Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	art i			entification information								
Fo	r calenda	ar plan year 2016 or	fisca	al plan year beginning 01/01/2	2016		and ending 12	2/31/2016				
Α	This ret	urn/report is for:	X	a single-employer plan			n (not multiemployer) (ployer information in ac		-			
	a one-participant plan a foreign plan									,		
В	This retu	ırn/report is		the first return/report	the	final return/report						
_			L	an amended return/report	as	hort plan year return	/report (less than 12 m	onths)				
С	Check I	oox if filing under:	Ļ	Form 5558 special extension (enter descr		tomatic extension		DFVC	program			
	4 11	D : D: 1.4	L	' '	. ,							
	art II	•	orm	nation—enter all requested inf	formatio	on			1			
	Name			A 40414 PROFIT OLIA PINIO PLAN	NI ANID :	TDUOT		1b Thr	U			
NOF	KIHEKN	DUTCHESS ENT, F	LLC	401K PROFIT SHARING PLAN	N AND	IRUSI			n number IJ ▶	003		
									ective date of			
	. 5:		1					01 -				
Za	Mailing	address (include ro	om, a	r, if for a single-employer plan) apt., suite no. and street, or P.O		(if foreign one instru	(ations)	2b Employer Identification Number (EIN) 14-1620735				
NOR		DUTCHESS ENT, F		country, and ZIP or foreign posta	ai code	(ii ioreign, see instru	actions)	2c Sponsor's telephone number 845-876-3094				
								2d Business code (see instructions)				
		JT STREET							6211			
RHIN	NEBECK	, NY 12572							0211			
3a	l Plan a	dministrator's name	and a	address X Same as Plan Spor	nsor.			3b Adr	ninistrator's E	EIN		
								3c Adr	ministrator's to	elephone number		
4				lan sponsor has changed since the foundation in the last return/report.	the last	return/report filed fo	r this plan, enter the	4b EIN	l			
a		or's name	umbe	ar from the last return/report.				4c PN				
5a	Total r	number of participan	s at	the beginning of the plan year				5a				
b	Total r	number of participan	s at	the end of the plan year				5b				
С				count balances as of the end of t			•	5c				
d	•	,		ipants at the beginning of the pla				5d(1)				
C	i(2) Tota	al number of active p	artic	pipants at the end of the plan year	ar			5d(2)				
е				minated employment during the				5e				
	ution: A	penalty for the late	or i	incomplete filing of this returr	n/repor	t will be assessed ι	unless reasonable ca					
SB	or Sche		and:	penalties set forth in the instruc signed by an enrolled actuary, a te.								
	GN	Filed with authorize	d/val	id electronic signature.		07/17/2017	NADER KAYAL					
	RE	Signature of plan	adm	ninistrator		Date	Enter name of individ	ual signinç	g as plan adn	ninistrator		

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	□ □
	If you answered "No" to either line 6a or line 6b, the plan canr									
CI	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Par	t III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a -	Total plan assets	7a	1	987994					2303793	
b -	Total plan liabilities	7b		0)				C)
C	Net plan assets (subtract line 7b from line 7a)	7c	1	987994					2303793	
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
	Contributions received or receivable from:	90/4)		9407						
	(1) Employers	8a(1)		39607						
	(2) Participants	8a(2)		00001						
	(3) Others (including rollovers)	8a(3) 8b		266926						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							315940)
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d								
<u>e</u> (Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		141						
g	Other expenses	8g								
<u>h</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							141	
<u>i</u> !	Net income (loss) (subtract line 8h from line 8c)	8i		31				315799		
<u>j</u> .	j Transfers to (from) the plan (see instructions)									
Part	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2R 3B 2G 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
С	C Was the plan covered by a fidelity bond?				X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е						X				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat per test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefite Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filled 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

Persion Bo	onefit Guaranty Corporation	► Complete all entries in a	ccordance with the inst	ructions to the Form 58	500-SF.	Fuo	ic inspection			
Part I		Identification Information								
For calend	<u>ar plan year 2016 or f</u>	iscal plan year beginning 01/01/201	1-4	and ending 12/3						
▲ This not	um/report is for:	a single-employer plan		an (not multiemployer) (aployer information in ac	•	_				
P(111101E)	шплерод в юг.	a one-participant plan	a foreign plan	ipioyer muormanori m ac	LUIUDINE T	MILL OIC ION	i natrocnons.			
B This retu	ım/report is									
		n/report (less than 12 m	onths)							
C Check I	box if filing under:			ходгат						
Part II	Daeia Plan Info	special extension (enter description—enter all requested info								
1a Name		ormanon—enter an requesteo imi	onriation		1b Thre	o digit				
	•	LLC 401K PROFIT SHARING PLAT	N AND TRUST			number	003			
					1	ctive date of	plan			
Mailing	address (include roo	ryer, if for a single-amployer plan) m. apt., sulte no. and street, or P.O			,	loyer Identif) 14-162073	ication Number 5			
	DUTCHESS ENT, PI	ce, country, and ZIP or foreign posts LLC	ai code (il toreigh, see insti	uctions)	2¢ Spor		hone number 376-3094			
55 Chestnut	Street				2d Busin 6211		see Instructions)			
RHINEBECK										
10.4100		nd address K Same as Plan Sport	ant .		3b Administrator's EIN					
Ja Hana	Nimitaliator a lighte &	no address 1 Same as Fran Sport	301.			HINDUALUS A	-114			
					SC Admi	mistraior a d	elephone number			
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN		412			
a Sponso	or's name				4¢ PN					
5a Total r	number of participants	at the beginning of the plan year	P48111		5a		8			
		at the end of the plan year			5b		8			
		account balances as of the end of t	, , , ,		5c	8				
		rticipants at the beginning of the pla		I	5d(1)		7			
		rticipants at the end of the plan yea			5d(2)		7			
then 1	100% vested	terminated employment during the			5e		0			
Caution: A	penalty for the late	or incomplete filling of this return her penalties set forth in the instruc-	report will be assessed	unless reasonable cau	noct includi	pusned. Ing. if applic	shie a Schedule			
SB or Sche	dule MB completed a rue, correct, and com-	nd signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/report	t, and to the	best of my	knowledge and			
SIGN		1/1/1/1/1/1/20	, 7-17-17	Nader Kayal						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	uel signing:	as plan adm	inistrator			
SIGN										
HERE	Signature of emplo	yer/plan aponsor	Date	Enter name of individu						
Preparer's	name (including firm r	name, if applicable) and address (in	ciude room of suite numbe	r)	Preparers	s telephone	number			

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X Yes	s No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	s 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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning					(b) End		
	Total plan assets	7a		198799					23037	
	Total plan liabilities	7b		100700	0				22027	0
	Net plan assets (subtract line 7b from line 7a)	7c		198799	94				23037	93
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ıt				(b) T	otal	
а	(1) Employers	8a(1)		940)7					
	(2) Participants	8a(2)		3960)7					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		26692	26					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3159	40
d	Benefits paid (including direct rollovers and insurance premiums	04								
_	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e								
	Administrative service providers (salaries, fees, commissions)	8f		14	11					
<u> </u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	41
- i	Net income (loss) (subtract line 8h from line 8c)								3157	'99
j	Transfers to (from) the plan (see instructions)	8j								
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2R 3B 2G 2T 3D	feature co	odes from the List of Pl	an Chai	racteris	stic Co	des in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in t	he instru	ctions:	
Par	t V Compliance Questions									
10					Yes	No	N/A		Amaunt	
	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		res	NO	IVA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 pla	in?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Part	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in (Form 5500) and line 11a below)						Yes	No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form			11a				
12	ERISA?					🗆	Yes X	No
a	(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 pla	an vear see instru	ctions an	d enter t	he date	of the lett	er rulina	
	granting the waiver.	•		_ Day		Year	Or raming	
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	nd skip to line 13.						
b	b Enter the minimum required contribution for this plan year			12b				
С	C Enter the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)	O		12d			_	
<u>e</u>	e Will the minimum funding amount reported on line 12d be met by the funding deadline?.				Yes	No	N/A	A
Part	rt VII Plan Terminations and Transfers of Assets							
13a	3a Has a resolution to terminate the plan been adopted in any plan year?				Yes	s X I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another control of the PBGC?					Yes	X No	
С	C If, during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	er plan(s), identify	the plan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s	s)
Part	rt VIII Trust Information							
14a	a Name of trust			14b ⊺	Γrust's Ε	ΞIN		
14c	C Name of trustee or custodian			-		s or custone number		
Par	art IX IRS Compliance Questions							
15a	5a Is the plan a 401(k) plan? If "No," skip b		Yes		Ī	No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals unde 401(k)(3) for the plan year? Check all that apply:		☐ safe i	sign-based "Prior year" ADP e harbor test				OP
			ADP	ent year' test		N/A		
16a	5a What testing method was used to satisfy the coverage requirements under section 410(b year? Check all that apply:		Ratio	entage		verage enefit test		N/A
	6b Did the 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 aggregical sections.	ation rules?	Yes			No		
	7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a the letter and the serial number							
	7b If the plan is an individually-designed plan that received a favorable determination letter letter	from the IRS, ente	r the date	of the m	ost rec	ent determ	nination	
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 a service?		ted from	Yes	s [No		
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior	r plan year?		Yes	s [No		