Form 5500-SF		Short Form Annu	•	•	oyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treas Internal Revenue Servi		This form is required to be file	Benefit Plan d under sections 104 and						
Department of Labor Employee Benefits Security Adn	Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) o					This Form is Open to			
Pension Benefit Guaranty Co	•	Complete all entries in		structions to the Form 5	5500-SF.				
For calendar plan year 2		entification Information		and ending 12	2/31/2016				
		a single-employer plan		j		ing this box must attach a			
A This return/report is for	or:	a one-participant plan		ith the form instructions.)					
<b>B</b> This return/report is	[ [	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)				
C Check box if filing une	der:	Form 5558 special extension (enter desci	automatic extension	ı	DFVC p	rogram			
Part II Basic Pla	an Inform	special extension (enter desci nation—enter all requested ini	1 ,						
<b>1a</b> Name of plan NAFTOL & WEBERMAN (		•			(PN)	tive date of plan			
		r, if for a single-employer plan)				01/01/1996 over Identification Number			
	r province,	apt., suite no. and street, or P.C country, and ZIP or foreign post		structions)	(EIN) 2c Spor	11-3397605 sor's telephone number 516-496-2121			
					2d Busir	less code (see instructions)			
390 N BROADWAY SUITE 120 JERICHO, NY 11753						541211			
<b>3a</b> Plan administrator's	name and	address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN			
					-	nistrator's telephone number			
		lan sponsor has changed since er from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN 4c PN				
	ticipants at	the beginning of the plan year			5a	ç			
_		the end of the plan year			5b	ç			
<b>C</b> Number of participa	nts with acc	count balances as of the end of	the plan year (only defin	ed contribution plans	5c	ç			
		ipants at the beginning of the pl			5d(1)	8			
()	•	ipants at the end of the plan year			5d(2)	8			
e Number of participa	ants that ter	minated employment during the	plan year with accrued	benefits that were less	5e	(			
Caution: A penalty for t Under penalties of perjur	the late or y and other pleted and	incomplete filing of this return penalties set forth in the instruc- signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I ha	ed unless reasonable can ve examined this return/re	port, includi	ng, if applicable, a Schedule			
		id electronic signature.	10/11/2017	JEFFREY WEBERMA	N				
HERE Signature of	of plan adn	ninistrator	Date	Enter name of individ	ual signing :	as plan administrator			
SIGN			24.0		vidual signing as plan administrator				
		r/plan sponsor	Date			as employer or plan sponsor			
Preparer's name (includi	ng firm nan	ne, if applicable) and address (ir	nclude room or suite num	iber )	Preparer's	telephone number			
For Denominal Park (1)	A -4 N-4-	see the Instructions for Form 550				Form 5500-SF (2016)			

For Paperwork Reduction A	Act Notice, see the	Instructions for	Form 5500-SF
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6a	Were all of the plan's assets during the plan year invested in eligib		. ,	
b	· · · · · · · · · · · · · · · · · · ·			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann			
с	If the plan is a defined benefit plan, is it covered under the PBGC ir			
	rt III Financial Information		-3- (,	
7				
	Plan Assets and Liabilities	_	(a) Beginning of Year 1635611	(b) End of Year 1841968
<u>a</u>		7a	0	0
b		7b	1635611	1841968
	Net plan assets (subtract line 7b from line 7a)	7c	1035011	1641966
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	41022	
	(2) Participants	8a(2)	63369	
	(3) Others (including rollovers)	8a(3)	0	
b		8b	101966	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		206357
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		206357
j	Transfers to (from) the plan (see instructions)	8j	0	
Ра	rt IV Plan Characteristics			
9a		feature co	des from the List of Plan Character	ristic Codes in the instructions:

**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		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			10000
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		
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	x			6154
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			11295
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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(	<b>3)</b> 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	

Portm 5:00-SF Part I Servery       Short Form Annual Return/Report of Small Ellip/Oyder Benefit Plan       121:0:0:99         The form is required to be field under sections 104 and 4056 of the Ein/oyde Returned Income Security Arch 1'974 (ERK), and section 507(b) and 4056(a) of the Induced Revenue Code (the Code).       2016         Parial State Understructure Revenue Code (the Code).       20101       This Form is Doen to Public Inspection         Parial State Understructure Revenue Code (the Code).       20101/2016       and ending       12/231/2016         Parial State Understructure Revenue Code (the Code).       and ending       12/231/2016       This Form is Doen to Public Inspection         Parial State Understructure Revenue Code (the Code).       and ending       12/231/2016       This Form is Code Revenue Code (the Code).         Parial State Understructure Revenue Code (the Code).       and ending       12/231/2016       This Form is the Doen to Public Inspection         A This return/report is       an ender return/report       a single-employee frant an amended return/report       a short pantice attention       DPVC program         B This return/report is       In the first count/report       a short pantice attention       DPVC program         B This return/report is       In the first count/report       a short pantice attention       DPVC program         Special State (the Onnue of pain in an amended returviceport is       a state pantice attention       <			T				OMB Nos. 1210-0110				
Dimensional Star         This certained to be flag under sections 104 and 4056 of the Encicyce Retiremed The corror Secondry Acid 19724 (ERXA) and sections 605(2) and 6005(8) of the Internal Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).           Part II         Annual Report Identification Information         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Cods).         This form is Depan to Patient Revenue Code (Vie Code).         This Section Revenue Code (Vie Code).         This Section Revenue Code (Vie Code).         This Section Revenue Code (Vie Code).         This Sectin Revenue Code (Vie Code).         This Section Revenue	-		Short Form Annu	-	of Small Empl	oyee					
Integrate ideal Society Control         Prove to Early Conference Code (%): Code):         Particle Interviewers Control         Particle Interviewers Contro         Partis Interviewers Control			1065 of the Employee R	letirement	2016						
Decision based: Classify Computer all entries in accordance with the Instructions to the Form 550-5F.         Part I Annual Report Identification Information           For calandar plan year: 2016 of fincal plan year beginning         01/01/2016         and entries           A This return/report is for:         a name-participant plan in a member of participant plan in a foreign plan in a member of participant plan in a program in a shore plan in a member of participant plan in a program in a shore plan in a member of participant plan in a program in a possible table of participant plan in a program in a possible table of participant plan in a program in a possible table of participant plan in a program in a possible table of participant plan in a foreign plan in the form instructions.)           Part II Basic Plan Information entries all requested Information in accordance with the form instructions of plan number in a possible table of participant plan in a possible table of plan information entries all requested Information in a shore plan number in a possible of plan information entries all requested Information in the shore of plan number in a shore plan information on the shore of plan information entries all requested Information in a shore plan information on the shore of plan number information entries and plan number information on the shore of plan information entries and plan information on the shore of plan information informati			Income Security Act of 1974	57(b) and 6058(a) of the a).	Internal						
For calancer plan year 2016 or fiscal plan year beginning       01/01/2016       and ending       12/31/2016         A This return/report is for:       a single-amployer plan       is of participant plan       a foreign plan         B This return/report is       in a named of the final return/report       is of participant plan       a foreign plan         B This return/report is       in a named of the description       is of participant plan       b foreign plan         C Check box if filling under:       ip part is a sone participant plan       a foreign plan       DEVC program         Part II       Basic Plan year return/report       is abort plan year return/report (less than 12 months)       DEVC program         Part II       Basic Plan year return/report       is abort plan year return/report (less than 12 months)       001         12 A Name of plan       Ib Three-digit plan number (plan	Pension Be	mefit Guarenty Corporation	Complete all entries in	accordance with the insti	uctions to the Form 5						
A This return/report, is for:	Part I	Annual Report I	dentification Information								
A This return/report is for: <ul> <li>a one-part(c)part plan</li> <li>a foreign plan</li> <li>b foreign plan</li> </ul> B This return/report is <ul> <li>the first return/report</li> <li>a short plan year return/report</li> <li>a short plan year</li> <li>a short plan year</li></ul>	For calenda		nen omerenen hen //.			·····					
a one-participant plan       a foreign plan         B This return/report is       the first roturn/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Spocial extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       DFVC program         1a Name of plan       Ib Trime-digit plan number       plan number         Naftol & Weberman CPAs P.C. 401 (k) Plan       Ib Trime-digit plan number       0/0/1/1996         2a Plan sponsor's name (employer, if for a single-employer plan)       Ib Employer identification Number:       0/0/1/1996         City or town, atale, or portion, out, state or portion, country, and 2P or foreign postal code (if foreign, see instructions)       2d Employer identification Number:         390 N Eroadway       State or portion, country, and 2P or foreign postal code (if foreign, see instructions)       3d Administrator's EIN         3a Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's EIN       3c Administrator's EIN         3a Plan administrator's name       5a       5a       5a       5a         5b Total number of participants at the edginning of the plan year       5a       5a       5a       5a         6(1) Total number of asticipants at the edgin plan year       5b       5a       5a       5a       5a       <	A This ref		X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) ( pployer information in ad	(Filers checki ccordance wi	ing this box must attach a the form instructions.)				
an amended return/report			a one-participant plan								
C Check box If filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number         Naftol & Weberman CPAs P.C. 401(k)       Plan       1       Three-digit plan number         Naftol & Weberman CPAs P.C. 401(k)       Plan       1       Three-digit plan number         Milling address (nclude non, apt, suffer on and street, or P.O. Boy       1       C Effective date of plan 01/01/1996         Za Plan sponsor's name (employer, if for a single-employer plan)       2       Employer identification Number (EN) 11/03/1996         Naftol & Weberman CPAs P.C.       20       Employer identification Number (S16) 496-2121         2d Business code (see instructions)       2d Employer identification number (S16) 496-2121         390 N Broactway       Sulters 20       3         Sulter 210       3d Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report.       5a         3a Dian umber of participants at the beginning of the plan year.       5a       5a         Calumber of participants at the beginning of the plan year.       5a       5d(1)       5d(2)	${f B}$ This retu	rn/report is	the first return/report	the final return/report							
			an amended return/report	🗌 a short plan year retur	n/report (less than 12 m	ionths)					
Part II       Basic Plan Information—enter all requested information         1a Name of plan       Naftol & Weberman CPAs P.C. 401(k) Plan       1b Three-digit plan number (RN) > 001         1c Effective date of plan (D/01/1996)       1c Effective date of plan (D/01/1996)         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan (D/01/1996)         2a Plan sponsor's name (employer, if for a single-employer plan)       2c Employer Identification Number (EIN) (1-3377605)         2d Plan sponsor's name (employer, if for a single-employer plan)       2c Employer Identification Number (EIN) (1-3377605)         2d Plan sponsor's name (employer, if for a single-employer plan)       2c Employer Identification Number (S16) (366-212)         3d Plan administrator's name and address [] Same as Plan Sponsor.       2d Business code (see instructions)         3d Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number (S16) (366-212)         4 If the name and/or EIN of the plan sponsor thas changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c Administrator's telephone number (S16) (366) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360) (360)	C Check b	box if filing under:				DFVC pr	ogram				
1a Name of plan       1b These-digit plan number in the plan plan plan plan plan plan plan plan			special extension (enter desci	ription)							
A Hendo Paul       plan number (RN)       001         2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, act, suite no. and street, or P.O. Box) City or towns, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer (Henification Number (EIN)         Naftol & Weberman CPAs P.C.       2b Employer (Henification Number (SIG)       2c Sponsor's talephone number (SIG)         390 N Broadway Suite 120 Joriton       NY 11753       2c Sponsor's telephone number (SIG)       2d Eliminos plan         391 Han administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number (SIG)       3c Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enfer the asponsor's name       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a       5b       5c         5a Total number of participants at the edi of the plan year       5b       5c       5d(1)       5c         6(1) Total number of participants at the deginning of the plan year       5d(2)       5d       5d(2)       5c         7 Number of participants at the edi of the plan year       5d       5c       5c       5c       5c         9 Notal number of participants at the edi of the plan year       5d(2)       5d(2)       5c	Part II	<b>Basic Plan Infor</b>	mation—enter all requested in	formation	19196 p						
Nation a weberlicht Gres Front dur (K) Frant       01         2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (include nom, apt, sulle no, and streat, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number (EIN) 11-3397605         2b Sonsor's tame (employer, if for a single-employer plan) Malling address (include nom, apt, sulle no, and streat, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number (EIN) 11-3397605         390 N Broadway Suite 120 Jericho       NY 11753       2d Buinesso code (see instructions)         3a Plan administrator's name and address [k] Same as Plan Sponsor.       3b Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the last return/report.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a       5a         c Number of participants at the od of the plan year       5b       5c         c Number of participants at the edginning of the plan year       5d(1)       5d         c Number of participants at the od of the plan year       5d       5d         c Number of participants at the edginning of the plan year       5d(2)       5e         c Number of participants at the edginting of the plan year </td <td>1a Name</td> <td>of plan</td> <td></td> <td></td> <td></td> <td></td> <td></td>	1a Name	of plan									
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2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no, and 2 prof foreign postal code (if foreign, see instructions)       2b Employer Identification Number: (EN) 11-3397605         Naftol & Weberman CPAs P.C.       2c Sponsor's telephone number: (516) 496-2121         390 N Broadway Suite 120 Jerricho       NY 11753         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number (516) 496-2121         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a         5b       5c         61(1) Total number of participants at the end of the plan year       5d         61(2) Total number of active participants at the end of the plan year       5d         61(1) Total number of active participants at the end of the plan year       5d         61(1) Total number of active participants at the end of the plan year       5d         62(2)       5e       5c         63(2)       5e       5c         63(2)       5e						harmon and a second second					
Mailing address (include room, spt. suite no. and street, or P.O. Box)       (Etv) 11-3397605         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c         Naftol & Weberman CPAs P.C.       2c         390 N Broadway       2d         Suite 120       NY 11753         32 Plan administrator's name and address Same as Plan Sponsor.       3b         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b         5 Total number of participants at the beginning of the plan year       5a         c Number of participants at the end of the plan year       5a         c Number of participants at the end of the plan year       5d(1)         c Number of participants at the end of the plan year       5d(2)         c Number of aparticipants at the end of the plan year       5d(2)         c Number of aparticipants at the end of the plan year       5d(2)         c Number of aparticipants at the end of the plan year       5d(2)         c Number of aparticipants at the end of the plan year       5d(2)         c Number of aparticipants at the end of the plan year       5d(2)         d (2) Total number of active participants at the end of the plan year       5d(2)         d Number of active participants at the e						01/	01/1996				
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Naftol & Weberman CPAs P.C.       (516) 496-2121         390 N Broadway Suite 120 Jericho       20         Jericho       NY 11753         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report.       4b EIN         4 Sponsor's name       5a       5a         5a Total number of participants at the beginning of the plan year       5a       5b         5a Total number of active participants at the beginning of the plan year       5d       5d(1)         6(1) Total number of active participants at the edging of the plan year       5d(2)       5d         6 Number of participants at the end of the plan year       5d(2)       5e         7 Otal number of active participants at the end of the plan year       5d(2)       5e         6 Number of participants with account balances as of the end of the plan year       5d(2)       5e         7 Otal number of active participants at the end of the plan year       5d(1)       5d(2)       5e         7 Otal number of active participants at the end of the plan year	City or	town, state or province,	, apr., suite no. and street, or r.c. , country, and ZIP or foreign post	al code (if foreign, see instr	ructions)						
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Jericho       NY 11753         3a Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address [] Same as Plan Sponsor.       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         3c Administrator's telephone number       4c PN         5a Total number of participants at the beginning of the plan year.       5a         b Total number of participants at the end of the plan year.       5b         c Number of participants at the beginning of the plan year.       5c         c Number of participants with account balances as of the end of the plan year.       5d(1)         c Number of participants at the beginning of the plan year.       5d(2)         e Number of active participants at the end of the plan year.       5d(2)         e Number of participants that tegrninated employment during the plan year with accrued benefits that were less than 100% vested.       5e         c Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Condense is established.         Under penalties of periory and other penalties set for this net unchreport, will be assessed unless reasonable cause is established.       Condense is established.         Under penalties of periory and ther p	390 N Bi	roadway				541:	211				
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name, EIN, and the plan number from the last return/report.       4c PN         a Sponsor's name       5a         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the end of the plan year       5b         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         d(1) Total number of active participants at the beginning of the plan year       5d(1)         d(2) Total number of active participants at the end of the plan year       5d(2)         e Number of participants that terminated employment during the plan year with accrued benefits that were less       5e         than 100% vested       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 complete 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.         Sign       10/14/7       Jeffrey Weberman         Signature of piging administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or p						3c Admir	istrator's telephone number				
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5a       5a       5a         5a       5b       5b         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans)       5c         c       Sid(1)       5d(1)       5d(2)         d(1)       Total number of active participants at the beginning of the plan year       5d(2)       5d(2)         d(2)       Total number of active participants at the end of the plan year       5d(2)       5d(2)         d(2)       Total number of active participants at the end of the plan year       5d(2)       5d(2)         d(2)       Total number of active participants at the end of the plan year       5d(2)       5e         d(2)       Total number of active participants at the end of the plan year       5d(2)       5e         d(2)       Total number of active participants at the end of the plan year with accrued benefits that were less       5e       5e         d(2)       Total number of participants that terminated employment during the plan year with accrued benefits that were less       5e       5e         Caution:: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5d(1)       5e         Under penalties of perjury and other penalties set forth in the			per from the last return/report.			4c PN					
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C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       5d(1)       5d(2)         d(1) Total number of active participants at the beginning of the plan year       5d(1)       5d(2)						5b	9				
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e       Number of participants that terminated employment during the 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.       5e         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.         SIGN HERE       IoIIII7       Jeffrey Weberman         SIGN HERE       IoIII7       Jeffrey Weberman         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	• •					h	8				
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.         SIGN HERE       IOIIII7       Jeffrey Weberman         SIGN HERE       IOIII7       Jeffrey Weberman         SIGN HERE       IOIII7       Jeffrey Weberman         SIGN HERE       IOIII7       Jeffrey Weberman						and the second					
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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.         SIGN HERE       Iolific 7       Jeffrey Weberman         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Iolific 7       Jeffrey Weberman         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	Caution: A	penalty for the late or	incomplete filing of this return	hireport will be assessed	unless reasonable ca	nort includin	n if applicable a Schedule				
SIGN HERE       Iolifin       Jeffrey Weberman         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Isln 17       Jethary Weberman         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	SB or Sche	dule MB completed and	signed by an enrolled actuary, a	as well as the electronic ver	sion of this return/repor	t, and to the	best of my knowledge and				
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Is   11   17         Jethay Websines           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	1	An I		10/11-17	Jeffrey Weber	man	·				
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of plan ad				ual signing a	s plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	1 H		ishili7	Contraction of the second s						
		Signature of employe				ual signing a	s employer or plan sponsor				
	Preparer's r			clude room or suite numbe							
		( )									
		Consideration of the second									
For Banaguark Reduction Act Notice see the Instructions for Form 5500-SF						<u> </u>					

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Form 5500-SF 2016 Page 2 X Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) X Yes No 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 cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No Not determined Part III | Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1,635,611 1,841,968 7a a Total plan assets ..... b Total plan liabilities 0 7b 0 1,635,611 1,841,968 C Net plan assets (subtract line 7b from line 7a) 7c (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 41,022 (1) Employers ..... 8a(1) 63,369 (2) Participants..... 8a(2) n (3) Others (including rollovers)..... 8a(3) 101,966 b Other income (loss) 8b 206,357 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c d Benefits paid (including direct rollovers and insurance premiums 8d 0 to provide benefits) ..... 0 e Certain deemed and/or corrective distributions (see instructions) ... 8e 0 f Administrative service providers (salaries, fees, commissions).... 8f 0 g Other expenses. 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 0 8h 206,357 81 i Net income (loss) (subtract line 8h from line 8c) ..... Transfers to (from) the plan (see instructions)..... 0 87 Part IV 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 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: b Part V **Compliance Questions** N/A Yes No 10 Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction 10a Х Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Χ reported on line 10a.) 10b 10,000 C Was the plan covered by a fidelity bond? Х 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 10d Х by fraud or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under 10e 6,154 Х the plan? (See instructions.)..... f Has the plan failed to provide any benefit when due under the plan? 10f Х g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g 11,295 Х h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) ..... If 10h was answered "Yes," check the box if you either provided the required notice or one of the 10i exceptions to providing the notice applied under 29 CFR 2520.101-3 .....

Form 5500-SF 2016

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Page	3-	
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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)					C	Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA?						Yes	X No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	uction	is, and	l enter t Dav		of the le Yea	etter rul	ing
lf :	granting the waiver					195		
-	Enter the minimum required contribution for this plan year	.,,		12b		<u></u>	ier i en sie ne interner.	
c	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 left negative amount)	t of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	+1.53+1.52			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?		****		🗌 Ye	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	******	******	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?					[] Yes	X N	D
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the p	lan(s)	to				
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		130	<b>:(3)</b> PN	l(s)
Part	VIII Trust Information	.,					**********	
				14h 3			•••••••••••••••••••••••••••••••••••••••	
	Name of trust							
14c :	Name of trustee or custodian					's or cust ne numb		i
Part	IX IRS Compliance Questions							
15a	s the plan a 401(k) plan? If "No," skip b		Yes	÷		No No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 101(k)(3) for the plan year? Check all that apply:	[L] :	safe h		l	test	year".	ADP
			ADP te	nt year est		N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percei test	ntage		verage enefit tes	t [	N/A
	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?		Yes	9903 <b>999</b> 239-11-11-1		No No		
	f 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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	er the	date c	of the m	iost rec	ent deter	minatio	n
	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 separa service?		om	Yes	s [	No		
19	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s [	No		

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