Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

Short Form Annual Return/Report of Small Employee **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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part i Annuai Repo	rt identification information							
For calendar plan year 2016 o	r fiscal plan year beginning 01/01	<u>/2016</u>	and ending 1	2/31/2016				
	X a single-employer plan		r plan (not multiemployer)					
A This return/report is for:	a one-participant plan	list of participating a foreign plan	employer information in a	ccordance with the	form instructions.)			
B This return/report is	the first return/report	the final return/repo	ort					
	an amended return/report		eturn/report (less than 12 m	nonths)				
C Check box if filing under:	□ · · · · · · · · · · · · · · · · · · ·			, 				
Crieck box it filling drider.	X Form 5558	automatic extension	n	DFVC program	1			
Dort II Pacia Plan In	special extension (enter des	•						
Part II Basic Plan In	formation—enter all requested i	ntormation		1b Three-digit				
RICHARD A. BACKER, CPA, P	C SAVINGS PLAN			plan numbe	er			
				(PN) •	001			
				1c Effective da	ite of plan 01/01/2011			
	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.				lentification Number 3-3796170			
City or town, state or prov RICHARD A. BACKER, CPA	ince, country, and ZIP or foreign pos	stal code (if foreign, see i	nstructions)	2c Sponsor's t	elephone number -719-9212			
					ode (see instructions)			
110 WEST 40TH ST. SUITE 201	1			541211				
NEW YORK, NY 10018-3616								
3a Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administrate	or's FIN			
ou i lan administrator s name	and address A came as han op	011301.		OD Administrate	JI 3 LIIV			
	the plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN				
a Sponsor's name	number from the last return/report.			4c PN				
·	nts at the beginning of the plan year			5a				
_	nts at the end of the plan year			5b	(
C Number of participants wi	th account balances as of the end o	of the plan year (only defin	ned contribution plans	5c				
'	participants at the beginning of the			5d(1)				
` '	participants at the end of the plan y	•		5d(2)				
e Number of participants th	nat terminated employment during th	ne plan year with accrued	benefits that were less	5e				
Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assess	ed unless reasonable ca					
	other penalties set forth in the instruction and signed by an enrolled actuary,							
	ed/valid electronic signature.	08/28/2017	RICHARD BACKER					
HERE Signature of plan	n administrator	Date	Enter name of individ	dual signing as plar	n administrator			
SIGN								
	ployer/plan sponsor	Date			oloyer or plan sponsor			
Preparer's name (including firm	m name, if applicable) and address ((include room or suite nui	mber)	Preparer's teleph	none number			
I				-				

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	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	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	If 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 det	ermined
Pa	rt III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a		337823					42684	5
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		337823					42684	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			59448						
-	(1) Employers	8a(1)		00 1 10						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		40474						
	Other income (loss)	8b		70777	-				9992	<u> </u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9992	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10900						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		C						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				10900			0	
i	Net income (loss) (subtract line 8h from line 8c)	8i				89022			2	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	٠,	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3B 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	Fiduciary Correction	10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
С	C Was the plan covered by a fidelity bond?				X					40000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No		
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?			│	res X No				
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d					
		ne 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 X N	lo		
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to					
	13c(1)	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 of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		ign-based "Prior year" ADP harbor test					
∏ "Cur						rrent year" N/A P test				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentest						tage Average N/A benefit test				
	16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?									
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent 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 sepa e?		rom	Ye	s [No			
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee 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 section 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/201	.6
or calendar plan year 2010 or ii	x a single-employer plan		lan (not multiemployer) (l	Filers checking thi	is box must attach
A This return/report is for:	a single-employer plan	a list of participating e	mployer information in a	ccordance with the	e form instructions.)
	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check box if filing under:	▼ Form 5558	automatic extension		DFVC p	rogram
	special extension (enter descri	ption)			
Part II Basic Plan Inf	ormation enter all requested in	nformation		T 21 =	
1a Name of plan				1b Three-digit	
Richard A. Backer,	CPA, PC Savings Plan			(PN) ▶	001
				1c Effective d 01/01/2	All cold a literal a version and
2a Plan sponsor's name (empl	loyer, if for a single-employer plan)			2b Employer I	dentification Number
Mailing Address (include ro	nom, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta	. Box)	ructions)	(EIN) 13	-3796170
Richard A. Backer,		ar code (ir foreign, see mac	delione)		telephone number
RICHARD A. BACKEL,	CFA			(212) 7	19-9212
					code (see instructions)
110 West 40th St.	Suite 201			541211	
US New York NY 10018-36					
3a Plan administrator's name	and address X Same as Plan Spo	nsor		3b Administra	tor's EIN
				3c Administra	tor's telephone number
		l l t t l l l l l l l l l l l l l l l l	er this plan optor the	4b EIN	
	he plan sponsor has changed since t umber from the last return/report.	ne last return/report liled i	of this plan, enter the	45 EIII	
a Sponsor's name	milet from the fact returns open.			4c PN	4
	s at the beginning of the plan year			5a	6
	s at the end of the plan year			5b	6
C Number of participants with	account balances as of the end of the	he plan year (only defined	contribution plans	5c	
complete this item)					6
d(1) Total number of active pa	articipants at the beginning of the pla	n year		5d(1)	4
d(2) Total number of active pa	articipants at the end of the plan year			5d(2)	4
Number of participants that	t terminated employment during the p	olan year with accrued ber	efits that were	5e	0
Caution: A penalty for the lat	e or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is establishe	d.
Under penalties of perjury and	other penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	port, including, if a	applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary, a	as well as the electronic ve	ision of this return/repor	t, and to the best	of the knowledge and
0	nga Q	0/20/10	Richard A. Back	er CPA	
SIGN		8/28/1)			- desiriatentes
HERE Signature of plan-ad	mimstrator	Date	Enter name of individua		administrator
SIGN	1300	8/28/1/	Richard A. Back		
HERE Signature/of employ		Daté	Enter name of individua		
	n name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's telep	
Skip this question				p se st	
1					

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6a \	Nere all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						X Yes No
b /	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and fyou answered "No" to either line 6a or line 6b, the plan canno	n independ nd conditio	lent qualified public accounts.)		•••••	•••••	 500.		XYes No
c i	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	4021)?	[Yes	□ No [Not determined
Pai	rt III Financial Information		-						
	Plan Assets and Liabilities		(a) Beginning of	Year			(l	o) End of	Year
a .	Total plan assets	7a	33	7,82	23	_			426,845
b .	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	33	7,82	23				426,845
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			-		(b) Tot	al
	Contributions received or receivable from:	8a(1)	5	9,44	48				
_	(1) Employers(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	4	0,47	74				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99,922
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	.0,90	00				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g		-	0			Draff. S.	10 000
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10,900		
	Net income (loss) (subtract line 8h from line 8c)	8i						89,022	
نـــنـ	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aracte	eristic	Code	es in the i	nstruction	IS:
	2A 2E 3B 3D 3H								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic	Codes	in the in	structions	:
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	A	mount
а	Was there a failure to transmit to the plan any participant contribut	tions withir	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo								
	Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x			
				10c	x				40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused	10d		х			
е	by fraud or dishonesty? • 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.)					х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х			
i	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								

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Part W Pension Funding Compliance	·
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se (Form 5500 and line 11a below)	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Fo	
12 Is this a defined contribution plan subject to the minimum funding requirements of s ERISA?	section 412 of the Code or section 302 of
(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 granting the waiver	is plan year, see instructions, and enter the date of the letter ruling DayYear
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)), and skip to line 13.
b Enter the minimum required contribution for this plan year	
C Enter the amount contributed by the employer to the plan for the plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the left of a 12d
e Will the minimum funding amount reported on line 12d be met by the funding deadling	
Part MI Plan Terminations and Transfers of Assets	
13a Has a resolution to terminate the plan been adopted in any plan year?	Yes 🕱 No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	i I
b Were all the plan assets distributed to participants or beneficiaries, transferred to an control of the PBGC?	nother plan, or brought under the Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information - Skip These Questions	14b Trust's EIN
14a Name of trust	140 Husts Life
14c Name of trustee or custodian	14d Trustee or custodian's telephone number
RS Compliance Questions - Skip These 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 401(k)(3) for the plan year? Check all that apply:	s under section Design-based "Prior year" ADP test "Current year" N/A N/A
16a What testing method was used to satisfy the coverage requirements under section year? Check all that apply:	410(b) for the plan Ratio Average
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 4 for the plan year by combining this plan with any other plan under the permissive at	ggregation rules?
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that rece	eived a favorable IRS opinion letter or advisory letter, enter the date of
17b If the plan is an individually-designed plan that received a favorable determination letter//	letter from the IRS, enter the date of the most recent determination
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age service?	e 62 and had not separated from
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the	