For	rm 5500-SF	Short Form Annua	al Return/Repo Benefit Plan	•	oyee	С	MB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed			etirement		2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the			orm is Open to c Inspection
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 5	500-SF.		
For calenda	ar plan year 2016 or fisca	Ientification Information al plan year beginning 01/01/20	016	and ending 12	2/31/2016		
A This ref	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in ac		-	
B This retu	urn/report is	the first return/report an amended return/report	X the final return/repor ☐ a short plan year ret	t urn/report (less than 12 m	ionths)		
C Check	box if filing under:] Form 5558] special extension (enter descri	automatic extension	1	DFVC p	rogram	
Part II	Basic Plan Inform	nation—enter all requested info	1 ,				
1a Name ZLOKOWER	of plan COMPANY PROFIT SH	HARING PLAN			(PN) 1c Effect	number tive date of 01/01	/2005
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)	13-33	ication Number 50614
ZLOKOWER	COMPANY				2C Spor	1sor's telept 212-447	none number -9292
575 EIGHTH 11TH FLOOF NEW YORK,	२				2d Busir	ness code (5419	see instructions) 90
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	ISOF.			nistrator's E nistrator's t	IN elephone number
		olan sponsor has changed since t per from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN		
	or's name				4c PN		
_		the beginning of the plan year			5a 5b		3
C Numb	er of participants with ac	the end of the plan year count balances as of the end of t	the plan year (only define	ed contribution plans	50 5c		C
	,	cipants at the beginning of the pla			5d(1)		3
		cipants at the end of the plan yea			5d(2)		C
than	100% vested	rminated employment during the	•		5e		C
		incomplete filing of this return r penalties set forth in the instruct					abla a Schadula
SB or Sche		signed by an enrolled actuary, a					
SIGN	Filed with authorized/va	lid electronic signature.	02/27/2017	HARRY ZLOKOWER			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator
SIGN HERE							
	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (in	Date clude room or suite num	Enter name of individ ber)		as employe s telephone	
		see the Instructions for Form 5500					orm 5500-SE (2016)

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6a b	 b 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 											
<u>с</u>	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)	? Yes No Not determined								
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
а	Total plan assets	7a	181972	0								
b	Total plan liabilities	7b		0								
С	Net plan assets (subtract line 7b from line 7a)	7c	181972	0								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	Contributions received or receivable from: (1) Employers	8a(1)	0									
	(2) Participants	8a(2)	0									
	(3) Others (including rollovers)	8a(3)	0									

u	to provide benefits)	8d	188408	
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	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		188408
i	Net income (loss) (subtract line 8h from line 8c)	8i		-181972
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt IV Plan Characteristics			

8b

8c

9a	If the	plan	provide	s pension	benefits,	enter the a	pplicable p	ension featur	e codes fror	n the List of P	lan Characte	ristic Codes i	in the instr	uctions:
	2A	2E	3D											

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

d

b Other income (loss).....

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....

Benefits paid (including direct rollovers and insurance premiums

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					·· 🖵	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
b	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 least of the matter 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 Ye	s N	lo
	lf "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 broug rol of the PBGC?					X Yes	No
C		uring 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 p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's I	EIN	
14c	Name	e of trustee or custodian					s or custod	lian's
					I	leiepho	ne number	
Par	LIV	IRS Compliance Questions						
rai							Π	
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP
				"Curre ADP t	ent year' est	13	N/A	
16a		t 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
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	date (of the m	ost rec	ent determi	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 ce?		rom	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

		Detune/Deneut of	E Concili Empli			OMB Nos. 1210-0110			
Form 5500-SF	Short Form Annua	Benefit Plan	rəmanı Empic	iyee	100	1210-0089			
Internal Revenue Service	This form is required to t	be filed under sections 104 ar	d 4065 of the Emplo	yee	2016				
Department of Labor Employee Benefits Security Administration	6 L	Act of 1974 (ERISA), and se Internal Revenue Code (the C	ction 6057(b) and 60 Code).						
Pension Benelit Guaranty Corporation	Complete all entries in a		ilons to the Form 5	500-SF.	, <u></u>	spection			
Part I Annual Report For calendar plan year 2016 or file	Identification Information	<u>1</u> 01/01/2016	and ending	12/3	1/2016	****			
For calendar plan year 2010 of in	x a single-employer plan	a multiple-employer pla	an (not multiemploye	r) (Filers chec	king this bo	x must attach			
A This return/report is for:	a one-participant plan	a list of participating er	nployer information li	1 accordance	with the for	m Instructions.)			
B This return/report is:	the first return/report	x the final return/report							
	an amended return/report	a short plan year return	n/report (less than 12	months)					
C Check box if filing under:	Form 5558	automatic extension		ם	FVC progra	ım			
	special extension (enter des	cription)				- 2014 A 1994 Sec 2014			
	ormation enter all requester	d information		44	18 41	I			
1a Name of plan	Sit Shawiya Dlas				n number				
Zlokower Company P	rorit Snaring Fian			(PN 1c Effe) ► octive date c	002 If plan			
<u></u>	1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 -			01/	/01/2005	····			
Mailing Address (include ro	oyer, if for a single-employer plan om, apt., sulte no. and street, or F ce, country, and ZIP or foreign po	O. Box)	ructions)		ployer Ident √) 13−33	ification Number 50614			
Zlokowar Company			,		onsor's telep L2) 447-	hone number 9292			
				}		(see instructions)			
575 Eighth Avenue 11th floor				541	1990				
3a Plan administrator's name a	and address X Same as Plan S	ponsor		3b Adn	ninistrator's	EIN			
						• • J			
				3C Adr	ninistrator's	telephone number			
4 If the name and/or EIN of th	ne plan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b EIN					
name, EIN, and the plan nu	mber from the last return/report.	·		ajing bertegi proposition (destription)		\$65\$6\$\$6555\$\$6756\$\$666\$\$5\$\$			
a Sponsor's name	s at the beginning of the plan year	•		4c PN 5a		3			
b Total number of participants	s at the end of the plan year		****	and the second s		0			
	account balances as of the end o			. 5c		o			
1 /	nticipants at the beginning of the p			" 5d(1)		3			
	inticipants at the end of the plan ye			5d(2)		0			
	terminated employment during th			. 5e		0			
Mar 1, 2 1, 11 1,	a or incomplete filing of this ret				ablished.				
Under negatives of periupy and (other penalties set forth in the inst	ructions. I declare that I have	examined this return	/report, inclu	ding, if appl	icable, a Schedule			
SB or Schedule MB completed bellef, it is true, correct, and con	and signed by an enrolled actuary	, as well as the electronic ve	rsion of this return/re	port, and to th	he best of n	ly knowledge and			
	MAG	12107/18-1	- ARR	1 210	रजाहरि				
HERE Signature of plan and	ministrator	Date	Enter name of indivi		ns plan adm	inistrator			
sign 74	nhan		<u> </u>		*****				
HERE Signature of employe		Date ANTIN	Enter name of indivi		as employei 's telephone				
Preparer's name (including firm Skip this question	name, if applicable) and address	(include room or solle numb	er)		his quest				
For Paperwork Reduction Act	t Notice, see the instructions fo	r Form 5500-SF,	ubek kalifi ka kalifi an di buruna (dikani di inc	anadamaa a siittiitii	F	orm 5500-SF (2016) v.160205			

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	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		****	····	*****		X Yes	No
	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	n independ nd conditic	dent qualified public a	*********	++++	********		****	XYes	No
-	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins									etermined
r:		surance pr		3011011 402			1.09			
Pa	art III Financial Information	r 	() D sheets	()(1			4 V	
7	Plan Assets and Liabilities	unanaisintination	(a) Beginnin	el				(b) End o	n rear	
a	Total plan assets	7a		181,9	72					0
b	Total plan liabilities	7b				-	Hoteleters of the			0
c	Net plan assets (subtract line 7b from line 7a)	7c		181,9	72			<i></i>		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		-		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)			0					
·	(2) Participants	8a(2)		*****	0				n an	
*********	(3) Others (including rollovers)	8a(3)	en ann an that ann ann ann ann ann an tallachadh		0					
b	Other income (loss)	8b	and the second	6,4	36	1				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· ·			-		ing a strike second of the	6	,436
ď	Benefits paid (including direct rollovers and insurance premiums		****			-				
	to provide benefits)	Bd		188,4	······					
e	Certain deemed and/or corrective distributions (see instructions)	6e			0		 			
f	Administrative service providers (salaries, fees, commissions)	8f	******		0				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
<u>g</u>	Other expenses	8g			0				Lissaaniineen	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			•	<u>.</u>	~~~~			,408
i	Net income (loss) (subtract line 8h from line 8c)	81	******				***		(181,	972)
j	Transfers to (from) the plan (see instructions)	8j			0					19
P	Irt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 3D	eature cod	es from the List of Pla	an Charao	teristi	c Coc	tes in tr	ne instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	uture code	s from the List of Plar	1 Charaoto	əristic	Code	es in the	e instructio	ns:	
Pa	art V Compliance Questions						······································			
10	During the plan year:				Yes	No	N/A		Amount	1,,
8										
	described in 29 CFR 2510.9-102? (See instructions and DOL's Vo	oluntary Fic	duciary Correction							
	Program)					X				
Ŀ,	Were there any nonexempt transactions with any party-in-interest			10b		x				
	reported on line 10a.)				X		ىرىيىلىرىكىيە». ئىرىيىلىرىكىيە		1	30,000
							-			
	by fraud or dishonesly?	****	***************************************	<u>10</u> d		. x	*		ang ang mang mang mang mang mang mang ma	
e	 Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides som the plan? (See instructions.) 	e or all of	the benefits under	10e		x			449644-949559-9455-94	
f	Has the plan failed to provide any benefit when due under the plan	n?	12244+414+441+444+4+4 889758814944+94+4	10f		x				
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and.)	10g		x				
ŀ	I if this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x				
1	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice appiled under 29 CFR 2520.101	te required	t notice or one of the							

Second State Stat

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Form 5500-SF 2016 Page 3 -	· 1					
Part VI Pension Funding Compliance					****	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction: (Form 5500 and line 1 to below).					C Yes	K No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line		******	11a	[·····	······
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of ERISA?						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, s						er ruling
granting the waiver			Da	аў <u>, , , , , , , , , , , , , , , , , , ,</u>	Year	
b Enter the minimum required contribution for this plan year		*****	12b			NCCMNU / ZCMC / QT I QD QC C L Q Q Q Y I QD QC
C Enter the amount contributed by the employer to the plan for the plan year	and the second	******	12c		-hillin ildihin	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign	*****				****	
negative amount) and an and			12d			
e 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			··········		eranas concentration as fill f.	
13a Has a resolution to terminate the plan been adopted in any plan year?	*******	*****	[X Yes	[] N	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		u Hahanira (a Haida lert	13a	winti darakat biran		(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, o control of the PBGC?	-			X	Yes 🗌	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.).				1		
13c(1) Name of plan(s):	1	3c(2) [EIN(s)		13c(3)	PN(s)
•						
Part VIII Trust Information - Skip These Questions						
14a Name of trust	·····		14b	Trust's E	EIN	
						-
14c Name of trustee or custodian					or custodiar le number	'S
Part IX IRS Compliance Questions - Skip These Questions	dtV, ali divela	<u></u>	[
15a is the plan a 401(k) plan? If "No," skip b.	******		/es		No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	·····	[Design-b	ased	"Pri	or year" ADP
401(k)(3) for the plan year? Check all that apply:	***	,	afe hart		test	
			Current		N//	4
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the year? Check all that apply:	•	🗆 p	Ratio percenta ost	ge 🗔	Average benefit tes	at 🛄 N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401 for the plan year by combining this plan with any other plan under the permissive aggregation rule			/es		No No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorab the letter/	ble IRS op	inion le	itler or a	dvisory (etter, enter i	the date of
17b If the plan is an individually-designed plan that received a favorable determination letter from the letter	IRS, ente	r the de	ate of the	e most re	ecent detern	nination
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 n service?	,] Yes	□ No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan ye		*****	1 - I] Yes	[] No	

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