Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

Benefit Plan Internal Revenue Service

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**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction a foreign plan B This return/report is the first return/report the final return/report	attach a				
a one-participant plan a foreign plan B This return/report is the first return/report the final return/report					
	tions.)				
an amended return/report a short plan year return/report (less than 12 months)					
C Check box if filing under:					
special extension (enter description)					
Part II Basic Plan Information—enter all requested information					
1a Name of plan US ADVOCATES LLC RETIREMENT PLAN 1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2013					
2a Plan sponsor's name (employer, if for a single-employer plan)2b Employer IdentificationMailing address (include room, apt., suite no. and street, or P.O. Box)(EIN)46-3892855	Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone nu 516-342-2200	ımber				
2d Business code (see inst	tructions)				
600 OLD COUNTRY ROAD SUITE 450 GARDEN CITY, NY 11530 541110					
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN					
	0				
3c Administrator's telephor	ne number				
3C Administrator's telephon	ne number				
3C Administrator's telephor	ne number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN	ne number				
	ne number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	33 21				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33 21				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33 21 19 4				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33 21 19 4 2				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33 21 19 4 2 5 Schedule				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33 21 19 4 2 5 Schedule				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	33 21 19 4 4 C Schedule edge and				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	33 21 19 4 4 C Schedule edge and				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	33 21 19 4 4 C Schedule edge and tor				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	33 21 19 4 4 C Schedule edge and tor				

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		•						X	es No	
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								Yes N		
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not d	etermined	
Par	t III Financial Information		· ·				-	<u> </u>			
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year		
а	Total plan assets	7a	(3)	87704				<u> </u>	601	18	
b	Total plan liabilities	7b		49)					0	
С	Net plan assets (subtract line 7b from line 7a)	7c		87655					601	18	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) ¹	Γotal		
	Contributions received or receivable from:			371							
	(1) Employers	8a(1)									
	(2) Participants	8a(2)		3714							
	(3) Others (including rollovers)	8a(3)		5229							
	Other income (loss)	8b		3228					00	14.4	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							93	314	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		32739							
	Certain deemed and/or corrective distributions (see instructions).	8e									
	Administrative service providers (salaries, fees, commissions)	8f		4112							
	Other expenses	8g									
_ <u>.</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				36851			351		
	i Net income (loss) (subtract line 8h from line 8c)								-275	537	
j	j Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics	, ,									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 3H	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary 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?			10c	X					1000000	
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					211	
f	f Has the plan failed to provide any benefit when due under the plan?					X					
g				10g	X					425	
	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

Form	5500	-SF	201	6

Page 3-	1
---------	---

Part	VI	Pension Funding Compliance						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)							∕es X No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?							│	res X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		T		
<u>b</u>	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 l tive amount)			12d			
		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 N	lo
	If "Ye	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 brougout 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	lan(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					s or custod ne number	ian'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:	- LL ;		n-based narbor	^d [Prior ye test	ear" ADP
ADP t					rrent year" N/A P test			
test					— Average —			□ N/A
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?					es No			
	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	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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 fiscal plan year beginning O1/01/2016 and ending 12/31/2016 A This return/report is for: a one-participant plan the first return/report is for: a one-participant plan the first return/report is filling under: an amended return/report	Part I Annual Repo	rt Identification Information						
A This return/report is for: a number a multiple-employer plan a multiple-employer plan (not multiemployer) (Filers checking his box must attach the first return/report is a one-participant plan the first return/report is a nee-participant plan the first return/report is a nee-participant plan the first return/report is a short plan year return/report (less than 12 months) DFVC program DFVC progra	For calendar plan year 2016 or	fiscal plan year beginning		and ending	12/21/20	16		
B This return/report is:	_		a multiple-employer p	lan (not multiemployer) (Filers checking t	his box must attach		
B This return/report is:	The state of the s	in accordance with the form instructions.)						
C Check box if filing under: Form 5558 automatic extension DFVC program PARTIE Basic Plan Information enter all requested information 1a Name of plan US ADVOCATES LLC RETIREMENT PLAN 1a Name of plan US ADVOCATES LLC RETIREMENT PLAN 1a Name of plan US ADVOCATES LLC RETIREMENT PLAN 1a Name of plan US ADVOCATES LLC RETIREMENT PLAN 1b Three-digit plan number (PN) 1c Effective date of plan 0.01 1c Effective date of plan 0.01 1c Effective date of plan 0.01 1d C Effective date of plan 0.01 2d Employer Identification Number (S16) 342-2200 2d Business code (see instructions) 0.01 2d Subsenses CITY NY 11330 0.01 3a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's telephone number 0.01 3d Administrator's telephone number 0.01 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 0.01 3 C Administrator's telephone number 0.01 3 C Administrator's telephone number 0.01 4 G PN 0.01 0.01 0.01 5 D Total number of participants at the beginning of the plan year 0.01 0.01 5 D Total number of participants at the end of the plan year 0.01 0.01 6 D Total number of participants at the end of the plan year 0.01 0.01 7 D Total number of active participants at the end of the plan year 0.01 0.01 8 D Total number of participants at the end of the plan year 0.01 0.01 9 D Total number of participants at the end of the plan year 0.01 0.01 9 D Total number of participants at the end of the plan year 0.01 0.01 9 D Total number	B This return/report is:		₩ `'					
C Check box if filing under: Form 5558 automatic extension DFVC program Part II		=	H					
Basic Plan Information enter all requested information		an amended return/report	a snort plan year retu	rn/report (less than 12	months)			
Part II Basic Plan Information enter all requested information 1b Three-digit plan number (PN)	C Check box if filing under:	끝			DFVC p	program		
1a Name of plan US ADVOCATES LLC RETIREMENT FLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) US ADVOCATES LLC US ADVOCATES LLC 600 OLD COUNTRY ROAD SUITE 450 US GARDEN CITY NY 11330 3a Plan administrator's name and address X Same as Plan Sponsor 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Sponsor's name 5 C Number of participants at the beginning of the plan year 5 Sa 3 33 Total number of participants with account balances as of the end of the plan year 5 Sb 21 C Number of participants with account balances as of the end of the plan year 5 Sd(1) 4 6 (2) Total number of active participants at the end of the plan year 5 Sd(1) 4 6 Under penalties of perjury and other penalties as forth implies the plan year with accrued benefits that were 1 Sd(2) 4 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties as forth implies provided and signer of an including, if applicable, a Schedule Sompleted and signer of an including plan administrator. 6 Date 1 Effective date of plan including, if applicable, a Schedule Sompleted and signer of a familial plan administrator. 7 Effective date of plan administrator. 8 Ember name of individual signing as plan administrator.								
US ADVOCATES LIC RETIREMENT PLAN Plan sponsor's name (employer, if for a single-employer plan) D1/01/2013		formation enter all requested	information					
22 Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) US ADVOCATES LLC 10 ADVOCATES LLC 20 Sponsor's telephone number (516) 342-2200 22 Us usiness code (see instructions) Us GARDEN CITY NY 11530 31 Plan administrator's name and address ☑ Same as Plan Sponsor 32 Administrator's name and address ☑ Same as Plan Sponsor 33 Administrator's telephone number 44 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 45 Sponsor's name 46 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 46 ENN 47 Total number of participants at the beginning of the plan year 47 Total number of participants at the end of the plan year 48 Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 49 Number of participants at the end of the plan year 40 Sequence of participants at the end of the plan year (only defined contribution plans complete this item) 40 Number of participants at the end of the plan year (only defined contribution plans complete this item) 40 Number of participants at the end of the plan year (only defined contribution plans complete this item) 40 Number of participants at the end of the plan year (only defined contribution plans complete this item) 40 Number of participants at the end of the plan year (only defined contribution plans complete this item) 40 Number of participants at the end of the plan year (only defined contribution plans complete this item) 40 Number of participants at the end of the plan year (only defined contribution plans complete this item) 44 Number of participants at the	1a Name of plan							
Plan sponsor's name (employer, if for a single-employer plan) Malling Address (include room, apt., suite no. and street, or P.O. Box) City or forw, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) US ADVOCATES LLC 10	US ADVOCATES LLC	RETIREMENT PLAN			(PN) ►	001		
Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or forwin, state or province, country, and ZiP or foreign postal code (if foreign, see instructions) US ADVOCATES LLC 600 OLD COUNTRY ROAD SUITE 450 2d Business code (see instructions) 541110 3a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's telephone number 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5b 21 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 19 4d(2) Total number of active participants at the end of the plan year 5e 5d(2) 4 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	20 Diameter (I .			
2C Sponsor's telephone number (516) 342–2200 2d Business code (see instructions) 541110 US GARDEN CITY NY 11530 3a Plan administrator's name and address \(\text{\$\text	Mailing Address (include re	oom, apt., suite no, and street, or P.	O. Box)	ructions)				
US GARDEN CITY NY 11530 3a Plan administrator's name and address \(\begin{align*} \begin{align*} \sqrt{3b} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			(
3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year	600 OLD COUNTRY RO	OAD SUITE 450			2d Business of 541110	code (see instructions)		
3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year	US GARDEN CITY NY 1153	0						
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the despinance of participants at the beginning of the plan year If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the despinance of participants at the beginning of the plan year If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the despinance of participants at the beginning of the plan year If the name and/or EIN of the Internation and the plan year If the name and/or EIN of the Internation and the plan year If the name and/or the Internation and the plan year If the name and/or the Internation and the plan year If the name and/or the Internation and the plan year If the name and/or the Internation and the plan year If the name, Internation and the plan, enter the despinance of participants at the end of the plan year Internation and the plan year and the plan year and the plan year with accrued benefits that were less than 100% vested and 1900 an			onsor		3h Administra	itor's EIN		
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. A Sponsor's name Total number of participants at the beginning of the plan year					JD Administra	IIOI S EIN		
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. A Sponsor's name Total number of participants at the beginning of the plan year								
a Sponsor's name Total number of participants at the beginning of the plan year					3c Administra	itor's telephone number		
Total number of participants at the beginning of the plan year	4 If the name and/or EIN of t name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN			
Total number of participants at the beginning of the plan year		·			4c PN			
Total number of participants at the end of the plan year	5a Total number of participant	ls at the beginning of the plan year				33		
Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return eport will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an involved a durry, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	b Total number of participant	ts at the end of the plan year						
d(2) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were Number of participants that terminated employment during the plan year with accrued benefits that were Section: A penalty for the late or incomplete filing of this return report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an incolled a duary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	C Number of participants with	n account balances as of the end of	the plan year (only defined	contribution plans	 			
d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were Number of participants that terminated employment during the plan year with accrued benefits that were Se 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an ahrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					5d(1)	4		
Pumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an involled a duary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	d(2) Total number of active na	articinants at the end of the plan yes	ır			-		
Caution: A penalty for the late or incomplete filing of this return eport will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an hrolled a duary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					3u(2)	4		
Under penalties of perjury and other penalties set forth-in-the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an inrolled a wary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	less than 100% vested .		***************************************	***************************************	L			
Sign Here Signature of plan administrator Date Date Enter name of individual signing as plan administrator	Caution: A penalty for the lat	e or incomplete filing of this retur	report will be assessed	unless reasonable ca	ause is establishe	ed.		
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	SB or Schedule MB completed	and signed by an enrolled actuary,	ctions, I declare that I have as wall as the electronic ve	examined this return/r rsion of this return/repo	eport, including, if ort, and to the best	applicable, a Schedule of my knowledge and		
HERE Signature of plan administrator Date / Enter name of individual signing as plan administrator								
Date / Enter name of individual signing as pian administrator			<u> 9/7//7 </u>	Steven.	Schwai	+2aptel		
sign 9/7/17 Steven Schwartzanfal	HERE Signature of plan ad	ministrator	Date /	Enter name of individu	al signing as plan	administrator		
	SIGN		9/7/17	Steven S	Sehwar	+Zanfal		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	Preparer's name (including firm	name, if applicable) and address (in	nclude room or suite number	er)				
Skip this question Skip this question	Skip this question			,				

	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)						X Yes]No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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.								X Yes]No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		N	o \ Not dete	rmined
P:	art III Financial Information							-		
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
a	Total plan assets	7a		37,7					60,11	18
b	Total plan liabilities	7b			49					0
С	Net plan assets (subtract line 7b from line 7a)	7c	8	37,6	55	1			60,11	18
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
	(1) Employers	8a(1)			71					
	(2) Participants	8a(2)		3,7	14	-				
	(3) Others (including rollovers)	8a(3)				_				
b	Other income (loss)	8b		5,2	29					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-						9,31	14
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3	32,7	39					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		4,1	12					
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							36,85	51
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							(27,537	7)
ī	j Transfers to (from) the plan (see instructions)									
Pa	art IV Plan Characteristics					•				
-	If the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan C	harac	teristi	ic Coc	les in t	he instru	ctions:	
-	2A 2E 2G 2J 2K 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	e instruc	tions:	
P	art 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 contribu	ıtions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction							
	Program)					х				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		х				
	reported on line 10a.) C Was the plan covered by a fidelity bond?								1,000	,000
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused								·-·	<u>, </u>
	by fraud or dishonesty?			10d		х				
€	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					211
f	f Has the plan failed to provide any benefit when due under the plan?					х				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									425
ŀ	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		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								200 x2 2002	