Form 5500-SF		Short Form Annua	rt of Small Employ	ee	OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury mal Revenue Service	This form is required to be filed	d 4065 of the Employee Retire		2016	
	epartment of Labor enefits Security Administration	Income Security Act of 1974	6057(b) and 6058(a) of the Intended.	ernal	This Form is Open to	
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5500	-SF.	Public Inspection
Part I		dentification Information				
For calend	ar plan year 2016 or fisc	al plan year beginning 01/01/2	016	and ending 12/31	/2016	
A This ret	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (File employer information in accor		-
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 montl	hs)	
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	n 🗌	DFVC pro	gram
Part II	Basic Plan Inform	mation—enter all requested inf	,			
1a Name		•	omation		b Three- plan nu (PN) c Effectiv	umber
Mailing	g address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O			b Employ (EIN)	ver Identification Number 06-1319124
City or DYNAX COF		country, and ZIP or foreign posta	al code (if foreign, see ir	nstructions) 20	c Sponse	or's telephone number 914-764-0202
P. O. BOX 28 POUND RID	85 GE, NY 10576			20	d Busine:	ss code (see instructions) 541990
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	isor.			strator's EIN strator's telephone number
		blan sponsor has changed since t	the last return/report file	d for this plan, enter the	b EIN	
	or's name	per from the last return/report.		4	C PN	
		t the beginning of the plan year			5a	11
		t the end of the plan year			5b	12
C Numb	er of participants with ac	count balances as of the end of t	the plan year (only defin	ed contribution plans	5c	12
	,	cipants at the beginning of the pla			id(1)	10
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		id(2)	11
than	100% vested	rminated employment during the			5e	C
		incomplete filing of this return				
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	05/17/2017	PETER COUGHLAN		
HERE	Signature of plan adr	ministrator	Date	Enter name of individual	signing as	plan administrator
SIGN						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual	sianina as	employer or plan sponsor
Preparer's		me, if applicable) and address (in				elephone number
	and Darkerstein Ant Notice	see the Instructions for Form 5500				Form 5500-SE (2016)

				<u></u>						
6a	······································									
b										
	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.									
-										
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (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	994820	1329515						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	994820	1329515						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:		02040							
	(1) Employers	8a(1)	92940							
	(2) Participants	8a(2)	178566							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	85502							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		357008						
d	Benefits paid (including direct rollovers and insurance premiums		15264							
	to provide benefits)	8d	15264							
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	7049							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		22313						
i	Net income (loss) (subtract line 8h from line 8c)	8i		334695						

Part IV Plan Characteristics

j

Transfers to (from) the plan (see instructions)

9a 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 2T 3D

8j

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

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		
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	x			6823
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 co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er 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	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er 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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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 XI	No	
		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	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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		ter the	e date	of the m	nost rece	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 separce?		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?			Ye	s	No		

D	orm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan	rt of Small Emp	oloyee	OM	B Nos. 1210-011 1210-008
	epartment of the Treasury nternal Revenue Service	This form is required to be file	d under sections 104 and	d 4065 of the Employee	Retirement	2	016
100 100	Department of Labor e Benefits Security Administration n Benefit Guaranty Corporation	on	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of ti de).	he Internal	This For	n is Open to
Part I		▲ Complete all entries in a rt Identification Information	accordance with the ins	structions to the Form	5500-SF.	Public	Inspection
		r fiscal plan year beginning	01/01/2016	and ending	10/	21 /001 4	
		X a single-employer plan		plan (not multiemployer)		<u>31/2016</u>	
A This	return/report is for:	a one-participant plan	list of participating e	employer information in	accordance wi	th the form in	istructions.)
B This re	eturn/report is	the first return/report	the final return/repor	t			
		an amended retum/report		urn/report (less than 12	months)		
C Chec	k box if filing under:		-		-		
	the box in ming under.	Form 5558	automatic extension	l .	DFVC pr	ogram	
Part II	Pagia Dian Inf	special extension (enter descri				_	
	e of plan	formation—enter all requested infe	ormation			_	
		rofit-Sharing Plan			1b Three		
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						ive date of pla	
22 Dian	anonada assas (assa					01/2012	
Maili	ng address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)			yer Identificat	
City o	or town, state or provin	nce, country, and ZIP or foreign posta	I code (if foreign, see ins	structions)		06-1319	2.52.537. 25
ynax (Corporation				2C Spons	or's telephon	e number
			7			ess code (see	
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ound I	Ridae						
			273	10576			
		and address K Same as Plan Spons	N	10576	3b Admini	introtodo Elbi	
		and address 🛛 Same as Plan Spons		10576	3b Admini	istrator's EIN	
		and address 🛛 Same as Plan Spons		10576			phone number
		and address 🛛 Same as Plan Spons		10576			phone number
		and address 🛛 Same as Plan Spons		2 10576			bhone number
3a Plan	administrator's name a		SOF.		3c Admini		phone number
3a Plan	administrator's name a	The plan sponsor has changed since the	SOF.				bhone number
If the name a Spons	administrator's name a name and/or EIN of th e, EIN, and the plan nu sor's name	ne plan sponsor has changed since th umber from the last return/report.	sor. ne last return/report filed	for this plan, enter the	3c Admini 4b EIN 4c PN		phone number
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3a Plan 4 If the name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than caution: A b d(2) Tot e Numb than comp d(1) Tot d(2) Tot e Numb than comp d(1) Tot d(2) Tot d(2	administrator's name a name and/or EIN of th e, EIN, and the plan nu- sor's name number of participants number of participants with blete this item)	The plan sponsor has changed since the umber from the last return/report. In the start the beginning of the plan year Is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the plan year terminated start for the instruction of signed by an enrolled actuary, as plete.	e last return/report filed e plan year (only defined n year lan year with accrued be report will be assessed ons, I declare that I have well as the electronic very Date 5/8/17	for this plan, enter the contribution plans enefits that were less <u>unless reasonable ca</u> examined this return/repor Eduard K. Kle Enter name of individ Eduard K. Kle	3c Admini 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establi port, including t, and to the b iner ual signing as iner	shed. , if applicable est of my know	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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6a Were all of the plan's assets during the plan year invested in el	igible assets?	(See instructions.)					X Yes No		
b Are you claiming a waiver of the annual examination and report	of an indepen	dent qualified public	accour	ntant (IC	QPA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan ca	ity and condition	m 5500-SF and mus	st insta	ad us	- Forn	n 5500	X Yes No		
C If the plan is a defined benefit plan, is it covered under the PBG							No Not determined		
Part III Financial Information	o mouraneo pr		Cotton	102 17:					
7 Plan Assets and Liabilities	0.00	(a) Poginning	ofVaa	- 1		(1-)	Find of Veen		
a Total plan assets		(a) Beginning	994,	228		(0)	End of Year 1,329,515		
b Total plan liabilities			554,	020			1,329,515		
C Net plan assets (subtract line 7b from line 7a)			994,	020			1 220 515		
8 Income, Expenses, and Transfers for this Plan Year		(2) Amou		020			1,329,515		
a Contributions received or receivable from:	1-+	(a) Amou	nt				(b) Total		
(1) Employers	8a(1)		92,	940					
(2) Participants	8a(2)		178,	566		10.000	t de sender e		
(3) Others (including rollovers)	8a(3)		_		ang si k	1.815	and the second sec		
b Other income (loss)	8b		85,	502					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		사망 생물				357,008		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		15,264						
e Certain deemed and/or corrective distributions (see instructions)	8e				3.15	821/N	ran and the providence of some of the source		
f Administrative service providers (salaries, fees, commissions)	8f				1.85				
g Other expenses	8g		7,	049	34	apan e a			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1917	37.		22,313			
i Net income (loss) (subtract line 8h from line 8c)	8i			TOPACE.	334,695				
j Transfers to (from) the plan (see instructions)	···· 8j			1					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	on feature cod	es from the List of P	lan Cha	racteri	stic Co	odes in the	instructions:		
b If the plan provides welfare benefits, enter the applicable welfare	e feature code	s from the List of Pla	n Char	acteris	tic Co	des in the i	nstructions:		
Part 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 contri described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary Fid	uciary Correction					Anount		
Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	est? (Do not in	clude transactions	10a 10b		x	ngang Angang Angang			
C Was the plan covered by a fidelity bond?			100 10c		X	n sin in sin in An Angel An Sin in sin An An A			
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity bond	that was caused	100		X				
			104		A	20-11-21			

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.)....

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 2520.101-3.)

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

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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 a (Form 5500) and line 11a below)				B		Yes	X No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line	10		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	section	n 302 o	f		Yes	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, se granting the waiver.	Month	ns, and	d enter f Day		e of the le Yea		ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to						_	
b 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 negative amount)	the left of a	a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		<mark>.</mark> .	. 🛛	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?				Ye	s X	No	
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 b control of the PBGC?					Yes	XN	lo
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), is which assets or liabilities were transferred. (See instructions.)	lentify the p	plan(s)	to				
13c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) Pl	V(s)
Part VIII Trust Information							
14a Name of trust	•		14b T	rust's E	EIN		
14c Name of trustee or custodian				and a second second second	s or custo ne numbe		6
Part IX IRS Compliance Questions							
15a Is the plan a 401(k) plan? If "No," skip b		Yes		[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:		Design safe ha	-based arbor	Ľ	"Prior	year".	ADP
		"Currer ADP te	nt year" est	E	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:	0	Ratio percer test	ntage		/erage enefit test		N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	Yes		F	No		
for the plan year by combining this plan with any other plan under the permissive aggregation rules?. 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable II the letter and the serial number			or advis	ory lette		he da	te of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter	, enter the	date o	f the mo	ost rece	nt determ	ninatio	'n
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 s service?	eparated fr	om	Yes] No		
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes] No		1)