## **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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information							
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016 	and ending 12	2/31/2016				
A This ret	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>B</b> This retu	rn/report is	the first return/report	the final return/report	the final return/report					
		x an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
Dort II	Dania Dian Info	special extension (enter desc	• •						
Part II		ormation—enter all requested in	Tormation		1h Thurs dist	<u> </u>			
1a Name o S. W. ANDER		. PROFIT SHARING 401(K) PLAN			<b>1b</b> Three-digit plan number (PN) ▶	001			
					1c Effective date 01/	of plan 01/1977			
Mailing	address (include roc	oyer, if for a single-employer plan) ym, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		uctions)	2b Employer Iden (EIN) 11-	tification Number 1765142			
•	RSON SALES CORP		tai code (ii loreigii, see ilisti	uctions)	2c Sponsor's tele	phone number 93-4007			
63 DANIEL S FARMINGDA	TREET LE, NY 11735-1608				2d Business code (see instructions) 424990				
3a Plan ad	dministrator's name a	nd address 🏻 Same as Plan Spo	nsor.		<b>3b</b> Administrator's	s EIN			
4 If the n	ame and/or FIN of th	e plan sponsor has changed since	the last return/report filed fr	or this plan enter the	4b EIN	s telephone number			
	EIN, and the plan nu	mber from the last return/report.		or and plant, orner and	4c PN				
<b>5a</b> Total r	number of participants	s at the beginning of the plan year.			5a	89			
<b>b</b> Total r	number of participants	s at the end of the plan year			5b				
C Number		account balances as of the end of			5c	83			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	80			
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)				
than 1	100% vested	terminated employment during the			5e	2			
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary, aplete.	ctions, I declare that I have	examined this return/re	port, including, if app				
SIGN HERE	Filed with authorized	/valid electronic signature.	03/06/2017	MICHAEL ANDERSON	N				
	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator			
SIGN HERE									
Preparer's I MUHAMMAI MILLENIUM 664 ROOSE	Signature of emploname (including firm to P. SOOMRO, QPA PENSION SOLUTION VELT AVENUE AY, NJ 08854-4919	name, if applicable) and address (i , ERPA	Date nclude room or suite numbe	Enter name of individer)	Preparer's telephor				

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	account	ant (IC	PA)				′es
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not c	letermined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a	7	117329	ı				84208	362
b	Total plan liabilities	7b		0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	7	117329					84208	362
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) 1	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		344249						
	(2) Participants	8a(2)		286538						
	(3) Others (including rollovers)	8a(3)		113344						
b	Other income (loss)	8b		655301						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13994	132
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		95899						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								399
	Net income (loss) (subtract line 8h from line 8c)	8i							1303	533
j	Transfers to (from) the plan (see instructions)	8j	0							
Par	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
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 V Program)	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					500000
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	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X					26896
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						

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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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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 l tive 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
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:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<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	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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, er	nter the	date	of the m	nost rec	ent determ	ination
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	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## 5500-SF Electronic Filing Authorization

Plan Name: S. W. Anderson Sales Corp. Profit Sharing 401(k) Plan

EIN/PN: 11-1765142/001

Plan Year: 01/01/2016 - 12/31/2016

I hereby authorize Muhammad P. Soomro of Millenium Pension Solutions, LLC, to electronically file the above return with the United States Department of Labor's Electronic Filing Acceptance System (EFAST).

I have reviewed and signed Form 5500-SF for this return and hereby authorize Muhammad P. Soomro, to sign his name and credentials, on my behalf for the electronic filing to be posted by the United States Department of Labor on their internet site for public disclosure.

Plan Administrator

Michael Anderson

3/06/2017 (Date) Plan Sponsor

Michael Anderson

3/06/2017 (Date)

## 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).

OMB Nos, 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Pension Be	nefit Guaranty Corporation	▶ Complete all entries in	accordance with the inst	ructions to the Form 55	500-SF.		
Part I	Annual Report	Identification Information	1				
For calenda	ar plan year 2016 or f	scal plan year beginning	01/01/2016	and ending		1/2016	
A This ret	urn/report is for:		☐ a multiple-employer p list of participating er	lan (not multiemployer) (l mployer information in ac	Filers checking cordance with	this box must the form inst	st attach a ructions.)
		a one-participant plan	a foreign plan				
B This relu	ırn/report is	the first return/report  an amended return/report	the final return/report	rn/report (less than 12 m	onths)		
		an amended return/report		mineport (less than 12 m	_		
C Check t	oox if filing under:	Form 5558 special extension (enter designation)	automatic extension cription)		DFVC prog	ıram	
Part II	Basic Plan Info	ormation—enter all requested i	nformation				
1a Name					1b Three-d		
		Corp. Profit Sharir	ıg		plan nui		001
401(k)	Plan				(PN)	e date of plan	
						1/1977	
		oyer, if for a single-employer plan)			' '	er Identification	
Mailing City or	g address (include roc town, state or proving	om, apt., suite no. and street, or P. ce, country, and ZIP or foreign po	O. Box) stal code (if foreign, see ins	tructions)		11-17651 or's telephone	
-	nderson Sales					) 293 <b>-</b> 40	
					2d Busines	ss code (see i	nstructions)
63 Dani	el Street				42499	90	
Farming			N	11735-1608			
3a Plan a	dministrator's name a	nd address 🛭 Same as Plan Sp	onsor,		3b Adminis	strator's EIN	
4 If the r	name and/or FIN of th	e plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN		
name	, EIN, and the plan nu	imber from the last return/report.	,	,	4c PN		
	or's name	and the beginning of the plan year		# 14 CTRC - CARTES COOK 1005 DAAY OV.	5a		89
		s at the beginning of the plan year			5b		83
		s at the end of the plan year account balances as of the end c			5c		0.3
					5d(1)		83
		articipants at the beginning of the			5d(1) 5d(2)		80
d(2) Tot	al number of active p	articipan <b>ts</b> at the end of the plan y t terminat <mark>e</mark> d employment during th	ear	onefits that were less			
than	100% vested			**************	5e		2
Caution: A	penalty for the late	or incomplete filing of this retu ther penalties set forth in the instr	rn/report will be assessed	d unless reasonable ca	use is establi	shed.	a Schedule
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled actuary	as well as the electronic ve	ersion of this return/repor	rt, and to the b	est of my kno	wledge and
SIGN	Mm/ L	1	3/6/17	Michael Ander	son		
HERE	Signature of plan	admjnistrator	Date	Enter name of individ	lual signing <b>as</b>	plan adminis	trator
SIGN	1aml		3/6/17	Michael Ander	son		
HERE	Signature of empl		Date	Enter name of individ			
		name, if applicable) and address	(include room or suite numb	per)	(732) 23	elephone nun	nber
	d P. Soomro, um Pension So	QPA, ERPA Slutions, LLC			11321 23	,5 0407	
	sevelt Avenue						
Piscata	wav		N	J 08854-4919			

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6a 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and conditio	lent qualified public ad ns.)	ccount	ant (IQ	PA)		_	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Forr	n 5500-SF and must	instea	d use	Form	5500.		ot determined
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	Cuon 4	021)?.		165	] 140   14	- determined
Pa	rt III Financial Information					-		i Fund of Vo	
7	Plan Assets and Liabilities		(a) Beginning o		220		(b)	End of Ye	8,420,862
_	Total plan assets	7a	1,.	117,3	0		_		0,420,002
	Total plan liabilities	7b		100	200				8,420,862
C	Net plan assets (subtract line 7b from line 7a)	7c		117,3	329			1/22-5 (240)02/04/	0,420,002
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_	_		(b) Total	
a	Contributions received or receivable from:	8a(1)		344,2	249				
	(1) Employers	8a(2)		286,	_				
-	(2) Participants			113,					
	(3) Others (including rollovers).	8a(3)		655,					
	Other income (loss)	8b		055,	701				1,399,432
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	_			1,333,432
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		95,	899				
_	Certain deemed and/or corrective distributions (see instructions)	8e			0				
- f	Administrative service providers (salaries, fees, commissions)	8f			0				
29		8g			0				
g		8h							95,89
	Total expenses (add lines 8d, 8e, 8f, and 8g)				=				1,303,53
<del>_</del>	Net income (loss) (subtract line 8h from line 8c)	. 8i							1/303/03
J	Transfers to (from) the plan (see instructions)	8j			0	-	_		
Pa	rt IV Plan Characteristics			Cha	otori	atio C	odos in t	the instruction	one.
9a		i teature cod	les from the List of Pi	an Cha	racteri	Suc C	oues III i	ine instruction	J113.
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Char	acterist	tic Co	des in th	e instruction	ns:
Pa	rt V Compliance Questions				,				
10	During the plan year:				Yes	No	N/A	Aı	mount
	Was there a failure to transmit to the plan any participant contribu	utions within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's \			10a		Х			
_	Program)  Were there any nonexempt transactions with any party-in-interes			100					
	reported on line 10a.)			10b		X			
-	Was the plan covered by a fidelity bond?			10c	Х				500,00
	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 ot	her persons	by an insurance						
	carrier, insurance service, or other organization that provides sor	ne or all of t	he benefits under	10e		X			
_	the plan? (See instructions.)								
	f Has the plan failed to provide any benefit when due under the pla			10f	-	X			0.5.00
	g Did the plan have any participant loans? (If "Yes," enter amount a			10g	X				26,89
	h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10h		X			
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided to				-	_	1		

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Part \					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)		B 	Yes	No 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 Code or sect ERISA?	on 302 of		Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter t Day	he date	of the letter rul Year	ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
bı	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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	∐ No ∐	N/A
Part \	/II Plan Terminations and Transfers of Assets		Total Control	P=3	
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	No 🛛 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred, (See instructions.)	(s) to			
1	3c(1) Name of plan(s):	2) EIN(s)		13c(3) PI	V(s)
			1		
Part		14h	Trust's E	=IN	
14a i	lame of trust	140			
14c	Name of trustee or custodian	14d		s or custodian' ne number	S
Part	IX IRS Compliance Questions				
	Is the plan a 401(k) plan? If "No," skip b	s		□ No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	sign-base e harbor	l	"Prior year" test	ADP
	LI AD	rrent yea P test	r" [	N/A	
	year? Check all that apply:	itio rcentage st		verage enefit test	] N/A
	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?			□ No	-1
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion le				
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the da letter	te of the	nost rec	cent determinat	1011
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 separated fror service?	n		No No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Y	es	No	