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 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

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit GARY B. PILLERSDORF & ASSOCIATES, P.C. PROFIT SHARING PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/1993 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 13-3446769 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number GARY B.PILLERSDORF & ASSOCIATES, P.C 212-406-4848 2d Business code (see instructions) 225 BROADWAY 541110 NEW YORK, NY 10007-3001 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 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 name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 13 5a Total number of participants at the beginning of the plan year 5b 12 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 12 5c complete this item)..... 8 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 9 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 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 enrolled 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.

belief, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	09/17/2017	ANDREW PILLERSDORF				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan				
Preparer's	name (including firm name, if applicable) and address (include i	Preparer's telephone number					

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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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									_ 140
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not determ	ined
Pa	rt III Financial Information								<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		168976				1215548		
b	Total plan liabilities	7b		0	ı			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	1	168976				1215548		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)		6850						
	(2) Participants	8a(2)		14401						
	(3) Others (including rollovers)	8a(3)		64285						
	Other income (loss)	8b		04200	-				85536	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							00000	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		37946	;					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1018						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						38964		
i	Net income (loss) (subtract line 8h from line 8c)	8i							46572	
j	Transfers to (from) the plan (see instructions)	8i	8i ⁰							
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 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 for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				1	50000
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		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					4987
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		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	he require	d notice or one of the	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		gn-based "Prior year" ADP harbor test					
						rent year" N/A P test				
							verage enefit test	□ 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?										
	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

	P Complete un contra						
Part Annual Report	Identification Information	01/01/2016	and ending	12/31/2016			
or calendar plan year 2016 or fi	—	a multiple-employer plan		Filers checking this	box must attach		
A This return/report is for:	x a single-employer plan	a list of participating emp a foreign plan	oloyer information in a	ccordance with the	form instructions.)		
Down to the first and the	the first return/report	the final return/report					
B This return/report is:	an amended return/report	a short plan year return/	report (less than 12 m	onths)			
C Check box if filing under:	X Form 5558	automatic extension		DFVC pro	gram		
	special extension (enter description						
Part II Basic Plan Inf	ormation enter all requested info	rmation		1b Three-digit			
1a Name of plan Gary B. Pillersdorf		plan number	002				
dary b. Pillersdon	u Assezuates, traceira	-		1C Effective da 01/01/199			
	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O. B	lox)		2b Employer Id (EIN) 13-	entification Number 3446769		
City or town, state or provi Gary B.Pillersdorf	nce, country, and ZIP or totelgh postal c	ode (if foreign, see instru	ctions)	2C Sponsor's to (212) 400	elephone number 5-4848		
				2d Business co 541110	ode (see instructions)		
225 Broadway				ł			
US New York NY 10007-300	4 (7)			3b Administrat	or's EIN		
3a Plan administrator's name	and address X Same as Plan Spons	SOI .					
				20 Ad-injetro	or's telephone number		
				3C Administrati	of a rerebuotie troutines		
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			
name, EIN, and the plan r	number from the last return/report.			4c PN			
a Sponsor's name					13		
5a Total number of participar	nts at the beginning of the plan year nts at the end of the plan year	1990 1104 1104 1100 110 110 110 110 110 110		· · · · · · · · · · · · · · · · · · ·	12		
c Number of natticinants Wi	th account balances as of the end of the	e plan year (only defined o	ontribution plans	. 5c	12		
d(1) Total number of active	participants at the beginning of the plan	yearyear		5d(1)	8		
d(2) Total number of active	participants at the end of the plan year	40500000000000000000000000000000000000	4+2+4n+=1++++++++++++++++++++++++++++++++++	l — i	9		
e Number of participants the less than 100% vested	at terminated employment during the pla	an year with accrued bene	efits that were	. 5e	0		
Caution: A penalty for the la	ate or incomplete filing of this return/	report will be assessed	unless reasonable o	ause is establishe	d		
10 F 1	d other penalties set forth in the instruct d and signed by an enrolled actuary, as	ions I declare that I have	examined this return/	report, including, if a	applicable, a Schedule		
	71	7/17/17	ANDREW PILLERSO	OORF			
	ERE Signature of plan administrator Date Enter name of individual signing as plan administrator						
		4/17/17	ANDREW PILLERSE	OORF			
SIGN HERE Signature of emph	Sverinlan engasor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor		
Preparer's name (including fi Skip this question	rm name, if applicable) and address (inc	.1		Preparer's telep Skip this q	hone number		
				2004-000 M240-00			

Form 5500-SF 2016		Page Z						
6a Were all of the plan's assets during the plan year invested in eligible a	ssets? (S	ee instructions.)				************	XYes	☐ No
by a supply of the applyal examination and report of an	independe	ent qualified public account	ant (l	QPA)			₩	Пиа
under 20 CEP 2520 104-462 (See instructions on waiver eligibility an	der 29 CER 2520 104-462 (See instructions on waiver eligibility and conditions.)							Пио
If you answered "No" to either line 6a or line 6b, the plan cannot	use Form	5500-SF and must inste	ad us	e F01	m 551		No DNote	letermined
c If the plan is a defined benefit plan, is it covered under the PBGC insi	urance pro	gram (see ERISA section a	4021)	·	*****	1162	140 [] HOLE	Elettimed
Part III Financial Information					,			
7 Plan Assets and Liabilities		(a) Beginning of '	Year			(b) E	nd of Year	
a Total plan assets	7a	1,16					1,215	
b Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c	1,16	8,97	6	<u> </u>		1,215	,548
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(53545)2		b) Totai	Usay dasa sang
a Contributions received or receivable from:	8a(1)			0				
(1) Employers	8a(2)		6,85	0		Section 2		art many state of
(2) Participants	8a(3)	1	4,40	1	遊坊			
	8b	6	4,28	15				
2 (4) 0-(2) 0-(3)4 (6)	Bc						8!	5,536
d Benefits paid (including direct rollovers and insurance premiums								唐本沙
to provide benefits)	Bd	5	7,94		781818 321518			
e Certain deemed and/or corrective distributions (see instructions)	8e			0	202000			GRANDA KSANA
f Administrative service providers (salaries, fees, commissions)	8f		1,0		5000			
g Other expenses	8g	and the second secretary between the second	e programme	0		Pervent of		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			AND THE STATE				8,964
i Net income (loss) (subtract line 8h from line 8c)	81	The second secon			2004/25/20 2004/25/20	46,572		
] Transfers to (from) the plan (see instructions)	. 8j	<u> </u>		9	基本	e e e e e e e e e e e e e e e e e e e		49.100 (新)。
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Ch	aracte	eristic	Code	s in the ins	tructions:	
2A 2E 2F 2G 2J 3D								
b If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	racte	ristic (Codes	in the instr	uctions:	
4B								
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amoun	<u> </u>
Was there a failure to transmit to the plan any participant contribution	tions withi	n the time period				400		
described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction			İ			
Program)	***********	***************************************	10a		X			
b Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	106		x			
reported on line 10a.)			10b		 ^	Selection and a selection of the selecti		150,000
C Was the plan covered by a fidelity bond?	***************************************		100	^	-	25.00		230,00
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	*********		10d		х			
e Were any fees or commissions paid to any brokers, agents, or ot	her persor	s by an insurance						
carrier, insurance service, or other organization that provides sor	ne or all of	The benefits under	10e	х				4,98
the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?					х	4/4/5		
g Did the plan have any participant loans? (If "Yes," enter amount			10g		X	200		
2520.101-3.)	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)							viendasje de kiestoe
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								
exceptions to providing the notice applied under 29 CFR 2520. It			101	<u> </u>	_1	as official Calif.	ny zamieniejskom je i 1946.029 Tekn	

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Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se	ee instructions and complete Schedule SB
(Form 5500 and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40 11a
12 Is this a defined contribution plan subject to the minimum funding requirements of s	section 412 of the Code or section 302 of
ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	100 N 100
If a waiver of the minimum funding standard for a prior year is being amortized in thi granting the waiver	is plan year, see instructions, and enter the date of the letter ruling
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.	12b
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)	r a minus sign to the left of a
e Will the minimum funding amount reported on line 12d be met by the funding deadli	line? 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 X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	ır
b Were all the plan assets distributed to participants or beneficiaries, transferred to an control of the PBGC?	***************************************
C If, during this plan year, any assets or liabilities were transferred from this plan to are which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
The State of the Control of the Cont	
Part VIII Trust Information - Skip These Questions	14b Trust's EIN
14a Name of trust	14D (fusts Eliv
14c Name of trustee or custodian	14d Trustee or custodian's telephone number
Part IX IRS 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:	Is under section Design-based "Prior year" ADP safe harbor test "Current year" N/A ADP test
16a What testing method was used to satisfy the coverage requirements under section year? Check all that apply:	Ratio Average Denefit test N//
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 a	aggregation rules?
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that recuthe letter// and serial number	
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 ag	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during to	