Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

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 calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016				
		a single-employer plan		plan (not multiemployer)					
A This ret	urn/report is for:	a one-participant plan	list of participating a foreign plan	employer information in a	ccordance with the f	form instructions.)			
D		The first return/report							
B This retu	ırn/report is	the first return/report an amended return/report	the final return/repo	rτ turn/report (less than 12 m	nonths)				
C	and W. Cillian and a dam								
C Check to	oox if filing under:	Form 5558	automatic extensio	n	DFVC program				
Dort II	Pacia Plan Ind	special extension (enter description) special extension (enter description) special requested in	• /						
Part II 1a Name		enter all requested in	normation		1b Three-digit				
		PROFIT SHARING PLAN			plan number	. 003			
					1c Effective dat	e of plan 1/01/1995			
Mailing	address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.				entification Number 1-3238703			
City or GUIDA & SA		nce, country, and ZIP or foreign pos	tal code (if foreign, see ir	nstructions)	2c Sponsor's te	elephone number 422-3541			
					2d Business coo	de (see instructions)			
373 SUNRISI WEST BABY	E HIGHWAY LON, NY 11704				62	21111			
3a Plan ad	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrato	r's EIN			
		<u> </u>			_				
					3C Administrato	r's telephone number			
		the plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN				
a Sponso	•	number from the last return/report.			4c PN				
5a Total r	number of participan	ts at the beginning of the plan year			F -				
b Total r	number of participan	ts at the end of the plan year			5b	38			
		h account balances as of the end of	. , ,	•	5c	38			
•	,	participants at the beginning of the p			5d(1)				
		participants at the end of the plan ye			5d(2)	4			
		at terminated employment during th			5e	(
		e or incomplete filing of this retu			use is established	<u> </u>			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, molete.							
SIGN		d/valid electronic signature.	02/20/2017	LEONARD SAVINO					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN									
HERE		loyer/plan sponsor	Date	Enter name of individ	dual signing as empl	oyer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (include room or suite nun	nber)	Preparer's telepho	one number			
1					1				

Form 5500-SF 2016 Page **2**

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 									No No	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_			
c	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determin	ied	
Pa	rt III Financial Information		Ī								
7	Plan Assets and Liabilities		(a) Beginning (((b) End	l of Year		
	Total plan assets	7a	5	783570					5891035		
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	7c	5	783570	1		5891035				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		30000							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		146313							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							176313		
	Benefits paid (including direct rollovers and insurance premiums			68848							
	to provide benefits)	8d		00040							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0							
	Administrative service providers (salaries, fees, commissions)	8f		0							
<u>g</u>	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g							68848		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							107465		
$\frac{\cdot}{\mathbf{i}}$	Net income (loss) (subtract line 8h from line 8c)	8i	0								
_	, , , , , ,	8j									
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	ndes from the List of Pl	an Cha	racteri	stic Co	ndes in	the ins	tructions:		
<u> </u>	2E 2G 2J 3D	Toataro oc	des from the List of the	an Ona	ractori	one oc	oucs in	the ma	ti dottoris.		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in t	he instr	ructions:		
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary 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	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.)	ne or all of	the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?	<u></u>	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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	he require	d notice or one of the	10i							

Form 5	500	-SF	20	16
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Form 5500-SF 2016	Page 3- 1

Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C? s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e 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 minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	L N	I/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1) N	ame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information			4.41.				
14a	Name o	f trust			146	Trust's I	EIN		
14c	Name o	f trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		n-based narbor	j ["Prio test	r year" <i>F</i>	ADP
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting 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 tes	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ 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 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

2016

This Form is Open to Public Inspection

	t Identification Information				
For calendar plan year 2016 or		01/01/2016	апd ending	12/31/	/2016
A	X a single-employer plan	a multiple-employer pla		•	
A This return/report is for:	a one-participant plan	a foreign plan	nployer information in a	accordance with th	e form instructions.)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retun	n/report (less than 12 r	months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	m
Bowl Dools District	special extension (enter desc				
	ormation—enter all requested in	formation		41	
1a Name of plan	401(K) PROFIT SHARIN	ር ከነ አለ		1b Three-digi	
GOIDA & DAVINO, ELF	401(K) FROFII SHARIN	G PLAN		(PN) ▶	003
				1c Effective of	
				01/01/	
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			Identification Number
	ice, country, and ZIP or foreign posi		ructions)	 	1-3238703
GUIDA & SAVINO, LLP					telephone number 422-3541
					code (see instructions)
373 SUNRISE HIGHWAY				621111	
WEST BABYLON		NY	11704		
3a Plan administrator's name a	and address 🏿 Same as Plan Spo	nsor.		3b Administra	itor's EIN
				20 Administra	
				3C Administra	ator's telephone number
4 If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, EIN, and the plan no	umber from the last return/report.	•			
a Sponsor's name				4c PN	
	s at the beginning of the plan year.			. 5a 5b	50
	s at the end of the plan year a account balances as of the end of			' 	38
complete this item)	•••••	••••••		. <u>5c</u>	38
	articipants at the beginning of the p			. 5d(1)	35
	articipants at the end of the plan ye			. 5d(2)	4
e Number of participants that than 100% vested	t terminated employment during the	plan year with accrued be	nefits that were less	5e	C
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	ause is establish	ed.
Under penalties of perjury and of SB or Schedule MB completed;	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have as well as the electronic ver	examined this return/resion of this return/resi	eport, including, if	applicable, a Schedule
_ belief, it is true, correct, and con	pplete.	-	T		
SIGN PUND	1/m h		LEONARD SAVIN	40	<u></u> .
Signature of plan	administrator	Date 1211	Enter name of indivi	dual signing as pla	an administrator
SIGN		,			
	oyer/plan sponsor	Date	Enter name of indivi	dual signing as en	nployer or plan sponsor
Preparer's name (including firm	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's telep	
ĺ				1	

	Form 5500-SF 2016		Page 2							
b c	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If 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 in the plan is a defined Information	an indepe and cond tot use F	endent qualified public a litions.)orm 5500-SF and mus	ccount t instea	ant (IC	PA) Form	 5500.	🗓 Yes 🗌 No		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year		
a	Total plan assets	7a		783,	-			5,891,035		
b	Total plan liabilities	7b			0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	5,	783,	570			5,891,035		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		30,	000					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)		•	0		y iz			
b	Other income (loss)	8b		146,	313					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				176,3				
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		68,	848					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0	mayar. Salahiri				
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				68,84				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		widering.		107,46				
j	Transfers to (from) the plan (see instructions)	8j			0					
	f IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature c	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	ecteris	tic Cod	des in t	the instructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
a	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Da not	t include transactions	10b		Х				
C	Was the plan covered by a fidelity bond?			10c		Х				

10d

10e

10f

10g

10h

Χ

Χ

Х

Х

Х

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

by fraud or dishonesty?.....

Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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.....

	Form 5500-SF 2016	Page 3-	
art VI	Pension Funding Compliance		

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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 cor (Form 5500) and line 11a below)	mplete So	hedule S	В	Y	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 Cod ERISA?			f	Y	es 🛛 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		nd enter		of the lette Year	ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13				1 eai	
	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		tofa	12d			•
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
Part	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	• • • • • • • • • • • • • • • • • • • •		X Yes	5 N	כ
	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 control of the PBGC?		е		Yes X	No
С			s) to			
	13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
100000 100000 10000	VIII Trust Information		1			
14a	Name of trust		14b	Trust's E	EIN	
14c	Name of trustee or custodian		l l		s or custodi ne number	an's
Par	t IX IRS Compliance Questions		,			
15a	ls the plan a 401(k) plan? If "No," skip b	Yes	1		No	
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:	⊔ safe	ign-base harbor	L	"Prior ye test	ar" ADP
		☐ "Cui	rent year test	<u>" [</u>	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:	. Rat per tes	centage		verage enefit test	∏ 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?	Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	pinion lett	er or adv	isory leti	er, enter th	e date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enti- letter	er the dat	e of the n	nost rec	ent determi	nation
18	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 separservice?	ated from	Ye	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			s [No	