For	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Employed	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Retirem	ent 2016				
Employee B	epartment of Labor enefits Security Administration			57(b) and 6058(a) of the Intern					
_	enefit Guaranty Corporation	· · · · · · · · · · · · · · · · · · ·	accordance with the inst	tructions to the Form 5500-SI					
For calenda	ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	016	and ending 12/31/20	016				
	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Filers mployer information in accorda	checking this box must attach a nce with the form instructions.)				
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		VC program				
Part II	Basic Blan Infor	nation —enter all requested inf	1 ,						
1a Name		•	Simation		Three-digit plan number (PN) ▶ 001 Effective date of plan 01/01/2001				
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		tructions)	Employer Identification Number (EIN) 65-0819250				
	& HERSCHER, PA			2c	Sponsor's telephone number 305-280-5297				
9960 SW 145 MIAMI, FL 33	5TH STREET 3176			2d	Business code (see instructions) 541110				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	isor.		Administrator's EIN Administrator's telephone number				
name	, EIN, and the plan numb	blan sponsor has changed since to be from the last return/report.	the last return/report filed						
a Spons				4c					
		t the beginning of the plan year		-					
C Numb	er of participants with ac	t the end of the plan year	he plan year (only defined	d contribution plans 5					
	,	cipants at the beginning of the pla							
• • •	•	cipants at the end of the plan yea							
e Numb	per of participants that te	rminated employment during the	plan year with accrued be	enefits that were less 5					
		incomplete filing of this return							
SB or Sche		signed by an enrolled actuary, a			ncluding, if applicable, a Schedule to the best of my knowledge and				
SIGN	Filed with authorized/va	lid electronic signature.	10/03/2017	LARRY I. HERSCHER					
HERE	Signature of plan adr	ministrator	Date	Enter name of individual sig	ning as plan administrator				
SIGN									
HERE	Signature of employe		Date		ning as employer or plan sponsor				
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numb	ver) Prep	arer's telephone number				
		see the Instructions for Form FEOD			Earm 5500 SE (2016)				

6a b c	Were all of the plan's assets during the plan year invested in eligibl 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 If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins	an independ and condition ot use For	dent qualified public accountant (IQF ons.) m 5500-SF and must instead use I	PA) Yes No Form 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1280166	1377894
b		7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1280166	1377894
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			

8a(1)	40000	
8a(2)	0	
8a(3)	0	
8b	96257	
8c		136257
8d	27965	
8e	0	
8f	0	
8g	10564	
8h		38529
8i		97728
8i	0	
	8a(2) 8a(3) 8b 8c 8d 8d 8d 8d 8e 8f 8g 8h 8i	8a(1) 0 8a(2) 0 8a(3) 0 8b 96257 8c 27965 8d 27965 8e 0 8f 0 8g 10564 8h 0

Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		0
C	Was the plan covered by a fidelity bond?	10c		Х		0
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		Х		0
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		Х		0
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		0
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		0
h	······································	10h		Х		
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	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
е	Will	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						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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
16b		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	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

	orm 5500-SF	Short , orm Annu	al Return/Repo Benefit Plan	•	loyee	OMB Nos. 1210-0110 1210-0089			
	epartment of the Treasury nternal Revenue Service	This form is required to be file Income Security Act of 1974	d under sections 104 an	d 4065 of the Employee	Retirement	2016			
	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	-	Revenue Code (the Co	de).		This Form is Open to Public Inspection			
		Complete all entries in a		structions to the Form	5500-SF.				
For caler	idar plan year 2016 or fis	Identification Information	1/1/2016	and ending	10/01	/004.0			
	idal plan joar 2010 of no	a single-employer plan			12/31.	ng this box must attach a			
A This r	eturn/report is for:	a one-participant plan		employer information in a					
B This re	eturn/report is	the first return/report	the final return/repor						
		an amended return/report	a short plan year ret	urn/report (less than 12 r	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	I		VC program			
		special extension (enter descr							
Part II	Basic Plan Infor	mation-enter all requested inf	ormation						
1a Name Herscher	e <mark>of plan</mark> [.] & Herscher, PA Profit Sl	aring Plan			1b Three-c	mber			
					(PN) 🕨	001			
						e date of plan 1/1/2001			
Mailin	ig address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.			2b Employe	er Identification Number 65-0819250			
	& Herscher, PA	, country, and ZIP or foreign posta	Il code (if foreign, see ins	tructions)	2c Sponso	r's telephone number			
9960 SW	145th Street				305-280-5297 2d Business code (see instructions)				
Miami		FL			5	641110			
33176									
		address 🛛 Same as Plan Sponso	JI.		3b Administ 3c Administ	trator's telephone number			
4 If the		lan ananar turu dunundaturu d	and the formation of States	6 H 1 H 1	41				
name		lan sponsor has changed since the per from the last return/report.	ie last return/report filed	for this plan, enter the	4b EIN 4c PN				
		the bogioping of the play year			5a	3			
		the beginning of the plan year			5b				
c Numb	er of participants with ac	the end of the plan year	e plan year (defined ben	efit plans do not	50 5c	2			
		ipants at the beginning of the plar			5d(1)	3			
					5d(2)				
e Numb	per of participants that ter	ipants at the end of the plan year minated employment during the p	lan year with accrued be	enefits that were less	50(2) 5e	2			
than	100% vested					0			
Under pena SB or Sche	alties of perjury and other	incomplete filing of this return/ penalties set forth in the instructi- signed by an enrolled actuary, as e.	ons, I declare that I have	examined this return/rep	port, including, i	if applicable, a Schedule			
SIGN	Larry I.		10/3/17	Larry I. He	erscher				
HERE	Signature of plan adm	inistrator	Date	Enter name of individu		lan administrator			
SIGN	Larry I.	Herscher	10/3/17	Larry I. He	erscher				
HERE	Signature of employe		Date	Enter name of individu		mployer or plan sponsor			
Preparer's	name (including firm nam	e, if applicable) and address (incl	ude room or suite numbe	er)	Preparer's tele	ephone number			
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the in	nstructions for Form 5500-	-SF.		Form 5500-SF (2015)			

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6a	Were all of the plan's assets during the plan year invested in eligi	ible assets	? (See instructions.).						Yes 🗌 No		
10	Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	/ and cond	itions.)						Yes 🗌 No		
С	If the plan is a defined benefit plan, is it covered under the PBGC i								Not determined		
-	art III Financial Information										
7	Plan Assets and Liabilities	1	(a) Beginning	n of Vo			_	(h) Eng	of Year		
а	Total plan assets	. 7a	(u) beginning		30166				1377894		
b					0				0		
С	Net plan assets (subtract line 7b from line 7a)			128	30166				1377894		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)			0000						
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		9	6257						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							136257		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	7965						
e	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	8g		1	0564						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							38529		
i	Net income (loss) (subtract line 8h from line 8c)	8i							97728		
j	Transfers to (from) the plan (see instructions)	8j			0						
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of P	'lan Cha	iracteri	istic C	odes in	the instr	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	an Char	acteris	tic Co	des in t	he instru	ctions:		
Par	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		1					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	nclude transactions	10b		1					
С	Was the plan covered by a fidelity bond?			10c		1					
d	Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?	fidelity bon	d, that was caused	100		✓					
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons e or all of t	by an insurance he benefits under	10e		~					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		1					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-ei	nd.)	10q	-	1					
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	tions and 29 CFR	10g		1					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							

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ra	rt VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	omple	ete Scł	nedule S	B		Yes 🖌 No
11	a 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 Co ERISA?	ode or	sectio	n 302 o	f		Yes 🛛 No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst				la a al al		-
-	granting the waiver	onth	ns, an	d enter i Day		e of the lette Year	r ruling
				4.02			
	b Enter the minimum required contribution for this plan year			12b			
	C Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of a	a 	12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Par	t VII Plan Terminations and Transfers of Assets						
13	a Has a resolution to terminate the plan been adopted in any plan year?				Ye	s 🕅 N	0
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>		
b		nt und		Tou		Yes 🗸	No
c			olan(s)	to			
	13c(1) Name of plan(s):		130(2)	EIN(s)		120(2)	
-			100(2)			130(3)	PN(s)
Par	t VIII Trust Information						
14a	Name of trust			14 b T	rust's F	IN	
						-11 4	
14c	Name of trustee or custodian			14 d T	rustee's	s or custodi	an'e
						e number	1115
Par							
L	t IX IRS Compliance Questions						
		In			Γ	7	
	Is the plan a 401(k) plan? If "No," skip b		Yes	hasod	[] No	r" ADD
15b			Desigr safe ha		(] No "Prior yea test	۱۳" ADP
15b	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe ha	arbor ht year"		"Prior yea	ır" ADP
15b	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe ha 'Currei ADP te Ratio percer	arbor nt year" est		"Prior yea test N/A erage	ar" ADP
15b 16a	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Desigr safe ha "Currei ADP te Ratio	arbor nt year" est		"Prior yea test	
15b 16a 16b	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 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?		Design safe ha "Curren ADP te Ratio percen test Yes	arbor nt year" est ntage	[Av be	Prior yea test N/A erage nefit test	□ N/A
15b 16a 16b 17a	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 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? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number		Desigr safe ha "Curren ADP te Ratio percer test Yes letter	arbor nt year" est ntage or advise	Av Dep	 Prior yea test N/A erage nefit test No er, enter the 	N/A date of
15b 16a 16b 17a 17b	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 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? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter		Desigr safe ha "Curren ADP te Ratio percer test Yes letter	arbor nt year" est ntage or advise	Av Dep	 Prior yea test N/A erage nefit test No er, enter the 	N/A date of
15b 16a 16b 17a 17b 18	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 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? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	Dinion	Desigr safe ha 'Currer ADP te ADP te Percer test Yes letter o date o	arbor nt year" est ntage or advise	Av be [ory lette	 Prior yea test N/A erage nefit test No er, enter the 	N/A date of