Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Annual Report Identification Information

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016					
■ A This return/report is for: A This return/report is for: ■ a multiple-employer plan (not multiemployer) list of participating employer information in a						· -				
		a one-participant plan	a foreign plan	, ,			,			
B This retu	urn/report is	the first return/report	the final return/repo	rt						
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extensio	n	DFVC p	rogram				
		special extension (enter desc	ription)		_					
Part II	Basic Plan In	formation—enter all requested in	formation							
1a Name JOSE F. NE	of plan BRES, MD 401(K) P	LAN			1b Thre plan (PN)	number	001			
					1c Effect	ctive date of 01/01	f plan 1/2012			
Mailing	g address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C			2b Empl (EIN)		fication Number 336729			
City or NEBRES/PA		nce, country, and ZIP or foreign post	tal code (if foreign, see ir	nstructions)	2c Spor	nsor's telep 518-273	hone number 3-3311			
					2d Busin	ness code (see instructions)			
15 FOX RUN LATHAM, N						6211	11			
3a Plan a	3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN					
		, _			3c Administrator's telephone number					
					Administrator's telephone number					
		the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
	or's name	<u> </u>			4c PN					
5a Total	number of participan	ts at the beginning of the plan year.			5a					
		ts at the end of the plan year			5b					
		h account balances as of the end of		•	5c					
d(1) Tot	al number of active p	participants at the beginning of the p	lan year		5d(1)					
		participants at the end of the plan ye			5d(2)					
		at terminated employment during the	. ,		5e					
Caution: A	A penalty for the lat	e or incomplete filing of this retur	n/report will be assess	ed unless reasonable ca						
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a mplete.								
SIGN		d/valid electronic signature.	01/12/2017	JOSE F. NEBRES						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing	as plan adr	ninistrator			
SIGN										
HERE		loyer/plan sponsor	Date	Enter name of individ						
Preparer's	name (including firm	name, if applicable) and address (in	nclude room or suite nun	nber)	Preparer's	s telephone	number			
1										

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b	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	an indepen	dent qualified public a	account	ant (IC	PA)			X Yes	
	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 cann								× Yes	No
	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	No	☐ Not dete	ermined
Par										
	Plan Assets and Liabilities		(a) Baginning	of Voor	. 1			/b\ End	of Voor	
	Total plan assets	7a	(a) Beginning	17387			((b) End	or rear ()
	Total plan liabilities	7b							C	
	Net plan assets (subtract line 7b from line 7a)	7c		17387	,				C)
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amour	•				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amour					(6) 1	otai	
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-841						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-841	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16496	,					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		50)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				16546				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-17387	,
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A $$ 2E $$ 2G $$ 2J $$ 3B $$ 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acteris	tic Cod	des in t	he instru	ctions:	
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 contributescribed 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 reported on line 10a.)			10b		X				
С	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	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 pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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 required	notice or one of the	10i						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling 	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ILI ,		n-based arbor	d [] "Prior y test	ear" ADP	
				"Curre	ent year est	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

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 section 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

2016

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information		actions to the Form 55	00-3r.					
For calendar plan year 2016 or	t Identification Information	· · · · · · · · · · · · · · · · · · ·		50/24/00					
o calondar plan year 2010 or		01/01/2016	and ending	12/31/20					
A This return/report is for:	x a single-employer plan	a multiple-employer a list of participating a foreign 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						
B This return/report is:	the first return/report	x the final return/repor	t						
	an amended return/report		urn/report (less than 12						
		a short plan year let	uni/report (less than 12)	montns)					
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram				
	special extension (enter desc	ription)			J				
Part II Basic Plan Inf	ormation enter all requested								
1a Name of plan	Officiation enter all requested	intormation		dh ==					
Jose F. Nebres, M	2 401 (k) Plan			1b Three-digit plan numb					
oose r. Nebles, m	, 401(k) Plan			(PN) ►	001				
				1c Effective d 01/01/2					
2a Plan sponsor's name (emp	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O Pavi		2b Employer i	dentification Number				
City or town, state or provi	nce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)	(EIN) 14	-1836729				
Nebres/Patel, LLP			,	2c Sponsor's (518) 2	telephone number 73-3311				
15 Fox Run				l .	code (see instructions)				
				621111					
US Latham NY 12110									
Ja Pian auministrators name	and address X Same as Plan Sp	onsor		3b Administrat	tor's EIN				
				3c Administrat	tor's telephone number				
4 If the name and/or FIN of t	ho also associated the second								
name. EIN. and the plan ni	he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Sponsor's name	most nom the fact retain, report			40 50					
	s at the beginning of the plan year			4c PN					
b Total number of participant	s at the end of the plan year	***************************************	***************************************	5a	2				
C Number of participants with	account balances as of the end of	the plan year (only define	d oontribution along	5b	0				
complete this item)		the plan year (only define	a contribution plans	5c	0				
	articipants at the beginning of the pla			5d(1)	2				
Number of participants that	articipants at the end of the plan yea terminated employment during the	nlon year with approach		5d(2)	0				
e less than 100% vested		pian year with accrued be	netits that were	5e	0				
Caution: A penalty for the late	e or incomplete filing of this retur		d						
SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I hav	e examined this return/re	eport, including, if a	ipplicable, a Schedule				
belief, it is true, correct, and cor	mplete.	Le 1.16 01001101710 V	croson or this retaininepo	it, and to the best t	of the knowledge and				
SIGN Lang F.	Admir	1/12/2017	Jose F. Nebres						
Personal Control of the Control of t	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·				
severe de	,	Date '	Enter name of individua	al signing as plan a	dministrator				
The second secon	ite	1/12/2017	Jose F. Nebres						
HERE Signature of employe		Date '	Enter name of individua	al signing as emplo	yer or plan sponsor				
Preparer's name (including firm	name, if applicable) and address (i	nclude room or suite numl	oer)	Preparer's telepho	one number				
Skip this question				Skip this que	estion				

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions)						₩ Voo	[]Na	
b	Are you claiming a waiver of the annual examination and report of a						••••••	••••••	X Yes	Пио	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	******	••••••	•••••	*******	*********	XYes	□No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fo	rm 5500-SF and must in	stead	d use	Form	5500.			_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA secti	on 40	21)?	*******	☐ Ye	s 🔲 No	☐ Not c	etermine	
P	rtill Financial Information										
<u>7</u>	Plan Assets and Liabilities		(a) Beginning o	of Yea	ar			(b) End o	f Year		
<u>a</u>	Total plan assets	7a		17,3	387	1			· · · · · · · · · · · · · · · · · · ·	0	
<u>b</u>	Total plan liabilities	7b								0	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		17,3	387			***		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) To	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)									
-	(2) Participants	8a(2)				17 E					
	(3) Others (including rollovers)	8a(3)				15000 15000					
b	Other income (loss)	8b		(84	171	200					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					and Section	destate (1949)	1634-1435-1435-1435-1435-1435-1435-1435-14	24184486	
d	Benefits paid (including direct rollovers and insurance premiums		Ender the day a rate even on the receipt of the receipt of	<u> </u>	(Alexandria)	u) Visit			<u>(c</u>	841)	
_	to provide benefits)	8d		16,4	96	13.3					
_	Certain deemed and/or corrective distributions (see instructions)	8e					V				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		50							
<u>g</u>	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4 0 1 0 1 0			•	546	
+	Net income (loss) (subtract line 8h from line 8c)	8i			24.534.6	E	. 1985*218398	an este en la comunicación de la c	(17,3	87)	
	Transfers to (from) the plan (see instructions)	8j				4,05			. 1.25		
	rt IV Plan Characteristics										
Ja	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2G 2J 3B 3D	eature cod	es from the List of Plan C	hara	cterist	ic Cod	les in ti	ne instruction	ons:		
h											
~	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the list of Plan Ch	aract	eristic	Code	s in the	instruction	ns:		
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	I _{NI}	Link				
а		tions within	the time period		res	NO	N/A	μ	mount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	duciary Correction								
	Program)		***************************************	10a		x					
b	The state and moneycontribution and party-in-inference	? (Do not i	nclude transactions							******	
	reported on line 10a.)		*******************************	10b		x	10 A				
$\frac{c}{d}$	Was the plan covered by a fidelity bond?			10c		х					
u	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x					
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	s by an insurance								
	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under	10e		x					
f	the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?					x					
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f 10g		x				<u></u>	
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR	109							
i	2520.101-3.)			10h		Х	Smith St.	१९५८मा (ब्राह्म १८८८) स	€28.50×128.00 ×100 €	regrej kan sanahan i	
,	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required -3	notice or one of the	10i							

	Form 5500-SF 2016 Page 3 -							
Par	ANVE Danie E II O II			······································				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	*************************	chedul	e SB	Yes	X No		
118	a Enter the unpaid minimum required contributions 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 the ERISA?	e Code or sec	tion 302	of	Yes	X No		
	(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, and enter the date of the letter ruling granting the waiver Month Day Year							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li							
<u>b</u>	Enter the minimum required contribution for this plan year	*************	12b					
<u> </u>	Enter the amount contributed by the employer to the plan for the plan year		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	12d						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes No N/A			
Par	VII Plan Terminanations 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 b control of the PBGC?	rought under th	r the X Yes No					
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to					
1:	3c(1) Name of plan(s):	13c(2) EI	N(s)		13c(3) P!	V(s)		
Dari	Truck left and in Oliveria							
Part VIII Trust Information - Skip These Questions								
14a Name of trust				14b Trust's EIN				
14c Name of trustee or custodian				rustee	or custodian's			

	telepnol	ie numbe	ır.				
Part IX IRS Compliance Questions - Skip These Questions							
15a Is the plan a 401(k) plan? If "No," skip b	Ye	es	N	lo			
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	_	esign-based fe harbor		Prior year	" ADP		
		urrent year" OP test	ı	N/A			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		atio rcentage [Average benefit] N/A		
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Ye	es	N	0			
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin the letter/ and serial number	ion lette	er or advisory l	etter, ente	er the date	e of		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter//							
Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separate service?	d from	☐ Yes	No	0			
19 Was any plan participant a 5% owner who had attained at least age 70 % during the prior plan year?	••••••	Yes	□ No	0			