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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I Annual Re	oort Identification Information	1		
For	calendar plan year 2016	or fiscal plan year beginning 01/01/2	2016 and ending 12	2/31/2016	
Α	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (list of participating employer information in ac a foreign plan	,	
В	This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)	
	Check box if filing under	special extension (enter desc	• ,	DFVC progra	m
		Information—enter all requested in	nformation	T	
	Name of plan ER & KELLER, PLLC 40	1(K) PLAN		1b Three-digi plan numb (PN) ▶	
				1c Effective of	date of plan 01/01/1997
2a	Mailing address (includ	employer, if for a single-employer plan) e room, apt., suite no. and street, or P.0 ovince, country, and ZIP or foreign pos		(EIN)	Identification Number 20-5999232
BAUE	ER & KELLER CPAS PL		tal code (i. loroigili, coo il cii aciicilo)	21	telephone number 2-398-0192
TH F	EST 38TH STREET FLOOR YORK, NY 10018			2d Business (code (see instructions) 541211
3a	Plan administrator's na	me and address 🛛 Same as Plan Spo	nsor.	3b Administra	ator's EIN
				3c Administra	ator's telephone number
4		of the plan sponsor has changed since an number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of partici	pants at the beginning of the plan year.		5a	;
b	Total number of partici	pants at the end of the plan year		5b	;
С	complete this item)	with account balances as of the end of	the plan year (only defined contribution plans	5c	
d	(1) Total number of acti	ve participants at the beginning of the p	lan year	5d(1)	
d	(2) Total number of acti	ve participants at the end of the plan ye	ear	5d(2)	
	than 100% vested		e plan year with accrued benefits that were less	5e	
			n/report will be assessed unless reasonable ca		
SB		ted and signed by an enrolled actuary,	actions, I declare that I have examined this return/re as well as the electronic version of this return/repor		

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2016 Page **2**

 Were all of the plan's assets during the plan year invested in eliginary being the plan's assets during the plan year invested in eliginary being the plan of the plan year invested in eliginary being the plan year invested in e	f an indepe	ndent qualified public a	account	ant (IC	(PA)				No No
C If the plan is a defined benefit plan, is it covered under the PBGC					_	-		Not determine	ed
Part III Financial Information	_								
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	of Year	
a Total plan assets	7a		969417					963893	
b Total plan liabilities	7b							0	
C Net plan assets (subtract line 7b from line 7a)	7c		969417					963893	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
a Contributions received or receivable from: (1) Employers	8a(1)		C						
(1) Employers	8a(1)		6050						
(3) Others (including rollovers)	8a(3)		C						
b Other income (loss)	8b		88426						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								94476	_
d Benefits paid (including direct rollovers and insurance premiums	1								
to provide benefits)	8d		100000						
e Certain deemed and/or corrective distributions (see instructions).	8e		C						
f Administrative service providers (salaries, fees, commissions)	8f		C						
g Other expenses	8g		С						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							100000	
i Net income (loss) (subtract line 8h from line 8c)	8i							-5524	
j Transfers to (from) the plan (see instructions)	8j		C)					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pensio 2E 2G 2J 3D	n feature co	des 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	feature coo	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Part 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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•	•	10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		Х				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	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 exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i						

Form	5500	-SF	201	6

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

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
		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 A?					│	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
			ΙП '	"Curre	ent 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:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	the 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 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 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

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I		Identification Information			· · · · · · · · · · · · · · · · · · ·	
For calenda	ar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/33	1/2016
A This ret	urn/report is for:	□ a single-employer plan □	a multiple-employer pl list of participating en	an (not multiemployer) nployer information in a		
		a one-participant plan	a foreign plan			
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/renort (less than 12 m	nonths)	
0				inreport (iess thair 12 ii	-	
C Check	oox if filing under:		automatic extension		☐ DFVC prog	ram
Part II	Basic Plan Info	prmation—enter all requested info				
1a Name		enter an requested mile	mation		1b Three-d	iait
	KELLER, PLLC	401(K) PLAN			plan nur	mber
					1c Effective	e date of plan 1/1997
2a Plan st	oonsor's name (emplo	oyer, if for a single-employer plan)		· ·		er Identification Number
Mailing	address (include roo	om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign postal		ructions)	(EIN) 2	20-5999232
	KELLER CPAS			,		r's telephone number 398-0192
					2d Busines	s code (see instructions)
	38TH STREET				54121	11
9TH FLOONEW YORK			NY	10018		
3a Plan ad	dministrator's name a	nd address 🏿 Same as Plan Spons	or.		3b Adminis	trator's EIN
					3c Adminis	trator's telephone number
						nator o totopriorio nambor
		e plan sponsor has changed since th mber from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN	
a Sponso	or's name				4c PN	
5a Total r	number of participants	at the beginning of the plan year			. 5a	3
		at the end of the plan year			. 5b	3
	마음	account balances as of the end of th		30.50 C.	5c	2
d(1) Tota	al number of active pa	articipants at the beginning of the plan	ı year		5d(1)	2
d(2) Tota	al number of active pa	articipants at the end of the plan year			5d(2)	2
		terminated employment during the p			5e	C
Caution: A	penalty for the late	or incomplete filing of this return/i	report will be assessed	unless reasonable ca	use is establis	hed.
SB or Sche	ilties of perjury and of dule MB completed a rue, correct, and com	ther penalties set forth in the instructind signed by an enrolled actuary, as plete	ons, I declare that I have well as the electronic ver	examined this return/re rsion of this return/repo	eport, including, rt, and to the be	if applicable, a Schedule est of my knowledge and
SIGN			9/29/17	DOUGLAS J. BA	UER	
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as	plan administrator
SIGN HERE						
	Signature of emplo		Date			employer or plan sponsor
Preparers	name (including ilm r	name, if applicable) and address (incl	ude room of suite numbe	er)	Preparer's te	lephone number

Form	5500-SF	2016
------	---------	------

_	_		_	2
г	d	а	е	_

b A	Were all of the plan's assets during the plan year invested in eligibate you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility fyou answered "No" to either line 6a or line 6b, the plan cantof the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	endent qualified public a tions.) orm 5500-SF and mus	account t instea	ant (IC	PA) Form	ı 5500.			Yes No Yes No determined
Part		iodianoc j			021):	∟] 100			- Coloninea
	Plan Assets and Liabilities		(a) Beginning	of Year	.			(b) End	of Year	
a T	otal plan assets	7a		969,				1 /		963,893
b T	otal plan liabilities	7b	-							0
C N	Net plan assets (subtract line 7b from line 7a)	7c		969,	417					963,893
8 I	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) 1	Total	
	Contributions received or receivable from:	9-(4)			0					
	1) Employers	8a(1)			050					
	2) Participants	8a(2)		0,	030				·	
	3) Others (including rollovers) Other income (loss)	8a(3) 8b		88,	126					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		00,	120					94,476
	Benefits paid (including direct rollovers and insurance premiums	00								94,470
	o provide benefits)	8d		100,	000					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					<u> </u>
f_	Administrative service providers (salaries, fees, commissions)	8f			0					
_ g (Other expenses	8g	•		0	-				
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								100,000
	let income (loss) (subtract line 8h from line 8c)	8i	,							-5,524
j 1	ransfers to (from) the plan (see instructions)	8j			0		· ·			
Part	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature c	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions	:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
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 \ Program)	-	-	10a	1	Х				
b	Were there any nonexempt transactions with any party-in-interest			104		21				
	reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c		Х				- 1.
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 otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all o	f the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х				
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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i			:			

Page 3 -	
1 446 0	 1

Part '	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	í complete	Schedule :	SB		es 🛭 N
11a	Enter the 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 ERISA?					es 🛛 N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				- 610 - 1 10	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	. Month	, and enter Da		e of the letter Year	ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.	ı			
b	Inter the minimum required contribution for this plan year		12b		·	
C I	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12đ			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	_ No [N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution 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		_			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught under	r the		Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)			·1		
1	Sc(1) Name of plan(s):	13	c(2) EIN(s)	<u> </u>	13c(3)	PN(s)
	Trust Information		14b	Trust's	EIN	
		•				
14c i	lame of trustee or custodian		14d		's or custodia ne number	ın's
Part	IX IRS Compliance Questions		 l			_
15a	s the plan a 401(k) plan? If "No," skip b	⊔	es es		No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:)" □	esign-base afe harbor Current yea		☐ "Prior yea test ☐ N/A	ar" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	F	DP test Ratio percentage est		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?		'es		☐ No	
17a	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR and the serial number.		etter or adv	risory let	ter, enter the	date of
17b	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, etter	enter the o	late of the i	nost rec	ent determin	ation
•	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not se service?		om Ye	es	No .	
19.	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Y	es	No	
		-				

.