For	m 5500-SF	Short Form Annua		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	etirement	at 2016			
	partment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the		This Form is Open to			
Pension Be	nefit Guaranty Corporation	uctions to the Form 55	00-SF.	Public Inspection					
Part I		lentification Information	16		021/2016				
For calenda	ar plan year 2016 or fisca				/31/2016	ten dete beserver et ette et e			
A This ret	urn/report is for:	a single-employer plan a one-participant plan				ing this box must attach a ith the form instructions.)			
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	rogram			
		special extension (enter descrip	,						
Part II	Basic Plan Inform	nation—enter all requested info	ormation			1			
1a Name KOHL TAX II	of plan NC. 401(K) PROFIT SHA	ARING PLAN & TRUST			(PN)	number 001			
					IC Enec	tive date of plan 01/01/2015			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.		(interve)	2b Emplo (EIN)	oyer Identification Number 47-2355423			
KOHL TAX I		country, and ZIP or foreign posta	i code (il loreign, see instr	uctions)	2c Spon	sor's telephone number 914-310-6322			
29 PLAINVIE ARDSLEY, N					2d Busin	ess code (see instructions) 541213			
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spons	sor.			nistrator's EIN			
		lan sponsor has changed since the sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total r	number of participants at	the beginning of the plan year			5a	1			
		the end of the plan year			5b	1			
		count balances as of the end of the			5c	1			
d(1) Tota	al number of active partic	cipants at the beginning of the pla	n year		5d(1)	1			
d(2) Tota	al number of active partic	cipants at the end of the plan year	r		5d(2)				
		rminated employment during the			5e	C			
		incomplete filing of this return							
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as ste.							
SIGN	Filed with authorized/va	lid electronic signature.	05/01/2017	RAVPREET KOHLI					
HERE	Signature of plan adn	ninistrator	Enter name of individu	ual signing a	as plan administrator				
SIGN					0 0	÷			
HERE	Signature of employe		Date			as employer or plan sponsor			
MEL PIASE ELITE PENS 58 MARINE	K SION CONSULTANTS R WAY	ne, if applicable) and address (inc	clude room or suite numbe	r)	Preparer's	telephone number 845-354-8373			
MONSEY, N	NY 10952								

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 If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition ot use Form	dent qualified public accountant (IC ons.) n 5500-SF and must instead use	QPA) → Form 5500.
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pro	ogram (see ERISA section 4021)?	Yes No Not determined
Ра 7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<u>,</u> а	Total plan assets	7a	(a) Beginning of Tear 12000	22451
	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	12000	22451
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)	10000	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	618	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10618
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	167	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		167
i	Net income (loss) (subtract line 8h from line 8c)	8i		10451
j	Transfers to (from) the plan (see instructions)	8j	0	
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Character	istic Codes in the instructions:

2E 2G 2J 2K 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

10	During the plan year:					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		
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 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) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	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/Repoi Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	4065 of the Employee R	otiromont	2016		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Internal	This Form is Open to		
Pension Benefit Guaranty Corporation	Complete all entries in a	Revenue Code (the Cod accordance with the ins	,	500-SF	Public Inspection
Part I Annual Report	Identification Information			J00-51.	
For calendar plan year 2016 or fi		01/01/2016	and ending	12/3	31/2016
A This return/report is for:	X a single-employer plan	a multiple-employer p list of participating e a foreign plan	olan (not multiemployer) (l mployer information in ac	Filers check cordance w	ing this box must attach a ith the form instructions.)
B This return/report is	the first return/report	the final return/report			
0	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension	[DFVC pr	ogram
Detti Di Di Di	special extension (enter descr				
Part II Basic Plan Info	rmation—enter all requested inf	ormation			
1a Name of plan Kohl Tax Inc. 401(k)	Profit Sharing Plan	& Trust		(PN) 1c Effect	ive date of plan
 2a Plan sponsor's name (employ Mailing address (include room City or town, state or province Kohl Tax Inc. 29 Plainview Ave. 	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta	. Box) al code (if foreign, see insi		01/03 2b Emplo (EIN) 2c Spons 914-3 2d Busine	1/2015 pyer Identification Number 47-2355423 sor's telephone number 310-6322 ess code (see instructions)
Ardsley				54121	.3
	NY 10502 d address X Same as Plan Spons			6 - D	
				3c Admin	istrator's telephone number
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 	plan sponsor has changed since the standard since the standard state of the last return/report.	ne last return/report filed f	or this plan, enter the	4b EIN	
				4c PN	
b Total number of participants a	at the beginning of the plan year			5a	1
 b Total number of participants a c Number of participants with a 	at the end of the plan year			5b	1
complete this item)	ccount balances as of the end of th			5c	
d(1) Total number of active parti	icipants at the beginning of the plar	n year		5d(1)	1
d(2) Total number of active part	icipants at the end of the plan year			5d(2)	1
than 100% vested	erminated employment during the p	plan year with accrued be	nefits that were less	5e	
				e is establi	0
SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary as	well as the electronic ver	examined this return/repo sion of this return/report, a	ort, including and to the b	g, if applicable, a Schedule lest of my knowledge and
SIGN X h		5-1-2017	RAVPREET KOHLI		
Signature of plan administrator Date Enter name of individual signing as plan ad SIGN Image: Signature of plan administrator Image: Signature of plan administrator Image: Signature of plan administrator					
HERE					
Preparer's name (including firm name) MEL PIASEK	er/pian sponsor me, if applicable) and address (incl	Date lude room or suite numbe	Enter name of individua r)	l signing as Preparer's te	employer or plan sponsor elephone number
ELITE PENSION CONSULTA	ANTS				5-354-8373
58 MARINER WAY					
MONSEY	NY 10952				

-											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indepe and cond not use F	endent qualified public itions.) orm 5500-SF and mu	accou	ntant (I	QPA)	m 550	0	-		No
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA	section	4021)	?	Ye	s 🗌 No	N	ot deterr	mined
P2	art III Financial Information										
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	l of Ye	ar	
a		7a		12	,000				<i></i>	The second second second second	2,45
b		7b			0						(
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		12	,000					22	2,451
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou	nt	0			(b)	Total		
	(2) Participants	8a(2)		10	,000						
	(3) Others (including rollovers)	8a(3)		IU	0000				-		
b	Other income (loss)	8b			618				-		
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			010						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					10	,618
е	Certain deemed and/or corrective distributions (see instructions)	8e	-		0						
f	Administrative service providers (salaries, fees, commissions)	8f			167						
g	Other expenses	8g			0	Page 1 and 1					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									167
i	Net income (loss) (subtract line 8h from line 8c)	8i								10	,451
j	Transfers to (from) the plan (see instructions)	8j			0					10	, 451
A	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Pla	n Char	acteris	tic Co	des in	the instru	uctions		
Par											
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not i	nclude transactions	10a		Х					
С	Was the plan covered by a fidelity bond?			10c		Х			Maria and And		
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bor	d that was caused	10c		X					
e	e 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.)			10u		Х					
f	Has the plan failed to provide any benefit when due under the plan	?				v					
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f 10g		X X					
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instru	ctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	required	notice or one of the	10i							
			L								

1 0111 0000 0	1 2010
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Pac	

	rage 3-							
Part	VI Paneion Euroding Compliance							
11	g							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)				B		Yes	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			110				
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ada a		000	f			_
	ERISA?					L	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.							
Contract of the local division of the local		lonth	ons, an	d enter i Dav		ate of the le Yea		ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line f	13.		Du		166		
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 the linegative amount)	- 4 - 6		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Π	L Yes	No		I/A
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Π,	(\		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					′es 🛛	No	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug			13a				
						Yes	X No	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identil which assets or liabilities were transferred. (See instructions.)	fy the	plan(s)) to				
1;	3c(1) Name of plan(s):		13c(2)	EIN(s)		130	:(3) PN((c)
Dent			-				~	
Part								
	ame of trust			14b ⊤	rust's	EIN		
14C N	ame of trustee or custodian			14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions							
150			V					
T Da Is	s the plan a 401(k) plan? If "No," skip b	ЦЦ	Yes			No No		
15b ⊦	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section	П		h-based			year" Al	DP
40	01(k)(3) for the plan year? Check all that apply:		safe ha			└ test		
			ADP te	nt year" est		N/A		
16a v y	/hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:	. 🗆	Ratio percer	ntage		Average Denefit test	Π	N/A
	id the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?		test Yes			□ No		
1/a lf	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS on the serial number	pinior	letter	or advise	ory le	tter, enter t	he date	of
17b If	the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	er the	date o	f the mo	st rec	cent determ	nination	
N	efined Benefit Plan or Money Purchase Pension Plan Only: /ere any distributions made during the plan year to an employee who attained age 62 and had not separa ervice?	ated f	rom	Yes	_	No		
			1					

	service?	L res	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Yes	No