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).

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. 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 JEFFERS COWHERD P.C. PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/1997 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) (EIN) 06-1460674 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number JEFFERS COWHERD P.C. 203-259-7900 2d Business code (see instructions) 55 WALLS DRIVE 541110 FAIRFIELD, CT 06824 **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)..... 9 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 8 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.	09/25/2017	KAREN JEFFERS				
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 individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include i	room or suite number	r)	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	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									X Yes	s No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	☐ Not det	ermined
	rt III Financial Information	<u> </u>	<u> </u>				ı			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) Fnd	of Year	
a	Total plan assets	7a		842160			'	(b) Liid	208645	2
	Total plan liabilities	7b		0)	0				
	Net plan assets (subtract line 7b from line 7a)	7c	1	842160)				208645	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)		89722						
	(2) Participants	8a(2)		69446						
	(3) Others (including rollovers)	8a(3)		00470						
<u>b</u>	Other income (loss)	8b		89170						_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24833	8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2288	3					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		1758	3					
q	Other expenses	8g		0)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		404						6
-	Net income (loss) (subtract line 8h from line 8c)	8i							24429	2
ij	Transfers to (from) the plan (see instructions)	8i		C)					
Pai	t IV Plan Characteristics	1 0								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	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 for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
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	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					200000
d		fidelity bo	nd, that was caused	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				
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	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)						Yes X No
		r 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 sec ERISA?								Yes 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		1		
<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			1			
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	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian'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 [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
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

F	Part I Annual Report	Identification Information							
•	r calendar plan year 2016 or fl	scal plan year beginning	01/01/2016	and ending	12/31/20	16			
	a single-employer plan This return/report is for: a one-participant plan the first return/report an amended return/report 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 toreign plan the first return/report an amended return/report a short plan year return/report (less than 12 months)								
С	Check box if filing under:	X Form 5558 special extension (enter descr	automatic extension		-	program			
P	art II Basic Plan Info	ormation enter all requested	information	W		······································			
	Name of plan	C. PROFIT SHARING PLAN			1b Three-dig plan num (PN) ► 1c Effective 01/01/	001 date of plan			
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)					2b Employer (EIN) 0	r identification Number 6-1460674 s telephone number			
JEFFERS COWHERD P.C. 55 WALLS DRIVE						259-7900 code (see instructions)			
3a	Plan administrator's name a	and address X Same as Plan Spo	Drisor	·····	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 filled for this plan, enter the									
а	Sponsor's name	mber from the last return/report.			40.00				
		at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		4c PN	**			
b	Total number of participants	at the end of the plan year		*************************	5a 5b	13			
C	Number of participants with	account balances as of the end of	the plan year (only define	contribution plans	5c	12			
d((1) Total number of active par	rticipants at the beginning of the pla	n year		5d(1)	9			
	(2) Total number of active par	rticipants at the end of the plan year	r	-425	5d(2)	8			
e	Number of participants that	terminated employment during the	plan year with accrued be	nefits that were	5e	0			
Ca		or incomplete filing of this return			lica is establish	•			
Ur SE	nder penaltigs of perjury and o	ther penalties set forth in the instru	ctions. I declare that I have	a examined this return/r	enort including i	fannliachte a Cabadata			
	ERE Signature of plan adh	Mus	7/25/17	KAREN JEFFERS					
8	IGN	2 U	Date	Enter name of Individu	al signi∩g as plar	administrator			
L	ERE Signature of employe	r/plan sponsor	Date	Enter name of individu	al signing as emi	ployer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone num Skip this question Preparer's telephone num				chone number					

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 6а	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	ee instructions.)		******			•••••	X Yes No		
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot	and condition ot use Form	s.) 5500-SF and must ins	stead	use F	orm	5500.		XYes No		
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section	on 402	21)?		Yes	No	Not determine	÷d —	
Pa	art III Financial Information					1				_	
<u>7</u>	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	-		(b) End o		_	
a	Total plan assets	, 7a	1,84	12,1	60				2,086,452	_	
<u>b</u>	Total plan liabilities	7b			0	-			0		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,84		60	-			2,086,452	_	
8_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) T	otal		
а	(1) Employers	. 8a(1)	8	39,7	22						
	(2) Participants	. 8a(2)		59,4	46						
	(3) Others (including rollovers)	. 8a(3)			0			ENH.		Ē.	
b	Other income (loss)			39,1	70	480	Stage				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		GIVE,					248,338		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,2	88						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		1,7	58	N. M.					
g	Other expenses	. 8g			0	N					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4,046				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					244,292				
<u>i</u>	Transfers to (from) the plan (see instructions)	. 8j			0			SARA			
Pa	art IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension f	eature code:	s from the List of Plan C	harac	teristi	c Cod	es in th	e instruct	ions:		
	2A 2E 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fee	ature codes	from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ons:		
Ps	art V Compliance Questions									_	
10	During the plan year:				Yes	No	N/A		Amount		
a		itions within	the time period		163	140	IVA		Amount	-	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•								
	Program)	•	*	10a		х					
b	Were there any nonexempt transactions with any party-in-interest									_	
	reported on line 10a.)			10b		Х				_	
				10c	_ X				200,000	<u>)</u>	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	, .,	х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of th	e benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		х				_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		х				_	
h	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	he required r	notice or one of the	10i							

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Par		Pension Funding Compliance						
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below) Yes X No							
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							Yes [X No
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver			iter the d Day		e letter r ear	uling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b	Enter t	ne minimum required contribution for this plan year	*************	. 12b				
С	Enter t	ne amount contributed by the employer to the plan for the plan year	***************************************	. 12c				
d		et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)						
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	**************	·	Yes	☐ No	<u> </u>	I/A
Part	VII	Plan Terminations and Transfers of Assets				<u>.</u>		
13a	Has a r	esolution to terminate the plan been adopted in any plan year?	*************	•	☐ Ye	s X] No	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	**************	. 13a				
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ıght unde	r the		Yes	X No)
С	If, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ssets or liabilities were transferred. (See instructions.)		an(s) to				
1;	3c(1) Na	me of plan(s):	13c(2	EIN(s)		1:	3c(3) PN	(s)

Part	VIII	Trust Information - Skip These Questions			 ,			
	Name o							
1 4 a	Name (n trust		141) Trust's	EIN		
140	Name o	f trustee or custodian		44				
170	realine C	in trustee of Custodian		140	Trustee telepho	e or cust ne num		
	DZ.	17. 0		l				
Part		IRS Compliance Questions - Skip These Questions		<u>.</u>				
		an a 401(k) plan? If "No," skip b		Yes			No	
15b	How did 401(k)(3	the plan satisfy the nondiscrimination requirements for employee deferrals under section b) for the plan year? Check all that apply:		Design- safe har			"Prior yetest	ear" ADP
				"Curren			N/A	
16a	What te year? C	sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply:		Ratio percentatest	age [Avera	ige it test	□ N/A
16b	Did the for the p	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) alan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		letter or	advisory	letter, e	nter the	date of
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, ϵ	enter the	date of th	ie most i	ecent de	etermina	tion
	Were an	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep	parated fr	om	Yes	. 🗆	No	
19	Was an	y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	***************************************		Yes		No	