Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

· oneion ben	efit Guaranty Corporation	▶ Complete all entries in	accordance with the in	structions to the Form 5	500-SF.	
Part I		t Identification Information				
For calenda	plan year 2016 or	fiscal plan year beginning 01/01/	201 <u>6</u>	and ending 09	9/30/2016	
A This retu	rn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac		
	·	a one-participant plan	a foreign plan			
B This retur	n/report is	the first return/report	the final return/report			
C Chack h	ox if filing under:	an amended return/report		urn/report (less than 12 m	_	
• Oncor bi	ox ii iiiiiig dilaci.	Form 5558 special extension (enter desc	automatic extension cription)	1	DFVC prograr	n
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name o JORDAN & H	f plan	ROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	
					1c Effective da	ate of plan 01/01/2011
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.			' '	dentification Number 13-2982184
	own, state or provir AMBURG, L.L.P.	nce, country, and ZIP or foreign pos	stal code (if foreign, see in	structions)		telephone number 2-986-2340
400 FAST 40N	ID CTDEET				2d Business c	ode (see instructions)
122 EAST 42N NEW YORK, N						541110
3a Plan ad	ministrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administrat	tor's EIN
A litaba na	on a sod/or FIN of A		shalant vatura (romant fila	d fan this plan antan the	Ab cou	
	EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report file	a for this plan, enter the	4b EIN	
		to at the best and a set the after a second			5a	3
		ts at the beginning of the plan year			+	
		ts at the end of the plan year			5b	
		h account balances as of the end o			5c	0
d(1) Tota	number of active p	participants at the beginning of the p	olan year		5d(1)	0
d(2) Tota	number of active p	participants at the end of the plan ye	ear		5d(2)	0
e Number	er of participants that 00% vested	at terminated employment during th	e plan year with accrued	benefits that were less	5e	C
Caution: A	penalty for the late	e or incomplete filing of this retu	rn/report will be assesse	ed unless reasonable car		
SB or Sched		other penalties set forth in the instruand signed by an enrolled actuary, mplete.				
SIGN HERE	Filed with authorize	d/valid electronic signature.	04/21/2017	CHARLES B. HAMBU	RG	
	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN HERE			_			
		loyer/plan sponsor	Date			ployer or plan sponsor
Preparer's n	ame (including firm	name, if applicable) and address (include room or suite num	iber)	Preparer's telep	none 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		'						X Ye	s No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	ions.)		·····				X Ye	s No
_	If you answered "No" to either line 6a or line 6b, the plan cann					_	_	_	Пына	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ INO	☐ Not de	termined
_ <u>Pa</u>	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning (of Year 35467				(b) End	of Year	0
_ <u>a</u>	Total plan assets	7a 7b		00407						0
	Net plan assets (subtract line 7b from line 7a)	7b 7c		35467	,					0
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun					(b) T	otal	
a	Contributions received or receivable from:		(a) Amoun	ı				(b) T	Otai	
	(1) Employers	8a(1)		C						
	(2) Participants	8a(2)		0)					
	(3) Others (including rollovers)	8a(3)		C						
b	Other income (loss)	8b		7218	3					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							72′	18
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		42685	;					
е	Certain deemed and/or corrective distributions (see instructions).	8e		C						
f	Administrative service providers (salaries, fees, commissions)	8f		C)					
g	Other expenses	8g		C)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				42685				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-35467				67
j	Transfers to (from) the plan (see instructions)	8j		C)					
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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				
C	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?		10f		X				
g		-	•	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 to 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			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	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		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 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [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					s or custo ne numbe	
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:	- LL ;		n-based narbor	d [Test	year" ADP
			- □ '	"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
16b		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 n	nost rec	ent detern	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

F	Part I Annual Repor	t Identification Information						
Fo	r calendar plan year 2016 or f	iscal plan year beginning		01/01/2016	and ending	C	9/30/2016	
A	This return/report is for:	a single-employer plan a one-participant plan		a multiple-employer a list of participating a foreign plan				
В	This return/report is:	the first return/report	x	the final return/report				
		an amended return/report	x	a short plan year retu		12 months	5)	
С	Check box if filing under:	Form 5558 special extension (enter descr	intic	automatic extension			DFVC progra	am
-								
		ormation enter all requested	info	mation		4 la	Th	
Та	Name of plan Jordan & Hamburg,	L.L.P. Profit Sharing P.	lan	i.		110	Three-digit plan number (PN) ▶	003
						1c	Effective date of 01/01/2011	of plan
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.0	O. B	ox)	() () () () () () () () () () () () () (2b	Employer Identi	
	Jordan & Hamburg,	nce, country, and ZIP or foreign posi L.L.P.	tai c	ode (ir foreign, see ins	structions)	2c	Sponsor's telep	
	122 East 42nd Stre	net				2d	Business code 541110	(see instructions)
	US New York NY 10168	75						
						Зс	Administrator's	telephone number
4		he plan sponsor has changed since umber from the last return/report.	the	last return/report filed	for this plan, enter	he 4b	EIN	
a	Sponsor's name					4c	PN	
5a	Total number of participant	s at the beginning of the plan year						3
b		s at the end of the plan year				5	b	0
С	complete this item)	account balances as of the end of	•••••			5	С	0
d	(1) Total number of active pa	articipants at the beginning of the pla	an y	ear		5d	(1)	0
d		articipants at the end of the plan yea				5d	(2)	0
е	1 (1 4000/ 1 1	terminated employment during the				5	ie	0
Ca	aution: A penalty for the late	e or incomplete filing of this retur	n/re	port will be assesse	d unless reasonab	le cause is	s established.	
SE		other penalties set forth in the instru and signed by an enrolled actuary, mplete.						
93	IGN Chall	18065-71		10/	Colorer	3-1-B	uz	
Н	Signature of plan ad	ministrator Brien Tambe	Cid	Date // 1/17	Enter name of ind	ividual sigr	ning as plan admi	nistrator
0.00	IERE Signature of employe	er/nlan enoneor		Date	Enter name of ind	ividual sinn	ing as employer	or plan sponsor
	organization or our proof.	name, if applicable) and address (i	nclu				parer's telephone	
	kip this question	, ,, ,		A	,		ip this questi	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions)				*************	22225	X Yes	□No
b	Are you claiming a waiver of the annual examination and report of a		The same of the sa						11 . 00	
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	-	1.51 A		1.5				X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins	tead	use l	Form	5500.			
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sectio	n 40	21)?	[Yes	☐ No ☐	Not de	etermined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r		(1	b) End of	Year	
а	Total plan assets	. 7a	3	35,4	67					0
b	Total plan liabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	3	15,4	67					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tot	al	
a	Contributions received or receivable from:				_				0.00	111
_	(1) Employers	8a(1)			0					13
	(2) Participants	8a(2)			0	1111				
<u>_</u>	(3) Others (including rollovers)	8a(3)			0					4
<u>b</u>	Other income (loss)	8b		7,2	18	7				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-F. 1 (F.		7,	218
u	to provide benefits)	8d	4	2,6	85					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			9 P	M. M.	
f	Administrative service providers (salaries, fees, commissions)	8f			0		11.88			
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							42,	685
i	Net income (loss) (subtract line 8h from line 8c)	8i							(35,4	67)
j_	Transfers to (from) the plan (see instructions)	8j			0				1	
Pa	nt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Cl	harac	cteristi	ic Cod	es in the	instruction	ns:	
	2E 2G 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aract	eristic	Code	s in the i	nstructions	S:	
Pa	nrt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Ar	nount	T.
a		tions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction							
	Program)			10a		х	10.00			
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 f by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	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 er	nd.)	10g		x				
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)			10h		х				
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			10i						

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Par	t VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at 5500 and line 11a below)				☐ Ye	s X	No
		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				☐ Ye	s X	No
a		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) iver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions	and ente	er the date	of the le	tter rul	ina
_		g the waiver		Da		_Year_		
If	you com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.	T				
b	Enter t	he minimum required contribution for this plan year		12b				
	Enter t	he amount contributed by the employer to the plan for the plan year		12c				
d	74	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to re amount)		12d	,			
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌	No [] N/	4
Par	t VII	Plan Terminations and Transfers of Assets						
13a	a Has a	resolution to terminate the plan been adopted in any plan year?		[2	K Yes		No.	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year		13a				0
b		Ill the plan assets distributed to participants or beneficiaries, transferred to another plan, or brof the PBGC?			X Y	es 🗀] No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideassets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to				
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
Par	t VIII	Trust Information - Skip These Questions						
	t VIII Name			14b	Trust's EIN			
148	Name o			14d	Trust's EIN Trustee or telephone	custodia	an's	
148	Name	of trust		14d	Trustee or	custodia	an's	
14a	Name of	of trust of trustee or custodian		14d	Trustee or	custodia		
14a	Name of Name o	of trust of trustee or custodian IRS Compliance Questions - Skip These Questions		14d	Trustee or telephone of ased or year"	custodia number	rior yea	ar" ADP
14a 14a Par 15a 15b	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-b:safe harb	Trustee or telephone is assed or year"	custodianumber No "Pr	rior yea	ar" ADP
14a 14a 15a 15a 16a	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan	in	Yes Design-basefe harb "Current yange ADP test Ratio percentage	Trustee or telephone is assed or year"	custodianumber No "Pr tes No	rior yea	
14a 14a 15a 15a 16a	Name of Name o	IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Joseph Scheck all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Jan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I	n	Yes Design-base harb "Current y ADP test Ratio percentagetest Yes	Trustee or telephone is assed or year"	custodianumber No "Pr tes No Average	rior yeast	□ N/A
14a 14a 14a 15a 15a 16a 16a 17a	Name of Name o	IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) for the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules?	4)	Yes Design-besafe harb "Current yangementage Ratio percentage test Yes etter or acceptage	Trustee or telephone of assed or year"	custodianumber No "Pr tes No Average penefit te	rior yea	N/A
14a 14a 14a 15a 15a 16a 16a 17a	Name of Name o	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: Plan satisfy the coverage and nondiscrimination requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules? Ian is a master and prototype plan (M&P) or volume submitter plan that received a favorable lar / / and serial number Ian is an individually-designed plan that received a favorable determination letter from the IRS	4)	Yes Design-besafe harb "Current yangementage Ratio percentage test Yes etter or according to the	Trustee or telephone of assed or year"	custodianumber No "Pr tes No Average penefit te	rior yeast //A est the da	N/A