## Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

This form is re

## 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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information								
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2	016	and ending 1	2/31/2016					
A This re	turn/report is for:	X a single-employer plan			er) (Filers checking this box must attach a n accordance with the form instructions.)					
		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	2 months)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program					
Dort II	Danie Dlen Inf	special extension (enter descr	· · ·							
Part II 1a Name		ormation—enter all requested in	formation		<b>1b</b> Three-digit	1				
		K) PROFIT SHARING PLAN			plan number (PN)	001				
					1c Effective date	of plan 01/2001				
		oyer, if for a single-employer plan)	) Boy)		<b>2b</b> Employer Iden					
City or	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)									
ROBERT FE	ELD, MD, L.L.C.					73-6868				
205 FAST M	AIN STREET				2d Business code					
	ON, NY 11743				621111					
3a Plan a	idministrator's name a		<b>3b</b> Administrator's EIN							
					<b>3c</b> Administrator's telephone number					
					Administrator's telephone number					
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN					
<b>a</b> Spons	or's name				4c PN					
<b>5a</b> Total	number of participant	s at the beginning of the plan year								
		s at the end of the plan year			5b					
	er of participants with lete this item)	account balances as of the end of	the plan year (only define	ed contribution plans	. <b>5c</b>					
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the pl	an year		5d(1)					
<b>d(2)</b> Tot	tal number of active p	articipants at the end of the plan yea	ar		5d(2)	4				
than	100% vested	t terminated employment during the			5e					
		or incomplete filing of this return								
SB or Scho		other penalties set forth in the instruction and signed by an enrolled actuary, and lete.								
SIGN	Filed with authorized	ROBERT FELD								
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan a	dministrator				
SIGN HERE										
Droparor's		oyer/plan sponsor name, if applicable) and address (ir	Date	Enter name of individ	Preparer's telephor					
Fiepalei S	name (including iiiii	name, ii applicable) and address (ii	iciade room of suite num	ibei )	Preparer's telephor	ie number				

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<b>6a</b> Were all of the plan's assets during the plan year invested in eligible		,						X Yes No	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
If you answered "No" to either line 6a or line 6b, the plan cann									
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No I	Not determined	
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of Y	ear	
a Total plan assets	7a	2	104271				2	2365822	
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	2	104271				2	2365822	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
Contributions received or receivable from:     (1) Employers	8a(1)		51280						
(2) Participants	8a(2)		62030	)					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		148241						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							261551	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	1								
to provide benefits)	8d								
<b>e</b> Certain deemed and/or corrective distributions (see instructions).	8e								
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f								
<b>g</b> Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i Net income (loss) (subtract line 8h from line 8c)	8i				261551				
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructi	ons:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	ne instructio	ns:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	A	mount	
a 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)			10a		Χ				
<b>b</b> Were there any nonexempt transactions with any party-in-interes			IUa						
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х				11000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
	the plan? (See instructions.)				X				
g Did the plan have any participant loans? (If "Yes," enter amount a			10f 10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	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	the required	d notice or one of the	10h 10i						
2.300pilono to providing the hotioc applied under 25 of N 2520.10	,		1 101	1	l				

Form	5500	-SF	201	6

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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 a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?							
	(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	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A	
Part	VII	Plan Terminations and Transfers of Assets			1				
13a	13a Has a resolution to terminate the plan been adopted in any plan year?						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)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information			•				
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN		
14c	Name	of trustee or custodian			<b>14d</b> 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		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		ign-based "Prior year" ADP test				
			ΙП '	"Curre	rrent year" N/A P test				
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 Average Denefit 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

Depertment of the Treasury Internet Revenue Service

Dopartment of Lebor Employee Benofile Security Administration Pension Benofil 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 Retfrement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos, 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Penalon Bonofil Guaranty Corporation		ccordance with the instruction	no to the Form SSOO.	QF	inspection
	• • • • • • • • • • • • • • • • • • • •	Identification Information		13 to the Form 5500-4	<u> </u>	,
	r calendar plan year 2016 or fise		01/01/2016	and ending	12/31/20	16
A	This return/report is for: This return/report is:	a one-participant plan the first return/report an amended return/report	a multiple-employer plan ( a list of participating employer a foreign plan the final return/report s short plan year return/re	(not mulliemployer) (Fi oyer Information in acc	cordance with th	ols box must attach ne form instructions.)
	Check box if filing under:	Form 5558 special extension (enter desc			☐ DFVC 1	program
	Name of plan	rmation enter all requester  L.C. 401 (k) Profit Sha			1b Three-dig plan numl (PN) ► 1c Effective 09/01/2	date of plan
28	Mailian Address (include roo		.O. Box)	ans)	2b Employer (EIN) 1: 2c Sponsor's (631)	Identification Number 1-3520781 Idelephone number 673-6868 code (see instructions)
3	da Huntrington NY 11743  Plan administrator's name at	nd address 🕱 Same as Plan S	ponsor		3b Administr	ator's EIN ator's telephone number
4	if the name and/or EIN of the name, EIN, and the plan nur	e plan aponsor has changed since mber from the last return/report.	e the last roturn/report filed for the	is plan, enter the	4b EIN	
	a Sponsor's name				4c PN	
5		at the beginning of the plan year			<u>5a</u>	4
	Number of participants with	at the end of the plan year account balances as of the end o	f the plan year (only defined con	tribution plans	5b 5c	4
		rticipants at the beginning of the p			5d(1)	4
				Г	5d(2)	4
(	e  Number of perticipants that less than 100% vested	rticipants at the end of the plan ye terminated employment during the	e plan year with accrued bonefit	s that were	5e	0
_		or incomplete filling of this reti	irn/raport will be assessed iin	less reasonable cau	se is establish	od.
- 4	Under penalties of perjury and c SB or Schedule MB completed to bellef, it is true, correct and con	other penalties set forth in the inst and signed by an pripiled actuary	nictions. I declare that I have ex	amined this return/rep	ort, including, II	applicable, a Schedule
1913	SIGN 15 Signature of plan add SIGN	69.1/	Date (2/)) 17 E		Feld I aigning as em	n administrator ployer or plan sponsor phone number
	Skip this question	name, a application and butters	(income of the control of the contro		Skip this o	

	Form 5500-SF 2016		Page 2							
<u></u>	Vere all of the plan's assets during the plan year invested in eligible	assets? (S	iee instructions.)					1110000	XYes	□No
oa v	vere all or the plants assets coining the plant year invested in engine tre you claiming a walver of the annual examination and report of an	independ	ent qualified public account	lant (	IQPA	)			_	<del>_</del>
	inder 29 CFR 2520 104-46? (See Instructions on waiver eligibility ar	id conditio	ns.)	******	******	********			X Yes	□No
	f you answered "No" to either line 6a or line 6b, the plan cannot	t use Forn	$_{ m 1}$ 5500-SF and must inste	ad us	e Fo	rm 55	500.			
C	The plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	gram (saa ERISA section	4021	?		Yes	No	∐ Not d	etermined
PS	Financial Information									
	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End	of Yoar	
	Total plan assets	7a	2,104	1,27	1				2,365	822
	Total plan liabilitlas	7b					_			
	Net plan assets (subtract line 7b from line 7a)	7c	2,104,271						2,365	, 822
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			<u> </u>		(b) T	otal	rw9ereldigrailrenn
а	Contributions received or receivable from:	Pn/61	51	1,28	0					
	1) Employers	8a(1)	*****	2.03						
	2) Participants	8a(2)		-,						
	(3) Others (including rollovers)	8a(\$) 8b	1.41	8,24	1	E FE				
	Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				A TAXABLE	RICHERICALIS	10011111-0511111		,551
<u>a</u>	Benofits paid (including direct rollovers and insurance premiums		Lamb beter managed transfer and participations are	iii mana	HI SHEET CO	TO THE				
	to provide benefits)	8년		_						
е	Certain deemed and/or corrective distributions (see instructions)	. 8a								
f	Administrative service providors (salaries, fees, commissions)	. Bf				100000	CHILL WITH	SASIM MATERIAL		
9_	Other expenses	8g	Gelegen nu transporter in the Landard of the Landar	entalita	15250 F29V i			Hallingham		MINTERNATION OF
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							0.61	251
i	Net Income (loss) (subtract line 8h from line 8c)	18				110171717	iinelyt <del>a</del> aa	MARINEM PROPERTY		. 551 Hazaniumoja
<u></u>	Transfers to (from) the plan (see instructions)	. 8]							ITHER HEALER	
	Plan Characteristics									
9a	If the plan provides pension banafits, enter the applicable pansion fe	eature cod	es from the List of Plan Ch	aracte	eristic	Code	es in th	e Instructi	lons:	
]	2E 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chai	racte	istic (	Codes	in the	instructio	ins:	
									<b>.</b>	
	Compliance Questions		-				Trendales			
10	During the plan year:			_	Yes	Nο	N/A	<u> </u>	Amount	
3	Was there a failure to transmit to the plan any participent contribu	tlons withi	n the time period					l I		
	described in 28 CFR 2510.3-102? (See instructions and DOL's Vo			40-		x				
	Program)	0 (De est	indude transations	10a		-				
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		Michae pensecons	10b		X				
	Was the plan covered by a fidelity bond?	4   100		10c	x		調酬			110,000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused				<b>限期期</b>			
•	by fraud or dishonesty?			108		X				
	Were any fees or commissions paid to eny brokers, agents, or other	har person	s by an insurance							
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	108		x				
_				10f		x				-
						┼				
9				10g		X	1280 (00		<u> </u>	
1	If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See instr	uctions and 29 CFR	10h		x		Algenness	SHIP THE PROPERTY OF STREET	range in walk capani
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101						

	Paga 3 -	]						
	Form 5500-SF 2016							
marst X	Kilyersentri .							
Part.	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of the second seco	complete	Sche	dule St	} 	<u> </u>	es 🕱	No
	Is this a defined benefit plan subject to minimum funding requirements (if the company) (Form 5500 and fine 11g below) (Form 5500 and fine 11g below)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. [	11a				
11a	(Form 5500 and line 11s below)  Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or s	section	302 of		l, ,	Yes 🗵	No
							—	
	ERISA?	struction	is, and	enter t	he date	of the li	atter ruling	ġ
a	If a waiver of the minimum funding standard for a prior year is being amorozed in this party year. M	lonth		Day	<u>'</u>	Yea	ř	
15.			1					<u></u>
<u></u> b	Enter the minimum required contribution for this plan year.			125				
	Enter the amount contributed by the employer to the plan for the plan year			12c				
	to the amount in line 12h. Enter the result (enter a minus sign to the	. I	12d					
d	Subtract the amount in line 12c from the amount in line 12c from the amount negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes [	_ No	☐ N//	Δ
in a	Plan Terminations and Transfers of Assets			Г	Yes	X	No	_
13	田田 Has a resolution to terminate the plan been adopted in any plan year?			13a	<del></del>			
	that the amount of any plan assets that reverted to the employer this year	************				 Yes	X No	
b		- iiii tha	olonie		<u> </u>	182		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plant, year,	ilifinà mic	Platifo	, io				
	which assets or liabilities were transiened. (See maildulonal)			EIN(s) 13c(3) PN(s)				
	13c(1) Name of plan(s):					1		
	•	•						
	Trust Information - Skip These Questions			1/15	Trust's	EIN		
	4a Name of trust			140 	Husts	_114		
·	• • • • • • • • • • • • • • • • • • • •							
_				140	Truster			
14	4C Name of trustee or custodian				telepno	Ve vou	loci	
		_	_	l				
P	IRS Compliance Questions - Skip These Questions	т					No	
4	5a Is the plan a 401(k) plan? If "No," skip b.		<u>'                                    </u>	'es ——				
_	the section of the section of the section of the section			Design- Iafe ha			"Prior y	/ear" ADP
7	5b How did the plan satisfy the nondiscriminator requirements to 2 401(k)(3) for the plan year? Check all that apply:			Curren		_		
	to New York		$ \Box $	Conen NDP te:	t year St	<u> </u>	N/A	
	and its grants under section 410(b) for the plants	an		Ratio		- Avr	rage	
1	6a What testing method was used to estisfy the coverage requirements under section 410(b) for the playear? Check all that apply:	*1 revenues		erceni	age [		elit test	☐ N/A
				est				
1	16b Did the plan setisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a for the plan year by combining this plan with any other plan under the permissive aggregation rules.	? <u></u>	_	Yes		<u>_</u>		date of
-	17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a ravorable	tire ohi	nion le	uer or	advisor)	r letter,	surea me	
-	the letter / and serial number  17b If the plan is an Individually-designed plan that received a favorable determination letter from the IF	RS, entei	r the di	ate of ti	ie most	recent		au011
	18 Defined Benefit Plan or Money Purchase Pension Plan Only:	nt separa	ited fro	ជ្រាំ	I	es [	No	
-	service?		*****		□ Y	'es [	No	
	19 Was any plan participant a 5% owner who had attained at least ago to 22 and 19				J			