Form 5500-SF		Short Form Annu	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service			4065 of the Employee Retireme						
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open							
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5500-SF.	Public Inspection				
Part I		dentification Information	016	and ending 12/31/201	6				
For calenda	ar plan year 2016 or fisc		_	g					
A This ret	urn/report is for:	a single-employer plan a one-participant plan		blan (not multiemployer) (Filers cl mployer information in accordance	•				
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	Irn/report (less than 12 months)					
C Check b	box if filing under:	× Form 5558	automatic extension		C program				
		special extension (enter descr	,						
Part II		mation—enter all requested inf	ormation	41					
1a Name LOUIS P. OF	of plan RGERA, CPA, PC 401(K	() PLAN		p	hree-digit lan number PN) ▶ 001				
				1c E	ffective date of plan 01/01/2014				
Mailing	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				mployer Identification Number EIN) 27-4449310				
	GERA, CPA, PC	country, and zir of foreign post	ai code (il loreign, see ins	2c S	ponsor's telephone number 516-294-5287				
98 CUTTER MILL ROAD, SUITE 237 S GREAT NECK, NY 11021					2d Business code (see instructions) 541211				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Spon	ISOF.	3b A	dministrator's EIN				
				3 C A	dministrator's telephone number				
		blan sponsor has changed since to be from the last return/report.	the last return/report filed	for this plan, enter the 4b E	IN				
a Sponso	•			4c F	N				
5a Total r	number of participants a	t the beginning of the plan year			6				
b Total r	number of participants a	t the end of the plan year			6				
		ccount balances as of the end of t		- DG	6				
d(1) Tota	al number of active parti	cipants at the beginning of the pla	an year						
• •		cipants at the end of the plan yea erminated employment during the		an affite that want lags) 6				
		erminated employment during the							
		incomplete filing of this return							
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va	alid electronic signature.	10/11/2017	LOUUIS ORGERA					
HERE	Signature of plan ad	ministrator	Date	Enter name of individual sign	ng as plan administrator				
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual sign	ng as employer or plan sponsor				
Preparer's	name (including firm nar	me, if applicable) and address (in	clude room or suite numb	per) Prepa	rer's telephone number				
		one the Instructions for Form FEOD			Earm EE00 SE (2016)				

6a b	b 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.) Yes No 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						
а	Total plan assets	7a	147975	287179						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	147975	287179						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	13290							
	(2) Participants	8a(2)	59807							
	(3) Others (including rollovers)	8a(3)	58491							
b	Other income (loss)	8b	7616							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		139204						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								

8e

8f

8g

8h

8i

8j

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

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

139204

Part V Compliance Questions

Part IV | Plan Characteristics

2A 2E 2G 2J 3D

f

i

j

9a

b

e Certain deemed and/or corrective distributions (see instructions).

g Other expenses.....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions)

Net income (loss) (subtract line 8h from line 8c).....

Administrative service providers (salaries, fees, commissions)

i ui t							
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			25000	
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		Х			
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			18957	
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(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:			gn-based I "Prior year" ADP harbor test				
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							verage enefit test	□ N/A	
16b 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?							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		

Form 5500		Short Form Annua	Return/Report of Benefit Plan	of Small Employ	ee		OMB Nos. 1210-0110 1210-0089			
Department of the Tr Internal Revenue S		This form is required to be	e filed under sections 104 a	and 4065 of the Employee	, ⁻	2	2016			
Department of L		Retirement Income Security /	Act of 1974 (ERISA), and s Iternal Revenue Code (the							
Employee Benefits Security Pension Benefit Guarant		 Complete all entries in ad 			Inspection					
Part Annua	al Report lo	dentification Information		cuons to the Form 5500	-37.					
	and the second se	al plan year beginning	01/01/2016	and ending	12/3	31/2016				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is: a one-participant plan a foreign plan I an amended return/report a short plan year return/report (less than 12 months)										
C Check box if filing	under: .	x Form 5558 special extension (enter descr	automatic extension			DFVC progra	m			
Partil Basic	Dian Infor	mation enter all requested		· · · · · · · · · · · · · · · · · · ·						
1a Name of plan		A, PC 401 (K) PLAN	njornjauon		pla	ree-digit n number N) ►	001			
unters (1) Sections (3) (5) (6) and			1c Eff	ective date of /01/2014						
Mailing Address	(include room	er, if for a single-employer plan) n, apt., suile no. and street, or P.C , country, and ZIP or forelgn post), Box) al code (if foreign, see inst	ructions)	1000000000 000 al-00	nployer Identi N) 27-444	fication Number			
LOUIS P. OR				,	(5	16) 294-5	-			
98 CUTTER M	ILL ROAD,	SUITE 237 S			2d Business code (see instructions) 541211					
US GREAT NECK		I address 🗴 Same as Plan Spo			3b Administrator's EIN					
-2					3c Ad	ministrator's t	elephone number			
		blan sponsor has changed since per from the last return/report.	the last return/report filed f	or this plan, enter the	4b Elf	N				
a Sponsor's name					4c PN					
		t the beginning of the plan year		740	5a	6				
		t the end of the plan year		·••	5b		6			
complete this iter	m)	count balances as of the end of t			5c		6			
d(1) Total number of	of active partic	ipants at the beginning of the pla	in year	*********	5d(1)		6			
		ipants at the end of the plan yea			5d(2)		6			
e Number of partic less than 100% v		minated employment during the			5e					
Caution: A penalty	for the late of	r Incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ise is est	ablished.				
Under penalties of pe	erjury and othe completed and	erpenalties set forth in the instru	ctions. I declare that I have	examined this return/rep	oort, inclu	ding, if applica	able, a Schedule knowledge and			
T	P	Ja-		Louis P. Orgera						
Sphautz			Date 10/11/17	Enter name of individua	I signing :	as plan admir	histrator			
Sign	of employer/p	blan sponsor	Date	Enter name of individua	I signing	as employer (or plan sponsor			
Preparer's name (inc Skip this questi	luding firm na ON	me, if applicable) and address (ir	nclude room or suite numb	er)		's telephone his questi				
For Paperwork Red	uction Act No	otice, see the instructions for F	orm 5500-SF.			Fo	orm 5500-SF (2016)			

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	0000-	0	2010	

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No		
b	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	nd conditio	ns.)					•••••	XYes [No
No. of Concession, Name	If you answered "No" to either line 6a or line 6b, the plan canno									e anna the ellef
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sectio	on 402	21)? .		Yes		Not det	ermined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Year	•			(b) End c	of Year	
а	Total plan assets	7a	14	17,9	75				287,1	79
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	14	17,9	75				287,1	79
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	2 2				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	13,29	90					
		8a(2)		59,80		1.	-	70 V 141 V 14		
	(2) Participants(3) Others (including rollovers)	8a(3)		58,4				Contraction of the		
b	Other income (loss)	8b		7,6		10190				
<u>с</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			DAV SM				139,2	04
d	Benefits paid (including direct rollovers and insurance premiums								13572	
_	to provide benefits)	8d 8e			_				1993-156	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8f								
<u>f</u>	Administrative service providers (salaries, fees, commissions)								- T. S. 1902	
<u>g</u>	Other expenses	8g	State of the State of the State of the	16464						Variation and the
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and Second States and States and States and	a andread An Appendie					139,2	04
÷	Net income (loss) (subtract line 8h from line 8c)	8i		1000	1214 E				15572	01
	Transfers to (from) the plan (see instructions)	8j			-		制制建设有			
	art IV Plan Characteristics			•						
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan C	narac	teristi	c Cod	es in t	ne instruct	ions:	
	2A 2E 2G 2J 3D			_			5. 0	0 : 60		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Ch	aracte	eristic	Code	s in the	e instructio	ons:	
Pa	art 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 contribu	tions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fic	luciary Correction				1.24			
	Program)			10a		х				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	? (Do not ii	nclude transactions	10b		x				
	Was the plan covered by a fidelity bond?			10c	х				2	5,000
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x	A STAR			
<u></u>				10g	x				1	8,957
ł	2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	notice or one of the	10i						

Form 5500-SF 2016

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Competence and							
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	nd complete	Schedul	e SB		Yes 🗴	No
11 a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?					Yes 🗴	Νο
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver			er the date ay	e of the Yea		lling
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ne 13.					
b	Enter the minimum required contribution for this plan year		12b				
С	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌] No	□ N	/A
Par	VII Plan Terminations and Transfers of Assets						
1 3a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	х	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 br control of the PBGC?				Yes [X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to				
1	Bc(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN(s)
Part	VIII Trust Information - Skip These Questions						
14a	Name of trust		14b	Trust's El	N		
14c	Name of trustee or custodian		14d	Trustee o	r custo	dian's	
				telephone			
Part	IX IRS Compliance Questions - Skip These Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.		Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		0	Design-based "Prior yea safe harbor 🗌 test			
				Current year" N/A N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:		Ratio percenta test	ercentage Average benefit test			N/A
16b	Did the plan satisfy 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?	(4)	Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/ and serial number	RS opinion l	etter or a	dvisory le	tter, ent	er the d	ate of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter	S, enter the d	ate of the	e most rec	ent det	erminat	ion
18	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 service?			Yes	1	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	