Form 5500-SF Short Form Annual Return/Report of Small En Benefit Plan					oyee	MB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be filed	etirement	ement <b>2016</b>			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974			rm is Open to Inspection		
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	structions to the Form 5	500-SF.		
For calend	ar plan year 2016 or fisca	lentification Information al plan year beginning 01/01/20	016	and ending 12	2/31/2016		
	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) ( employer information in ac		-	
<b>B</b> This ret	urn/report is	the first return/report an amended return/report	the final return/report	t urn/report (less than 12 m	onths)		
C Check	box if filing under:	] Form 5558 ] special extension (enter descri	automatic extension	I	DFVC p	rogram	
Part II	Basic Plan Inform	nation—enter all requested info	,				
1a Name		· · · ·			(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)	88-019	
	ROBOTICS, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(	,	2C Spor	nsor's teleph 212-966-	one number 0661
	G AVENUE UNIT 150 28, SUITE 121 , NY 11205				2d Busir	ness code (s 54199	ee instructions) 0
		address 🛛 Same as Plan Spon	501.			inistrator's E	lephone number
		lan sponsor has changed since t er from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN		
a Spons	or's name				4C PN		
		the beginning of the plan year			5a		76
C Numb	er of participants with ac	the end of the plan year	he plan year (only define	ed contribution plans	5b 5c		102 44
	,	cipants at the beginning of the pla			5d(1)		60
~ /		cipants at the end of the plan yea	5		5d(2)		87
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	penefits that were less	5e		C
		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.	06/22/2017	KIEL DAVIS			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adm	inistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ			
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	ber )	Preparer's	s telephone r	number
		see the Instructions for Form 5500	05				rm 5500-SE (2016)

6a 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 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 conditio	dent qualified public accountant (IQF ns.)	PA) Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2607780	2907285
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	2607780	2907285
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)	227634	
	(3) Others (including rollovers)	8a(3)	44768	
b	Other income (loss)	8b	183848	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		456250
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16656	
е	Certain deemed and/or corrective distributions (see instructions).	8e	139689	
f	Administrative service providers (salaries, fees, commissions)	8f	400	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		156745
i	Net income (loss) (subtract line 8h from line 8c)	8i		299505
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa 9a	If the plan provides pension benefits, enter the applicable pension           2E         2F         2G         2J         2K         3D		es from the List of Plan Characterist	ic Codes in the instructions:

**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			212446
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	X			20000
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			10842
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			42689
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		

For	m 5500-SF	Short Form Annua			of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be filed		nefit Plan ections 104 and 40	65 of the Employee Re	etiremen	,	2016
	partment of Labor nefits Security Administration	Income Security Act of 1974	Internal	This F	Form is Open to			
Long Street Stre	nefit Guaranty Corporation	Complete all entries in a		e Code (the Code).		500-SE	Pub	lic Inspection
Part I	Annual Report le	dentification Information	ICCOINAN	ce with the motion	cuons to the rolling.			
and the second se			01/01	/2016	and ending	12	/31/2016	5
A This retu	ırn/report is for:	X a single-employer plan	list		n (not multiemployer) ( loyer information in ac			
_								
<b>B</b> This retu	rn/report is	the first return/report an amended return/report		nal return/report ort plan year return/	report (less than 12 m	onths)		
C Check b	ox if filing under:	 Form 5558	auto	matic extension			C program	
		special extension (enter descr	iption)					
Part II	<b>Basic Plan Infor</b>	mation—enter all requested inf	ormation					
<b>1a</b> Name of HONEYBEE	of plan	C. 401(K) RETIREMENT				pl (F	hree-digit an number PN) ▶ ffective date	001
							/01/1989	
Mailing	address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.C a, country, and ZIP or foreign posta		f foreign, see instru	ictions)	2b Er (E	mployer Iden IN)88-019	tification Number
Honeybe	e Robotics, I	nc.					2-966-06	
	hing Avenue U					1. 1000 ISSN 101	usiness code 1990	(see instructions)
	g 128, Suite 1							
Brookly		NY 11205 d address X Same as Plan Spor				3h A	dministrator's	FIN
						3c A	dministrator's	telephone number
		plan sponsor has changed since ber from the last return/report.	the last r	eturn/report filed fo	r this plan, enter the	4b E		
a Sponso	or's name					4C P	'N	
5a Total r	umber of participants a	at the beginning of the plan year	•••••			<u>5a</u>		76
	10 N-0	at the end of the plan year				5b		102
	an an Internation Internation	ccount balances as of the end of	100000000 BC0000000000000000000000000000		e contraticitation contration in the	5c		44
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pl	lan year.			5d(1		60
e Numb	er of participants that t	ticipants at the end of the plan ye erminated employment during the	e plan yea	ar with accrued ben	efits that were less	5d(2 5e	:)	
		or incomplete filing of this retur				use is e	stablished.	
SB or Sche	lties of perjury and oth dule MB completed an rue, correct, and comp	er penalties set forth in the instru- d signed by an enrolled actuary, a lete	ctions, I c as well as	leclare that I have e s the electronic vers	examined this return/re sion of this return/repo	eport, inc rt, and to	luding, if app the best of r	licable, a Schedule ny knowledge and
SIGN	me	A		6/27/17	KIEL DAVIS			
HERE	Signature of plan ac	dministrator		Date	Enter name of individ	dual sign	ing as plan a	dministrator
SIGN HERE								
14	Signature of employ			Date	Enter name of individ		ing as emplo rer's telephor	
Preparer's	name (including firm na	ame, if applicable) and address (ii	nclude ro	om or suite numbe	r )	Prepa	rer s telephor	ne number
								Form 5500 85 (0046)

Form 5500-SF 2016

<ul><li>6a Were all of the plan's assets during the plan year invested in eligib</li><li>b Are you claiming a waiver of the annual examination and report of a</li></ul>							Х	Yes 🗌 No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann	and condition	ons.)					X	Yes 🗌 No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ction 40	)21)? .		Yes I	10 [] No	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b) E	nd of Ye	
a Total plan assets	7a	2,	607,	780				2,907,285
<b>b</b> Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c	2,	607,	780				2,907,285
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount					b) Total	
a Contributions received or receivable from:	8-(4)			0				
(1) Employers	8a(1)		227,6	534				
(2) Participants	8a(2)		44,					
(3) Others (including rollovers)	8a(3)		183,8					
<b>b</b> Other income (loss)	8b		105,0				an a	456,250
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	80							450,250
to provide benefits)	8d		16,	656				
e Certain deemed and/or corrective distributions (see instructions)	8e		139,	689				
f Administrative service providers (salaries, fees, commissions)	. 8f		2	400				
g Other expenses	. 8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							156,745
i Net income (loss) (subtract line 8h from line 8c)	8i							299,505
j Transfers to (from) the plan (see instructions)	· 8j			0	a.			
Part IV Plan Characteristics								
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	i feature coo	tes from the List of Pla	an Chai	acteri		odes in the	Instructio	ns:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Plar	n Chara	cterist	tic Coo	les in the i	nstruction	s:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	An	nount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	Voluntary Fi	duciary Correction	10a	x				212,44
<b>b</b> 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				20,00
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
carrier, insurance service, or other organization that provides sor	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.).			x				10,84
${f f}$ Has the plan failed to provide any benefit when due under the plan	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	Х				42,68
<ul> <li>If this is an individual account plan, was there a blackout period?</li> <li>2520.101-3.)</li> </ul>			10h		х			
I If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10		notice or one of the	10i					

Form 5500-SF 2016

Page 3-

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and n 5500) and line 11a below)					<b>Y</b>	es 🗌 No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C					[] Y	es 🛛 No
		/es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) raiver of the minimum funding standard for a prior year is being amortized in this plan year, see in:	structions	and onto	or the	date of t	he letter	ruding
	gran	ing the waiver.	Month		Day		Year	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b	Enter	the minimum required contribution for this plan year		12	0			
c	Enter	the amount contributed by the employer to the plan for this plan year		12	c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)		12				
e	Will	he minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	res	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?			Γ	Yes	X No	)
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a	1			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou ol of the PBGC?	-				Yes 🛛	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden h assets or liabilities were transferred. (See instructions.)	ntify the pla	an(s) to				
	13c(1)	Name of plan(s):	13	Bc(2) EIN	(s)	1	13c(3)	PN(s)
Part	1/111	Trust Information						
				144	<b>b</b> T.	ust's EIN		
144	Name	of trust		14				
14c	Name	of trustee or custodian		14		ustee's o lephone		an's
Par	t IX	IRS Compliance Questions				den generale de la deservación de la		
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
15b		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	⊔ s	Design-ba afe harbo Current y	or		"Prior ye test	ar" ADP
				ADP test	cai		N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percentag test	je	Aver bene	age fit test	□ N/A
	for th	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?	U	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS,	enter the	date of th	e mo	st recent	determi	nation
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 se æ?		rom	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	

## 2016 Form 5500-SF, Line 10a Schedule of Delinquent Participant Contributions

Name of Plan:

Honeybee Robotics, Inc.			
Employer Identification No.: ►	88-0193033		
Plan year (beginning/ending):►	01/01/2016 to 12/31/2016	Plan number:►	1

Check here if Late Participant LoanContributionsContributionsCorrected UnderNotCorrectedPendingVFCP and PTE	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions						
	Check here if Late Participant Loan Repayments are included:	Not Corrected	Corrected Outside VFCP	Pending Correction in VFCP	VFCP and PTE			
Image: style intermediation of the style i	212,446		212,446					
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