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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	identification information								
For caler	ndar plan year 2016 or fis	scal plan year beginning 01/01/2	2016 and ending 1	2/31/2016						
A This	return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attac list of participating employer information in accordance with the form instruction a foreign plan							
B This r	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
	k box if filing under:	Form 5558 special extension (enter description)	' '	DFVC	program					
Part II		rmation—enter all requested in	formation	1						
1a Nam EMMANU	ne of plan EL'S MARKETPLACE, IN	IC. 401(K) PLAN		pla	ree-digit In number N) •	001				
				1c Eff	ective date of 01/01	plan /2000				
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) EMMANUELS MARKETPLACE, INC.				2b Employer Identification Number (EIN) 14-1757727						
			ai code (ii loreign, see instructions)	2c Sponsor's telephone number 845-687-2214						
	N STREET DGE, NY 12484			2d Bus	siness code (: 4451	see instructions)				
	n administrator's name an ELS MARKETPLACE, IN		nsor. N STREET RIDGE, NY 12484			257727 elephone number				
nan		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
5a Tota	al number of participants	at the beginning of the plan year		5a		5				
				5b		5				
c Nun	nber of participants with a	account balances as of the end of	the plan year (only defined contribution plans	5c		5				
d(1) ⊤	otal number of active par	ticipants at the beginning of the pl	an year	5d(1)		3				
	•		ar	5d(2)		3				
	·	• • •	e plan year with accrued benefits that were less	5e						

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 t	rue, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2017	EMMANUEL GERONE	DARAS		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number		

Form 5500-SF 2016 Page **2**

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 						(IQPA)			□ No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									<u> </u>
С	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 deteri	mined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		((b) End	of Year	
а	Total plan assets	7a		127250					1275736	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	127250)				1275736	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0=(4)		51998						
	(1) Employers	8a(1)		57921						
	(2) Participants	8a(2)		13						
	Other income (loss)	8a(3) 8b		80054						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							189986	
	Benefits paid (including direct rollovers and insurance premiums	"								
	to provide benefits)	8d		41500)					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			_					
g	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				41500				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							148486	
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2F									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary 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					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?	·····	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					47150
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					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		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 t Day		of the lette Year _	r 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 N	0
	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		e 		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	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 ["Prior ye test	ar" ADP
			Gur 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 perd 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 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		Ye	s [No	
19	Wasa	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 sections 6057(b) and 6058(a) of the Internal Revenue Gode (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	► Complete all entries in a	ccordence with the insti	ructions to the Form 5	500-SF.	Public inspection			
Part 1		identification information				10 - 111 Allinoide			
For calend	ar plan year 2016 or fi		01/01/2016	and ending		31/2016			
A This re	turn/report is for:	X a single-employer plan				king this box must attach a with the form instructions.)			
		a one-participant plan	a foreign plan						
B This reto	urn/report is	the first return/report	the final return/report						
C Observator	h	X an amended return/report	a short plan year return	n/report (less than 12 m	_				
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC p	rogram			
Part II	Basic Plan Info	ormation enter all requested info							
1a Name		The state of the s	7/11/2007		1b Three	e-dlait			
	•	CE, INC. 401(K) PLAN			plan	number 001			
					1c Effec	tive date of plan			
		3 11110001			01/0	1/2000			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)		1	loyer Identification Number)14-1757727			
	town, state or province ELS MARKETPLACE	e, country, and ZIP or foreign postal	l code (if foreign, see instr	ructions)		nsor's telephone number			
EFERNO	SIS MARKETFLA	UE, INC.			845-	687-2214			
3853 MZ	AIN STREET				2d Busin 4451	ness code (see instructions) 1 0			
STONE F		NY 12484							
		nd address DSame as Plan Spons	sor.		3b Administrator's EIN 14-1757727				
EMMANUE.	LS MARKETPLAC	E, INC.			3C Administrator's telephone number				
3853 MA	IN STREET				1	587-2214			
STONE R	. "	NY 12484		200					
4 If the r name,	rame and/or EIN of the . EIN, and the plan nur	e pian sponsor has changed since the mber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN				
a Sponse		•			4c PN				
_		at the beginning of the plan year				54			
		at the end of the plan year			. 5b	58			
compl	ete this item)	account balances as of the end of th	d plan year (only defined	contribution plans	5c	5 7			
		rticipants at the beginning of the plan			5d(1)	38			
		rticipants at the end of the plan year			5d(2)	37			
than '	100% vested	terminated employment during the p			5e	0			
Caution: A	penalty for the late	or incomplete filing of this return/i	report will be assessed	uniess reasonable car	use is estab	ollahed.			
SB or Sche	dule MB completed ar rue, correct, and comp	her penalties set forth in the instructi nd signed by an enrolled actuary, as plete.	well as the electronic ver	examined this return/repor	port, includir t, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN	2 9	٧	9/22/2017	Emmanuel Gero	ndaras				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	s plan administrator			
SIGN HERE						111111111111111111111111111111111111111			
	Signature of emplo		Date	Enter name of individ		as employer or plan sponsor			
rreparers≀	name (including film n	ame, if applicable) and address (incl	lude room or suite numbe	r)	Preparer's	telephone number			

	Form 5500-SF 2016		₽age 2							
6a 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 walver eligibility if you answered "No" to either line 6a or line 8b, the plan can be planted by the planted in the planted by the planted in the planted by the planted in the planted by the plan	an indepe	ndent qualified public	accour	itant (l	QPA)				No
C	If the plan is a defined benefit plan, is it covered under the PBGC i	not use ro	om bos 45-uucc mu orogam (see 5000).	9t inste	ead us	e Forr	n 5500 -		_	
Pa	rt III Financial Information	- Caranca ,	Arogram (See ERISA S	ection /	4021)?		Yes	∐No	Not deter	mined
_7	Plan Assets and Liabilities	1	(-) -							
a_	Total plan essets	. 7a	(a) Beginning	, 127,				(b) End	of Year	
ь	Total plan liabilities	7b		, + & 1 ,	230				1,27	5,73
C	Net plan assets (subtract fine 7b from line 7a)	7c	1	,127,	250				1 27	- 73
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui					4.17	1,27	5, /3
	Contributions received or receivable from: (1) Employers	8a(1)	(sy -sy)		998		**	(b) T	otai	
	(2) Participants	8a(2)	• " ""	57,	921			*****		
	(3) Others (including rollovers)	8a(3)			13		·	***		***
	Other income (loss)	8b		80,	054					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						·	189	9,98
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	n site	41,	500				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				43	1,500
	Net income (loss) (subtract line 8h from line 8c)	8i	" "						148	8,486
	Transfers to (from) the plan (see instructions)	8j			<u> </u>					
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2F	feature co	des from the List of Pi	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acterist	ic Coc	les in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510,3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х				
Ь	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	7 (Do not i	nclude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				10	0,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		×				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	Х				4	7,15
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			108						

Form 5500-SF 2016

Page 3-

Pan	:VI	Pension Funding Compliance				W-1104E.V			
11	≀st (F⊏	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o orm 5500) and line 11a below)	omple	te Scl	nedule S	5B		Yes [No
111	a En	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	,,,,,,,,,		. 11a				
12	je i	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	ode or	sectio	on 302 c	of	П	Yes [X No
	(If	ISA?			**********		'		Δ
	lfa gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst nting the waiver	lonth	ns, an	d enter Da		e of the let Year		'g
	you	completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13,						
k	Ente	er the minimum required contribution for this plan year	,.,,	/1117/11	12b				
	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d	Sut	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le pative amount)	eft of a	3	12d				
e	WII	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N.	/A
Part	VII	Plan Terminations and Transfers of Assets					***		
13ε	Has	a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	lf "\	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	con	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug strol of the PBGC?			**********		Yes	X No	
	lf, d Whi	furing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif ch assets or liabilities were transferred. (See Instructions.)	y the p	plan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Pari	VIII	Trust Information			******				
		e of trust			446 -				
					140	Frust's	≝IN		
14c	Nami	e of trustee or custodian					's or custo he number		
Par	ΙX	IRS Compliance Questions						,	
15a	ls the	plan a 401(k) plan? if "No," skip b		Yes			No.		
	401(K	did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		safe h	nt year	L	"Prior y test	ear" AC	P
	year	testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test		N/A
	for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?	.) 🗀	Yes			No		
17a	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o and the serial number							of
	letter		er the	date o	of the m	ost rec	ent determ	ination	
	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 separate?	ated fr	om.	Yes	· [Na		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	FT715F5FT		Yes		No		