶	003					
		1c ∈	ffective date o	f plan 1/2004					
Mailing address (inclu	employer, if for a single-employer plan) de room, apt., suite no. and street, or P.O. Box)		2b Employer Identification Number (EIN) 20-4878018						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VHITFORD DEVELOPMENT CORP.			2c Sponsor's telephone number 631-471-7711						
46 MAIN STREET UITE 302 ORT JEFFERSON, NY 117	777	2d B	usiness code (see instructions)					
3a Plan administrator's na	ame and address Same as Plan Sponsor.	3b A	dministrator's	EIN					
HITFORD DEVELOPMEN	T CORP. 646 MAIN STREET		20-4	878018					
	SUITE 302 PORT JEFFERSON, NY 11777	3C A	aministrators	telephone number					
			631-47	71-7711					
	I of the plan sponsor has changed since the last return/report filed for this plan, enter the an number from the last return/report.	4b E	in						
a Sponsor's name		4c P	'n						
5a Total number of partic	ipants at the beginning of the plan year	5a		2					
b Total number of participants at the end of the plan year				2					
c Number of participant complete this item)	s with account balances as of the end of the plan year (defined benefit plans do not	5c		2					
d(1) Total number of act	ive participants at the beginning of the plan year	5d(1)	0					
d(2) Total number of ac	ive participants at the end of the plan year	5d(2)	0					
than 100% vested	ts that terminated employment during the plan year with accrued benefits that were less	5e		0					
	e late or incomplete filing of this return/report will be assessed unless reasonable co								
	and other penalties set forth in the instructions, I declare that I have examined this return/reted and signed by an enrolled actuary, as well as the electronic version of this return/repo								

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 08/30/2016 **VICTOR IRIZARRY HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Dat<u>e</u> Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA se	ection 4	021)? .		Yes	No N	ot determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year
a Total plan assets	7a			635				629
b Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c			635				629
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tota	al
(1) Employers	8a(1)			0				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b			-6				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-6
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			0				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i Net income (loss) (subtract line 8h from line 8c)	8i							-6
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instructio	ns:
B If the plan provides welfare benefits, enter the applicable welfare fe	00tura 00d	on from the Lint of Dia	n Char	- at a ri at	io Coo	laa in tha	inatruation	•
B If the plan provides welfare benefits, enter the applicable welfare for	eature cou	es nom the List of Fla	ii Cilaia	acterist	ic Coc	ies iii tiie	HISHUCHOH	5.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Α	mount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest					V			
reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				60000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
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.)	ner persons	s by an insurance the benefits under	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 a	•	,	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.	•		10i					
j Did the plan trust incur unrelated business taxable income?			10j		X			
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14b Trust's EIN				
ı T a	Name 0	ii iiust		140	iusi s Lii	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test				
450				method				
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No		
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A	

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information		/ /							
For calendar	r plan year 2015 or fi	scal plan year beginning	01/01/2015 and ending	12/31/20							
A This retu	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)										
		a one-participant plan	a foreign plan								
B This retur	rn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 me	onths)							
C Check b	ox if filing under:	X Form 5558	automatic extension DFVC program								
		special extension (enter descr	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name o	of plan D DEVELOPMEN'	r CORP. PROFIT SHARIN	IG PLAN	1b Three-digit plan number (PN) ▶	003						
				1c Effective date 01/01/20							
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)	2b Employer Ide (EIN) 20-4	ntification Number 878018						
	town, state or province RD DEVELOPME		tal code (if foreign, see instructions)	2c Sponsor's telephone number 631-471-7711							
646 MA	IN STREET			2d Business coo 541600	e (see instructions)						
SUITE	302										
PORT J	EFFERSON	NY 11777									
3a Plan administrator's name and address Same as Plan Sponsor.					's EIN 18						
WHITFOR	RD DEVELOPMEN	IT CORP.			's telephone number						
646 MA	IN STREET			631-471-	7711						
	EFFERSON	NY 11777	U. I. t.	4h FIN							
name,	EIN, and the plan no	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN							
a Sponse	The state of the s			 	2						
				1	2						
			() 5	. 5b	2						
C Numb compl	er of participants with ete this item)	account balances as of the end of	f the plan year (defined benefit plans do not	. 5c	2						
d(1) Tota	al number of active p	articipants at the beginning of the p	olan year		0						
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear	5d(2)	0						
than	100% vested		e plan year with accrued benefits that were less	5e	0						
Caution: A	penalty for the late	or incomplete filing of this return	rn/report will be assessed unless reasonable ca uctions, I declare that I have examined this return/re	nuse is established	nlicable a Schedule						
SB or Sche	aities of perjury and o edule MB completed true, correct and cor	and signed by an enrolled actuary,	as well as the electronic version of this return/repo	ort, and to the best of	my knowledge and						
SIGN	11119	(Ca)	8/26/16 Victor Irizar	rry							
HERE	2: 1		Date Enter name of individ	dual signing as plan	administrator						
	Signature of place	administrator	1	RIZARR							
SIGN	1104	(0)	1 (1) 1 1 1		oyer or plan sponsor						
		name if applicable) and address (Preparer's teleph							

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf 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 instructions.	n independe and condition ot use Form	ent qualified public ac ns.) n 5500-SF and must	counta instea	nt (IQF d use I	PA) Form	5500.	X Ye	s No		
Par					<u> </u>						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r	T		(b) End of Year			
	Total plan assets	7a			63!	5			629		
	Total plan liabilities	7b			(0		
	Net plan assets (subtract line 7b from line 7a)	7c			63!	5			629		
when the same of t	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total			
DOCUMENTS OF THE PARTY OF THE P	Contributions received or receivable from:										
	(1) Employers	8a(1)				0					
	(2) Participants	8a(2)				0					
	(3) Others (including rollovers)	8a(3)				0					
	Other income (loss)	8b			<u>- 1</u>	0					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-6		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0					
е	Certain deemed and/or corrective distributions (see instructions)	8e				0					
-	Administrative service providers (salaries, fees, commissions)	8f				0					
q	Other expenses	8g				0					
	h Total expenses (add lines 8d, 8e, 8f, and 8g)								0		
i	i Net income (loss) (subtract line 8h from line 8c)										
j	Transfers to (from) the plan (see instructions)	8i	0								
9a B	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.										
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amour	it		
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's New Program)	oluntary Fid	luciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X				60,00		
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	d, that was caused	10d		Х					
6	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		х					
f	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		Х					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		Х					
	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 required 01-3	notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j		X					
Par	t VI Pension Funding Compliance			SCHOOL STREET,							
11	Is this a defined benefit plan subject to minimum funding requirer	nents? (If "Y	es," see instructions	and co	mplete	Sche	dule SB	(Form	oo □ No		

5500) and line 11a below).....

12

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.

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

X Yes

No

11a

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	(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 granting the waiver	s, and e	enter the		e letter rul Year	ing	
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		WD 053340.000		
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				
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			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde 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 plant which assets or liabilities were transferred. (See instructions.)	ın(s) to	0				
1	3c(1) Name of plan(s):	13c(2) l	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information						
14a	Name of trust		14b T	14b Trust's EIN			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes		No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	er	ba ha	Design- based safe AD harbor tes method		/ACP	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current ye testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			Yes No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		itio rcentage st		rage efit test	
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Ye	S	No		
	Has the plan been timely amended for all required tax law changes?		Ye	5	No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Ent for tax law changes and codes).	er the a	applicab	le code	(See ir	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number					or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		the plar	n's last favo	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)	en ?	Yes		No	_	
19	Were in-service distributions made during the plan year?		Yes No				
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	not	Ye	S	No	N/A	