For	rm 5500-SF	Short Form Annu	OMB Nos. 121				
	rtment of the Treasury mal Revenue Service	This form is required to be file	d 4065 of the Employee R	etirement	2016		
Employee B	epartment of Labor enefits Security Administration	057(b) and 6058(a) of the de).		This Form is Open to Public Inspection			
Pension Be		Complete all entries in a Internation Information	accordance with the ins	structions to the Form 5	500-SF.		
	ar plan year 2016 or fisc		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		king this box must attach a ith the form instructions.)	
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extensior	1	DFVC p	rogram	
Part II	Basic Plan Inform	<b>nation</b> —enter all requested inf	. ,				
<b>1a</b> Name GANDHI EN	of plan GINEERING, INC. 401K	PLAN			(PN)	number	
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)		
	GINEERING, INC.	·····,, ······························		,	2c Spor	nsor's telephone number 212-349-2900	
111 JOHN S NEW YORK,	TREET 3RD FLOOR NY 10038				2d Busir	ness code (see instructions) 541330	
<b>3a</b> Plan a	dministrator's name and	address 🛛 Same as Plan Spor	isor.			nistrator's EIN nistrator's telephone number	
		blan sponsor has changed since to be from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN		
	or's name				4C PN		
		t the beginning of the plan year			5a 5b	5	
C Numb	er of participants with ac	t the end of the plan year	the plan year (only define	ed contribution plans	50 50		
	,	cipants at the beginning of the pla			5d(1)	3	
• • •	•	cipants at the end of the plan yea			5d(2)		
e Numb	per of participants that te	rminated employment during the	plan year with accrued I	penefits that were less	5e		
		incomplete filing of this return					
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.					
SIGN	Filed with authorized/va	lid electronic signature.	05/12/2017	KIRTI GANDHI			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator	
SIGN HERE							
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (in	Date clude room or suite num			as employer or plan sponsor s telephone number	
		see the Instructions for Form 5500				Form 5500.SE (2016)	

-	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 a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in <b>rt III Financial Information</b>	an indeper and conditi ot use Fo	ndent qualified public accountant (IQF ions.) rm 5500-SF and must instead use I	PA) Xes No Form 5500.
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4359879	4660165
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	4359879	4660165
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	31926	
	(2) Participants	8a(2)	136561	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	357210	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		525697
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	219929	

to provide benefits)	8d	219929	
e Certain deemed and/or corrective distributions (see instructions).	8e	775	
f Administrative service providers (salaries, fees, commissions)	8f	4707	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		225411
i Net income (loss) (subtract line 8h from line 8c)	8i		300286
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics		•	
<b>9a</b> If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Characte	ristic Codes in the instructions:

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 9a

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

## 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
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			500000
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			56021
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 co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	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					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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 le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		verage enefit test	N/	A
16b		ne 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		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [	No		

Form	5500-SF	Short Form Annu	al Return/Report	of Small Emplo	оуее	OMB Nos. 1210-01 1210-00			
	t of the Treasury evenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 40	)65 of the Employee R	etirement	2016			
	nent of Labor s Security Administration	the Internal This Form is O Public Inspec							
Pension Benefit	Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 55	500-SF.	Public inspection			
Part I A	nnual Report	t Identification Information			-				
		fiscal plan year beginning	01/01/2016	and ending	12/3	31/2016			
A This return	report is for:	Image: Image and the second				ting this box must attach a ith the form instructions.)			
<b>B</b> This return/i	report is	☐ the first return/report ☐ an amended return/report	the final return/report	/report (less than 12 m	onths)				
					-				
C Check box	if filing under:	Form 5558	automatic extension		DFVC p	rogram			
Devit II	ania Dian Inf								
		ormation—enter all requested in	nformation		1b Three	o digit			
<b>1a Nameofp</b> GANDHI ENC		INC. 401K PLAN				number 001			
					1c Effec	tive date of plan			
						1/1992			
Mailing ad	dress (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		<b>2b</b> Employer Identification Number (EIN)13-5657506				
	vn, state or provin IGINEERING,	ice, country, and ZIP or foreign pos INC.	stal code (if foreign, see instru	ucuons)	<b>2c</b> Sponsor's telephone number 212-349-2900				
						ness code (see instructions			
111 JOHN	STREET 3RD	FLOOR			5413				
NEW YORK		NY 10038							
3a Plan admi	nistrator's name a	and address 🛛 Same as Plan Sp	onsor.		3b Admi	inistrator's EIN			
					3c Admi	inistrator's telephone numb			
		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN				
a Sponsor's					4c PN				
		ts at the beginning of the plan year	·		5a				
c Number	of participants with	ts at the end of the plan year h account balances as of the end c	of the plan year (only defined	contribution plans	5c				
•					5d(1)				
. ,		participants at the beginning of the			5d(2)				
		participants at the end of the plan y at terminated employment during th			5u(2)				
than 100	0% vested					L P. L . J			
Under penaltie SB or Schedu	es of periury and o	e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary pplete.	uctions. I declare that I have	examined this return/re	eport, includ	ing, if applicable, a Schedu			
	Kirl	i Ganthi.	5-12-2017	Kirti Gandhi					
	ignature of plan	administrator		Enter name of individ Kirti Gandhi	lual signing	as plan administrator			
SIGN HERE	Hich.	Janon.							
8	ignature of emp	loyer/plan sponsor	Date			as employer or plan spons			
Preparer's na	me (including firm	name, if applicable) and address	(Include room or suite numbe	2F )		s telephone number			

Form 5500-SF 2016

	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 Yes 🗌 No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ions.)		·····	· · · · · · · · · · · · ·		[	X Yes 🗌 No	
	If you answered "No" to either line 6a or line 6b, the plan cann						-			
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	.021)?		Yes		Not determined	
Pa	rt III Financial Information	1								
_7	Plan Assets and Liabilities		(a) Beginning (	of Year		an ess a finistra sone	(	b) End of Y	When the second s	
a	Total plan assets	. 7a	4,	359,	879				4,660,165	
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c	4,	359,	879	enter nortexer este			4,660,165	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	a) Amount				(b) Total		
а	Contributions received or receivable from:	0-(4)		31,	926					
	(1) Employers	. 8a(1)		136,						
terifikeren seren a	<ul> <li>(2) Participants</li></ul>	. 8a(2)		100,	J01					
b	(3) Others (including rollovers)	. 8a(3)		357,	210					
particular constraints of	Other income (loss)	. 8b		<u> </u>	210			525,697		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c								
u	to provide benefits)	. 8d		219,	929	9				
e	Certain deemed and/or corrective distributions (see instructions)	8e			775	5				
f	Administrative service providers (salaries, fees, commissions)	. 8f		4,	707	7				
g	Other expenses	. 8g			-					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					225,41				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				300,286				
j	Transfers to (from) the plan (see instructions)			a ang kangangan ng minaka ng mga kapatan						
Pa	t IV Plan Characteristics			· · · ·						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acteris	tic Coo	des in tl	ne instructior	าร:	
Par	t V Compliance Questions		*		an Samualana					
10	During the plan year:	****			Yes	No	N/A	Ar	nount	
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 N	Voluntary F	iduciary Correction			x				
b	Program)			10a						
u 	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х				500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	hether or not reimbursed by the plan's fidelity bond, that was caused		10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	Х	ĺ			56,021	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						

Form 5500-SF 2016

Page 3-

•

Pension Funding Compliance						
s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co Form 5500) and line 11a below)					T	es 🗌 No
inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
RISA?					[] Y	es 🛛 No
		s, and			e of the letter	ruling
u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.					
ter the minimum required contribution for this plan year			12b		****	
ter the amount contributed by the employer to the plan for this plan year			12c			
			12d			
Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No	N/A
I Plan Terminations and Transfers of Assets						
as a resolution to terminate the plan been adopted in any plan year?				🗌 Ye	s 🛛 No	)
"Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
					🗌 Yes 🛛	No
	y the p	lan(s)	to			
c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	PN(s)
III Trust Information						
ame of trust			14b <sup>-</sup>	Frust's	EIN	
ame of trustee or custodian						an's
X IRS Compliance Questions						
······································		Yes			No No	
		safe h "Curre	arbor ent year	:	L test	ar" ADP
		Ratio				N/A
		Yes			No No	
the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the letter and the serial number	-			_		
tter	ter the	date	of the n	nost rec	cent determin	ation
/ere any distributions made during the plan year to an employee who attained age 62 and had not separ		rom	Ye	S	No	
/as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			∏ Ye	s	No	
	Inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co RISA?  (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 insti- ranting the waiver.  Mu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1.  Inter the minimum required contribution for this plan year  Inter the amount contributed by the employer to the plan for this plan year  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Area, a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this plan, or brougl onthol of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brougl onthol of the PBGC?  If Mame of plan(s):  If <b>Trust Information</b> are of trust are of truste or custodian  If "Nes Compliance Questions  It he plan a 401(k) plan? If "No," skip b	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Inter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of [